

Quality Check Summary

Brecon War

Memorial Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Epynt Ward, Brecon War Memorial Hospital as part of its programme of assurance work.

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 Ward Sister on 21 October 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 saw that the ward had completed additional risk assessments for air ventilation and social distancing with control measures put in place. We were told that Epynt ward is a 15 bedded ward. All rooms are single, apart from one double bay room which enables prompt isolation of patients who become symptomatic. We were also told that patients can use the large dining room by maintaining social distancing. Patients can also access the secure garden from the day room. This enables patients to safely socialise on the ward and not having to remain in their rooms.

We found that the usual 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 and any patients with cognitive impairment. We also saw that the ward had a visiting plan in place, along with relevant questionnaires for visitors to complete prior to entering the ward environment.

We were told that the ward had sufficient stocks of personal protective equipment (PPE) sourced and stock levels were monitored on a weekly basis. A new dedicated PPE store room had been put in place to enable prompt access to PPE. In addition, the ward had been split into zones with clear instructions displaying which PPE should be worn in each zone.

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.

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 various environmental risk assessment audits had been completed at a ward level with control measures put in place. The Ward Sister told us that they actively monitor the ward environment on a daily basis.

We were told that patients' dignity is fully protected by the appropriate use of privacy windows on each door of the single rooms and that privacy curtains are also available in the double bay.

We were informed that the ward identifies where patients have no support network for undertaking tasks such as laundering their clothes. Arrangements are put in place for this to be done locally.

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.

The ward also makes use of the ‘Butterfly¹’ scheme and the ‘This is me²’ document for any patients who have cognitive problems which helps staff to treat patients with dignity and respect.

A range of audits are undertaken 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:

The Ward Sister told us that they undertake regular audits of infection control, hand hygiene and general ward cleanliness.

The ward 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, during the COVID-19 pandemic, specific COVID-19 guidance for infection prevention and control in healthcare settings was in place, with clear procedures for staff to follow. We also noted that the Health Board has signed up to the National Infection Prevention and Control manual which is available electronically.

¹ The Butterfly Scheme provides a system of hospital care for people living with dementia or who simply find that their memory isn’t as reliable as it used to be.

² ‘This is me’ is a leaflet produced by the Alzheimer’s Society to help hospital staff better understand the needs of people with dementia. The leaflet provides professionals with information about a person with dementia to help enhance the care and support they receive whilst in an unfamiliar environment.

We were told that all staff had received infection control training. Staff had access to 'donning and doffing' PPE training online. The Ward Sister also confirmed that the ward practices 'bare below the elbow' in line with the infection control policy.

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 had 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. We were told that there is a 'Know how we are doing board' located on the ward which displays the required and actual staffing numbers per shift.

We were provided with data on sickness rates which appeared to be low and stable. The Ward Sister told us that they 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. The Ward Sister confirmed that study time is allocated for staff development and any identified specific training is provided in-house.

We were also provided with information relating to staff appraisals and noted that a high number of staff had received an annual appraisal. Where some staff are due to receive an annual appraisal, the Ward Sister confirmed that arrangements are in place for these to be undertaken in a timely manner.

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.