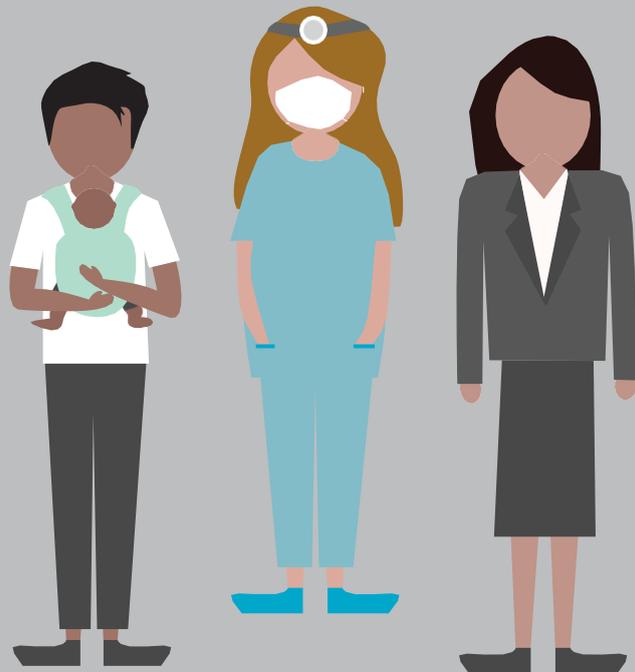


Quality Check Summary

Ward 2, Prince Charles Hospital

Activity date: 19 May 2021

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ward Two, Prince Charles Hospital, Merthyr Tydfil as part of its programme of assurance work. Ward Two is a 24 bedded ward providing care for patients with cardiac problems.

HIW's quality checks form part of a new tailored 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 are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the senior nurse, ward manager and deputy ward manager on Wednesday 19 May 2021, who provided us with information and evidence about their service.

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- Weekly environmental risk audits
- Falls audits
- Pressure area audits

We also questioned the service representatives 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 were told that only minimal changes were needed to the ward environment in response

to COVID-19.

We were told that regular audits and risk assessments are undertaken to ensure patient, staff and visitors' safety.

The ward manager told us that there are four bays on the ward, each accommodating up to four patients. The beds within the bays are spaced over two meters apart to ensure that social distancing rules are met. In addition, there are eight single occupancy cubicles, which can be used to isolate patients who are suspected of, or who have been diagnosed as having a transmittable disease or infection.

We were told that measures are in place to ensure that patients' individual needs and wishes are taken into account when planning care, whilst at the same time balancing the necessary precautions in place due to COVID-19. We were told that patients' rights and maintenance of dignity is embedded into the care planning process and ward routines. Every patient is assessed on admission and the appropriate level of care is identified and documented within the patient care pathway. This is reviewed on a regular basis to assess the ongoing needs of the patient as it is recognised that every patient has different emotional needs as well as medical needs.

We were told that individual patient risk assessments are undertaken on admission. These include falls and pressure area risk assessment. We were provided with a copy of the most recent falls audit which shows the number of incidents to be low, with 100% compliance reported in respect of assessments undertaken and care plans set in place to manage risks. This shows that there are good care planning processes, governance and reporting systems in place to manage the risk of falls. We were also provided with data relating to the pressure and tissue damage which shows that incidents are low and reflective of the effective processes in place to reduce the risk of pressure and tissue damage.

The ward manager confirmed that there were stringent processes in place to manage Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions, with medical staff ensuring that the wishes of the patient and relevant family members are sought and recorded.

We were told that, in line with Welsh Government guidelines, the ward is currently operating restricted visiting to reduce the risk of the spread of COVID-19. However, staff recognise the impact of this on both patients and families, and make every effort to balance the risks with consideration of the individual circumstances of patients and families. Consequently, some visiting is allowed, under certain circumstances. We were told that staff ensure that patients' clothing is changed and washed regularly and that they have access to toiletries. Staff also make sure that they are aware of patients' birthdays and other special occasions so that these are appropriately celebrated.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Figures on current infection rates for any Healthcare Acquired Infections
- Generic infection control policies and Covid-19 specific policies
- Most recent hand hygiene audit results
- Most recent infection control risk assessments and audits
- Cleaning schedules and audits

The following positive evidence was received:

We were told that there were no current, confirmed cases of COVID-19 within the staff or patient group.

We were provided with copies of the policies and procedures in place for the prevention and control of infection, which included specific COVID-19 guidance. These were seen to be comprehensive and reflective of current COVID-19 national guidance. In addition to this, there is a COVID-19 specific risk assessment in place to ensure that all aspects of the ward are compliant with social distancing to protect staff, patients and relatives.

The ward manager told us that they see it as their responsibility to oversee the management of infection prevention and control (IPC) on a daily basis, and that protocols are in place to assess every patient on admission and to provide the correct levels of protection for patients, staff and visitors. Staff work closely with the IPC specialist team to manage the risk of infection. In addition, there are link nurses on the ward who act as leads on IPC. Monthly Point of Care audits are undertaken, the results of which are presented at the monthly ward managers meeting and any issues addressed and learning shared with staff. The IPC Team also carry out annual audits.

We were assured from reviewing the documents submitted, and from discussions with the senior nurse, ward manager and deputy ward manager, that any patient diagnosed with an infectious disease would be managed appropriately.

We were told that all incidents of healthcare acquired Infection are reviewed through an infection control root cause analysis¹ process. Any learning and actions are then fed back to

¹ Root Cause Analysis is a technique that helps people answer the question of why the problem occurred in the first place. It seeks to identify the origin of a problem using a specific set of steps, with associated tools, to find the primary cause of the problem, so that you can determine what happened, why it happened and figure out what to do to reduce the likelihood that it will happen again.

all ward staff. Any new risks identified relating to infection prevention and control would be escalated to the senior nursing team, to ensure review, action and recording on the Risk Register.

The ward manager confirmed that there were sufficient stocks of PPE for staff, patients and visitors, which are regularly audited to ensure adequate levels are maintained.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

The key documents we reviewed included:

- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- The current percentage completion rates for mandatory training

The following positive evidence was received:

The health board's policies and processes to ensure preparedness for future pandemic emergency were seen to be comprehensive and show that the health board has strong governance measures in place to manage and review the varying pressures on the service.

Discussions with the senior nurse, ward manager and deputy ward manager highlighted a good understanding of their responsibilities and the health board's escalation and reporting processes. The ward manager told us that they are well supported by the senior nurse and have access to advice and guidance when required.

The ward manager told us that it is their responsibility to ensure that there is sufficient numbers of staff on each shift with the right experience and competence to care for the patients. The ward manager explained that there is a process in place for additional staff to be brought in to cover any shortfall, through the use of bank and agency staff. Safety huddle meetings take place three times a day, during which staffing levels across the hospital site is reviewed and any shortfalls addressed.

We were told by the ward manager that systems had been introduced to provide additional

support to staff during the COVID-19 pandemic. This includes daily informal discussions with staff, access to the health board's occupational health service, counselling and psychology support and access to a confidential well-being support telephone service. In addition, we were told that staff have access to quiet well-being room should they need time away from the clinical area.

We were told that staff are supported on a day to day basis by the ward manager and more experienced nurses on the ward. In addition to the more informal day to day support, we were told that Performance Appraisal and Development Reviews (PADR) are conducted on a regular basis. We were provided with documented evidence of PADR completion rates which shows very good compliance.

The following areas for improvement were identified:

The ward manager told us that supporting staff with training, ongoing development and well-being is essential to provide safe and effective care. Staff undertake a combination of on-line and ward based training. Staff are able to claim time back if they undertake any on-line training at home whilst off duty. However, the mandatory training records provided show completion rates to be low in some subjects, i.e. Fire Safety - 64%, Manual Handling Level 1 - 63% and Level 1B - 58%, Infection Prevention and Control - 64%, Aseptic Non Touch Technique - 39%, Safeguarding - 61.1%, Intermediate Life Support - 6%, Dementia - 77.5%.

The health board must ensure that all staff complete training in all mandatory subjects as a matter of priority.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements 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 the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

Improvement plan

Setting: Prince Charles Hospital

Ward 2

Date of activity: 19 May 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must ensure that all staff complete training in all mandatory subjects.	7.1 Workforce	<p>1. At the time of the inspection in May 2021 face to face training had not been fully recommenced due to the COVID Pandemic. Work continues to re-establish face to face training.</p> <p>The areas highlighted within the report identified where completion rates were low and these have been incorporated into an improvement plan</p>	Deborah Jones Ward Manager	December 2021

which is attached for information.

The plan will measure improvements month on month with the senior and lead nurse ensuring that the target for completion remains achievable.

The plan going forward is to support staff with their mandatory training within working hours.



Document1.docx

2. To ensure that all staff complete training in all mandatory subjects as a matter of priority. The attached improvement plan has been updated to incorporate all mandatory training subjects which has been disseminated to lead nurses for scheduled and unscheduled care to monitor and improve compliance levels across their areas of responsibility throughout the Prince Charles Hospital site.

December
2021



Document2.docx

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:

Deborah
Harris

Date:

28.6.2021