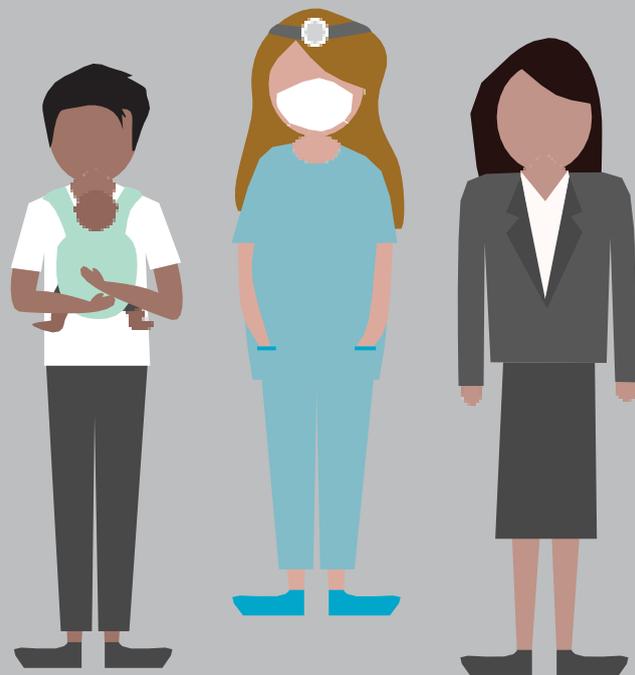


# Quality Check Summary

## Llandoverly Hospital (Llandoverly Ward)

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llandoverly Ward as part of its programme of assurance work. This is a 16 bed inpatient ward at Llandoverly Hospital within Hwyl Dda University Health Board.

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 ward staff on 15/03/2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you identify and effectively manage COVID-19 outbreaks / nosocomial transmission?
- 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?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- 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 equality and a rights based approach are embedded across the service?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?

## 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:

- Most recent environmental risk assessment/ audit
- Most recent falls audit results
- Most recent pressure and tissue damage audit results

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 saw evidence of the most recent falls and most recent pressure and tissue damage audit results for the ward. All audits were complete and up to date.

Staff informed us of the changes made to the environment as a result of COVID- 19. Changes included:

- Ensuring all beds were adequately spaced at two metres apart
- Social distancing stickers placed on the floors
- Removed chairs from the staff dining area to allow for social distancing
- Only one entrance, instead of the previous three
- All staff must sign in before entering the ward.

We were told that, due to extreme staffing shortages, Llandovery hospital was forced to close temporarily for two months last year and merge with Amman Valley Hospital. During this closure, one of the bays on Llandovery ward was closed off, in order to be able to hold any future COVID positive patients.

In order to maintain patient's dignity, staff told us that there are curtains around all of the beds, which are always used during personal care. Patients are encouraged to use the bathrooms, however if unable, personal care is done at their bed side. There are a number of side rooms on the ward which can be used to have sensitive or difficult conversations with patients and family members. Patients can also be nursed in one of the side rooms, rather than in the bay, if they require higher levels of care.

Staff told us that all patients have input from a multi-disciplinary team (MDT). The ward also has a dedicated physiotherapist and a visiting occupational therapist (OT) and each patient has a manual handling plan in place.

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We were also informed that all patients are offered cultural support as part of their care plan. The local community chaplain is very supportive and will visit the ward if requested, and the health board hospital chaplain is also available. If patients are local and attend a local church, staff can contact local priests on their behalf, although COVID has made this more difficult.

The ward has a number of iPads, which patients could use whenever they wanted to contact their relatives or carers. According to staff, these have been used less since restricted visiting has been re-introduced. Staff also told us about the family liaison officer who attends the ward weekly to check in with patients and see if they would like to contact their relatives. They would take pressure off the nursing staff by helping set up video calls for the patients and liaising with the families.

Staff told us that, due to it mainly being a rehabilitation ward, MDT meetings are held twice a week, and families are always included in these discussions to increase their understanding. Relatives and carers are invited to attend these meetings either via phone or video call.

We were told that the majority of staff on the ward speak Welsh and wear the relevant badges to identify themselves to Welsh speaking patients. The majority of patient information leaflets are bilingual and the ward also has access to a translation service if they require it.

**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:

- Generic infection control policy and COVID-19 specific policy
- Most recent hand hygiene audit results
- Most recent infection control risk assessment/audit

**The following positive evidence was received:**

We saw evidence of a comprehensive infection control policy and COVID-19 specific policy. We also saw up to date hand hygiene audit results and the most recent infection control risk assessment.

Staff informed us of the changes implemented as a result of COVID-19 to ensure infection prevention and control (IPC) standards are maintained. All staff are expected to check their

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temperature before coming onto shift and do two lateral flow tests weekly. Staff also have a designated donning and doffing<sup>1</sup> station and a designated advanced nurse practitioner for IPC who completes monthly bare below the elbow (BBE) and hand washing audits. Regular donning and doffing audits are also completed and we were told that dedicated staff members complete a weekly stock check of PPE.

We were told by staff that they follow health board policies closely in regards to social distancing, outbreak management and IPC. Any changes or updates to guidance is communicated to staff via private social media groups, email and during shift handovers. We were informed that staff can also access all required information and guidance through the intranet.

We asked staff how they identify and effectively manage COVID-19 and nosocomial transmission on the ward. Staff told us that that would inform ward staff of such outbreaks by speaking to the staff on shift in person, then cascading the information to those not on shift via email, social media group or in handover notes. Staff gave the example of past norovirus cases on the ward, where the positive patient would be isolated and nursed in a side room wherever possible, or would be barrier nursed<sup>2</sup> with their own PPE station.

After the COVID outbreak which led to the temporary hospital closure, staff told us that action plans would change daily in order to see what worked and to determine the safest way to re-open the hospital. We were informed that patients were brought back on to the ward two at a time until all beds were filled. Staff also had a designated entrance and exit, and would change into uniform and PPE once on the ward and change back before leaving. According to staff, patients are only now accepted onto ward after a negative COVID swab, and during any future outbreaks, positive patients would either be nursed in one of the side rooms or in the walled off bay.

Staff told us that senior nurses would make themselves present on the ward after the COVID outbreak in order to reassure ward staff and share lessons learnt. Staff were encouraged to use the health board wellbeing services and the hospital also had two wellbeing champions based on Llandoverly ward. We were also informed that senior staff often worked on the ward during staff shortages. They described this as beneficial experience as it gave insight into what the ward staff were facing day to day. Staff described the ward as having good and supportive staffing culture.

**No areas for improvements were identified.**

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<sup>1</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>2</sup> Local isolation of a patient with an infectious disease so as to avoid spread. The 'barrier' takes the form of gowns, caps, overshoes, gloves and masks which are donned by staff and visitors before approaching the patient and discarded before returning to the normal environment.

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## 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:

- Current staff vacancies (listed by band)
- Current staff sickness (listed by band)
- Current percentage completion rates of mandatory training (listed by individual subject)
- Current percentage completion rates for PADR (listed by band)
- Escalation policy
- The corporate policy/process to ensure preparedness for future pandemic emergency

### **The following positive evidence was received:**

We saw evidence of current staff vacancies and staff sickness levels. Staff informed us that agency staff are currently being deployed to fill gaps in the night shift staff rota. On occasions where there is a shortage of registered nurses on shift, we were told that they will try to supplement this with more healthcare assistants, to free up the registered nurses wherever possible.

We also reviewed the ward's escalation policy and process to ensure preparedness for future pandemic emergencies. Both were complete and up to date.

Our review of documentation highlighted good compliance amongst staff for mandatory training. We were informed that staff would often go on study days, however COVID made this more difficult. However, training has still been conducted over Microsoft Teams and all staff have access to the online training system if they wish to complete any additional courses. Staff told us that, if a member of staff wishes to go on a specific course, they will try to be as accommodating as possible to give them the study day to complete it.

Staff told us that they promote a person centred approach for all patients on the ward. All patients have individual plans and goals in place and patients all agree to the plans put in place by the OT before they are implemented. We were informed of the health board equality and diversity group and staff can contact them if they feel they require any additional advice or support.

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We were informed that, in the event a discussion around Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) is required, doctors will either have this discussion with patients in a side room privately, or by their bed side if they are too unwell to be moved. Families are always informed of these discussions and the doctor will have the conversation with the family if the patient does not have capacity. Staff also told us GPs can review these documents if the patient is recovering and, therefore, no longer need it in place.

**No areas for improvements were identified.**

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## 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.