

Tier 1: Quality Check Summary

Setting Name:

Tregaron

Community

Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Tregaron Community 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 Clinical Lead Nurse on 07 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 were told that at the peak of the pandemic, the service found they were busier with inpatients than prior to the beginning of the pandemic. However, only critical outpatient appointments continued on site. The hospital was reorganised to move the outpatient clinics to a separate part of the building, as far away from the ward as possible. This allowed outpatients to have a separate entrance, and a one way system to move patients in and out of the two clinic rooms.

The registered manager explained the process of access to the building. Access was

controlled by limiting the entrances available for use, and any admissions to the premises were controlled by staff. When either a member of staff or patient arrived at the hospital they were required to wash their hands and wear a mask. We heard there was a nurse currently in post full time to manage admissions and discharge arrangements, to ensure any admissions requests were appropriate and met safety guidelines. We were told that the hospital ensured that there were adequate hand washing facilities for staff and patients at entrances and throughout the building, and areas were provided outside each bedded room, where staff could don and doff PPE.

In addition to developing these new ways of working, management also said there had been additional training for all staff including donning and doffing¹ PPE, all staff have been respirator fit tested², and posters placed around the hospital to ensure clear instruction was available to staff at regular intervals.

No areas for improvement 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:

At the beginning of the pandemic, the hospital moved beds within the ward to ensure that patients' beds were kept at a safe distance. The site was currently going through a period of change, and would soon be taking on another eight bedded area to the ward. This is to support the Health Boards' restructure of beds, to allow a "red"³ ward to be created at a larger hospital. This included opening up a disused bedded bay currently, and restricting the rooms currently available. Other changes such as the location of the staff handover room, rest and kitchen areas had also been undertaken to support the delivery of a safe environment for staff to continue with their roles. Items within the hospital that were not able to be wiped clean were removed.

We were also told that physiotherapy services had been moved to a day room within the ward, to minimise transmission across the site. Outpatient services had also been moved to rooms with their own access, allowing the service to minimise the footfall within the building.

¹ Donning and doffing is the process of putting on or removing personal protective equipment.

² A respirator fit test ensures a respirator is properly fitted to the wearer.

³ A "Red" zone during the Covid-19 pandemic is a ward where either patients suspected and/or confirmed cases of Covid-19 are admitted, or a ward where patients and/or staff have not been tested for Covid-19 prior to admittance to the area.

The ward currently had one entrance and access for patients being admitted and discharged.

We were told that gaps between appointments in the outpatient areas had been lengthened to allow for cleaning. We were also told that patients would be asked to wait in their cars instead of entering the building waiting area. Arrangements for patients attending by public transport were made on a case by case basis, to mitigate the need for a waiting room.

We were told that there were systems in place to keep staff safe within the hospital, including agreed pathways around the building where possible. We saw that additional signage was also placed around the hospital, along with PPE stations at entrances, and outside bedded areas on the ward.

No areas for improvement 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 clinical lead nurse told us that PPE was obtained via the health board central purchasing. At the time of the quality check we were told that PPE stock levels were suitable for the needs of the hospital. We saw evidence of the Infection Prevention and Control (IPC) Policy arrangements, as well as the most recent environmental audits and handwashing audit. The handwashing audits were undertaken on a regular basis, and the results showed hand hygiene was found to be a good standard at the time of activity. A 12 month action plan was laid out following the most recent environmental audit, which included regular meetings with clinicians, estates and health board senior management to ensure actions were completed in a timely manner. We also received evidence of an updated action log shortly after completing the quality check.

We were told that that risk assessments had been completed for all staff, to ensure that they were safe to continue in their roles. These risk assessments included clinical and non-clinical staff, to assess the safety of the staff to work in the hospital environment. Where possible, staff were supported to work from home, or offered support whilst shielding if this was not possible.

We were told that additional training including IPC with COVID-19 had been provided by the Health Board to all staff. Any updates to guidance from Public Health Wales and NICE was made known to staff through regular meetings and notices.

We were told that all hotel services staff had received additional training in food handling, due to restrictions of other catering staff on the ward itself. However, the lead clinical nurse

stated that she felt ward staff would also benefit from this additional training, to support this process when arrangements for providing patients with food had changed.

We were told that three patients on the ward received positive covid-19 tests. These patients were immediately isolated, and the 14 day quarantine period began from the moment the positive test was received. Following on from these results, a multi-disciplinary meeting was held to review processes in place, and an IPC inspection was undertaken by the Health Board. We were told that the outcomes from this process was satisfactory, and no changes were required.

We saw evidence of regular support from the Health Board to ensure effective IPC arrangements within the hospital. These included spot checks, and regular reviews of processes in place.

We were told that there were no other healthcare associated infections or reported incidents at the hospital.

The following areas for improvement were identified:

We found that staff compliance for IPC training was 73% for Level 1 basic training, and approximately 50% for class based Level 2 training. As a result of the covid-19 pandemic it was understood that all classroom training had been suspended. The service was able to provide additional evidence that the Health Board's central IPC team were supporting the site in different ways to ensure compliance with Government guidance, such as additional inspections of the site, and regular spot checks. However, the service must ensure that all staff have received Level 1 IPC training as a minimum level in the current climate.

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 were told that there were currently three full time equivalent vacancies in place at the time of the quality check, however interviews for these roles were scheduled. Two of these posts were currently filled by regular partnership agency nurses who were currently filling these roles on a regular basis.

There were currently two staff on sick leave within the hospital. Should there be insufficient staff on the ward to manage any future spikes in demand, then the Health Board would be

responsible for supporting the appointment of agency staff to ensure staffing levels were kept at a suitable level.

We saw evidence that staff compliance with mandatory training throughout the hospital was high, with the exception of IPC training mentioned above. We were told that in addition to mandatory training, training had been arranged by the Health Board to prepare and support staff through the pandemic.

Completion rates of Performance and Development Annual Reviews (PADRs) for the ward were currently 69%, with a schedule for completing the remainder by the end of the financial year. The PADR completion level for the 2019-2020 year was over 95%. The Clinical Lead Nurse believed that staff supervision was good, and managed effectively on the ward. Staff had been supported during the pandemic by the ward sister and lead clinical nurse, as well as a comprehensive package of additional occupational health support provided by the Health Board.

We were told that incidents were reported onto an electronic Datix system, and we saw evidence that a log was kept. The incidents were investigated and action taken where appropriate. Where relevant, incidents could be escalated onto the risk register.

No areas for improvement were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed 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

