

Hospital Inspection (Unannounced)

Tregaron Community Hospital /
Hywel Dda University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Tregaron Community Hospital within Hywel Dda University Health Board on 7 and 8 September 2021. There was only one ward on this site.

Our team, for the inspection comprised of two HIW Inspectors, one clinical peer reviewers and one patient experience reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that the service provided respectful and dignified care to patients on the ward.

There were efficient and effective arrangements in place for medicines management and mandatory checks were completed on resuscitation equipment.

However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

Additionally, the concerns from those staff who had experienced discrimination need to be addressed.

This is what we found the service did well:

- Overall, feedback from patients about the services they had received was very positive
- Good interactions observed between staff and patients, with staff supporting patients in a dignified and respectful manner
- Staff were providing patients with safe and effective care
- Good medicines management and mandatory checks on resuscitation equipment
- Staff were mainly positive in their feedback about their immediate and senior managers
- Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

This is what we recommend the service could improve:

- The doors to the sluice should be locked to prevent unauthorised access to the chemicals store there
- We noted that security on the ward could be improved by providing secure access and egress to the ward

- Patient documentation is fully completed including transfer of care and discharge planning
- Mandatory training and appraisal compliance
- Concerns were highlighted in relation to instances of staff feeling there may have been discrimination in the workplace.

3. What we found

Background of the service

Hywel Dda University Health Board provides healthcare services to a total population of around 387,000 people throughout Carmarthenshire, Ceredigion and Pembrokeshire. It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, General Practitioners (GPs), Dentists, Pharmacists and Optometrists and other sites.

Tregaron Community Hospital is located outside the town of Tregaron in the county of Ceredigion. It is a 20 bed hospital with one ward that specialises in rehabilitation of the elderly and palliative care. The ward is split into three bays of four beds, one bay of three beds and five single rooms. There were 18 patients on the ward at the time of the inspection. We were told that the hospital was a 10 bedded hospital prior to COVID-19 but offices and space had been used to change the hospital to become a 20 bedded unit.

A project is in place to create an extra care housing development together with an innovative rural model of community based care, to meet local care, health and housing needs. The new development of Cylch Caron Integrated Resource Centre is intended to replace Tregaron Community Hospital, Bryntirion Resource Centre and the GP surgery.

The scheme is being developed in partnership between Ceredigion County Council, Hywel Dda University Health Board, Mid-Wales Housing and the Welsh Government. Medical services are provided by General Practitioners from a local practice.

Both wards are well supported by a multidisciplinary team which included physiotherapy, occupational therapy and social workers.

We were told by the clinical lead nurse whose responsibilities included Tregaron Hospital that, in response to the pandemic, social distancing guidance led to comprehensive repurposing of every area across the site. This included community staff offices, staff dining room and changing areas, outpatient department, physiotherapy room, podiatry room as well as the inpatient area. Furthermore, Tregaron Community Hospital was identified in the summer of 2020 as an area where additional beds could be commissioned to support acute sites. This was to support the sites that had lost beds for routine work due to managing COVID-19 positive patient flow and maintaining elective patient pathways whilst ensuring social distancing between bed areas. Work began in the autumn and

over the last twelve months, the ward area has had a comprehensive refurbishment. This included a new call bell system, fire alarm system, emergency lighting system, macerators and medicines storage facilities as well as most of the other rooms at the hospital. In addition, Wi-Fi access was improved and two community offices were converted into inpatient bed areas. Staff for the extra beds, which were all opened by November 2020, came from the COVID-19 Community Pool recruited into the health board, in addition to other staff being redeployed.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, feedback from patients about the services they had received was very positive. Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received on the ward.

Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

Some improvements were required.

During the inspection we distributed HIW questionnaires to patients to obtain their views on the services provided. A total of seven were completed, not all respondents answered all of the questions. We also spoke to four patients during the inspection.

Quality of patient experience

Patients were asked in the questionnaire to rate their overall experience of the service. All seven rated the service as very good. Patients told us:

"Very good service at Bronglais, Tregaron and paramedics. Thank you everyone. All staff work too much, very long hours everyone and work very hard all day"

"Very light and very warm".

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received are shown below:

"All patients have to use same toilet. Most patients have bladder and bowel trouble. After the domestics go the toilets can be dirty"

"More staff"

"More privacy to discuss issues"

“Only seen a doctor twice since being here, but the nurses’ show and tell them about my medical problem”.

This together with the general movement of staff through the ward could cause a hazard to patients, most of whom had mobility issues. We were told that the fire service had recently been to the location and a there was a plan in place in the event of the fire.

We noticed staff maintaining social distancing, where possible, and they wore face masks, appropriate PPE and were seen to use alcohol hand gel.

Staying healthy

Hand washing guidelines were clearly displayed at the sinks in the ward. There was a no smoking sign at the entrance to the ward and signs outside saying that this was a no smoking site. Whilst there was not smoking cessation advice displayed, we were told that any patients admitted, who smoked, would be spoken to and referred to senior staff, and anti-smoking patches prescribed.

We were told that the information, such as leaflets, that would normally be displayed about how patients could improve their health and well-being had been removed from the walls within the ward. This was due to COVID-19 infection control concerns. We did see that there were example leaflets in the administration office relating to local support services and groups.

The ward promoted protected meal times. This ensured that patients were not unduly disturbed during meal times, to ensure adequate nutritional and fluid intake. We observed mealtimes and saw staff assisting patients in a calm, unhurried and dignified way, allowing patients sufficient time to chew and swallow their food. We also saw staff providing encouragement and support to patients to eat independently. All seven patients who responded agreed that staff provided care when they needed it and they helped them to eat, if they needed assistance. Those that responded also agreed that they had time to eat at their own pace and that staff helped them to drink if they needed assistance as well as having access to water on the ward.

We saw good interactions between staff and patients, with staff attending to patients’ needs in a discreet and professional manner. We saw staff spending time with patients, and encouraging and supporting them to do things for themselves, thus maintaining their independence.

Patients we spoke with stated that they were encouraged to participate in their own care to aid and maintain their independence. This included washing and dressing themselves as far as they were able, to clean their own teeth and wash their hands.

Dignified care

Patients who responded to the questionnaires, and those spoken with during the inspection visits, told us that staff were always polite and listened, both to them and to their friends and family. All of the patients who completed a questionnaire told us that staff called them by their preferred name.

We found that patients were treated with dignity, respect and compassion by the staff team on the ward. We also observed staff being kind and respectful to patients. Efforts were made to protect patients' privacy and dignity when providing assistance with personal care needs in a discreet manner. Patients confirmed that staff were kind and sensitive when carrying out care. Patients appeared well cared for, with staff paying specific attention to patient's appearance and clothing.

Patients' comments in the questionnaire were generally very positive about the staff and the ward. All patients who expressed an opinion said that they had been treated with dignity and respect by the staff at the hospital. All respondents agreed staff were always polite to them and that they listened to them and to their friends and family.

All patients who expressed an opinion agreed staff had talked to them about their medical conditions and helped them to understand. The majority also agreed that staff were kind and sensitive when they carried out care and treatment. Patients stated that they were happy with their care. One patient stated that whilst they were happy with their care, they did not understand what was going on or what was wrong with them.

Five patients who expressed an opinion when completing the questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Again five patients who expressed an opinion said that they and their relatives were always or usually involved in decisions about their care.

Additionally, all respondents who expressed an opinion agreed that when they needed to go to the toilet, staff gave them a choice about the method they used. This help was given to them in a sensitive way, so that they don't feel embarrassed or ashamed. Staff we viewed were discreet when administering personal care. Curtains were used around beds and doors were closed where possible, when administering care to patients. Staff were witnessed taking patients to the toilets where possible and when this was not possible, aids were used with the patients. All toilets were clearly marked, they were not gender designated, but all locks were in working order.

There were limited toilet and shower facilities on the ward, with one bathroom also being used as a storeroom. We were told that plans were in place to create

more facilities. However the limited facilities could impact on patient dignity and respect. We noted from a check of patient records that their continence needs had been assessed. We were unable to ascertain whether patient were offered the opportunity to wash hands after these events. Staff we spoke with were also not fully confident that this always happened.

Regarding being able to speak to staff about their procedure or treatment without being overheard by other people, two patients said they could be overheard. However all seven patients who responded said their privacy and dignity was always or usually maintained and they said that their independence was always or usually promoted. Additionally, we did not note any evidence that inappropriate conversations were taking place in public areas.

Staff appeared friendly and approachable. Staff called patients by their names. No introductions were made, but this was because patients were known to staff.

We observed one mobile patient walking in the corridor, a staff member asked where they were going and told them respectfully, not to go further than a certain point. However, we did not observe the staff member checking, but this patient had been an inpatient for some time.

All staff displayed discretion and sensitivity, when speaking about patients.

All patients appeared well cared for and happy, patients were able to wear their own clothes and bed bound patients appeared clean, in clean gowns.

Improvement needed

The health board must ensure that:

- In addition to being offered hand wipes, staff must ensure that patients clean their hands before and after meals and after using the toilets
- Patients' privacy is maintained by only speaking to patients, about their condition, or private matters, when they cannot be overheard by other patients or carers.

Patient information

There were clear signs and directions to and from the ward. The ward and exit were clearly signposted. The hospital was a truly bilingual environment with signage and posters displayed in both Welsh and English. Staff also had badges embroidered on their uniforms showing that they were Welsh speakers.

There was limited information on display for patients and carers to help them understand their care. There was also not information currently on display in relation to sepsis¹, unless the patient had suffered this event.

There was also limited information on display about the staff working on the ward. There was a board at the entrance to the ward with the names of the staff on duty by day and night. There were no pictures of staff so they would be easily identifiable. Staff all wore badges with their names and roles. The health board should consider installing a who's who board on the ward so that patients, relatives and carers can identify staff.

Improvement needed

The health board must ensure that:

- Further efforts are made to display all the information that was available to patients and carers prior to COVID-19
- A who's who board is installed on the ward.

Communicating effectively

All patients who expressed an opinion said they were able to communicate with staff in their preferred language and that healthcare information was available in their preferred language.

All patients that we spoke with were full of praise for the staff and they stated that they were made to feel at home. They said that staff listened to patients when they were anxious and took time to explain to them about their care and the reasons for their treatment.

When the local GP visited, their discussions with nurses about the patients took place in an office and not near patients. Multi-disciplinary team meetings took place online, with attendees in closed offices.

To assist patients with difficulties with their hearing, their sight and reading English, we noted that the ward had large clocks in the ward areas. There were

¹ Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.

also some pictorial boards and signs and there were large desk top magnifiers available.

Timely care

Staff stated that when the ward was busy there would be occasions when patients had to wait for help from staff to address their needs. All patients who responded to the questionnaire agreed they always had access to a call bell to make staff aware they required their attention. Six of the seven patients who completed the questionnaire agreed that when they used the call bell, staff come to them. During the inspection we saw that the ward was busy, but it felt calm. We also noted staff responding as soon as they could to any patients who had used the call bell when requiring attention.

Individual care

Planning care to promote independence

We did not see any initiatives in place such as 'This is Me'² or the butterfly scheme³ being in place. Additionally, staff were unable to show any evidence of the use of these initiatives.

Whilst there were signs in place on toilet doors to help assist patients with sensory problems or cognitive difficulties, they were not as clear as they could be, due to changes related to COVID-19. Patients were encouraged to be active and were given equipment to help them walk and move. Staff were observed encouraging independence where possible.

² The 'This is Me' system is for patients with dementia and where a patient had difficulty with their language or speech. This initiative aimed to help staff have an improved understanding of each patient on the ward, which could help provide a tailored person centred care based on individual needs and preferences.

³ The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

There were community occupational therapists (OTs) and a physiotherapy technician on the ward and they were observed working with patients. The OTs said that they could supply any necessary equipment following assessments.

From our check of a sample of five patient records, we noted that all the care given was documented in the patients care plan and records. The majority of patients had a do not attempt cardio pulmonary resuscitation (DNACPR)⁴ in place but it was not clear that all end of life matters were being discussed as a matter of course. There did not appear to be a clear system in place as to who needs to address these matters which means that there can be delays in dealing with deceased patients. Care plans were based on individualised patient needs but were mainly in a tick box fashion on generic forms. Whilst we noted some evidence of transfer of care and discharge planning, we noted that for one end of life patient, this was not recorded on the patients' notes. We noted that where relevant, the care was planned in a way that promoted independence.

The day room was closed to patients due to COVID-19 infection issues and was used for storage including chairs and equipment. It was also used as an area to serve food. Whilst the environment served its purpose and the community at the moment, space was at a premium and some rooms appeared cramped. That being said, all patients appeared happy, laughing and talking with staff and amongst themselves.

Staff we spoke with described what was in place prior to COVID-19 to keep the patients occupied and to make the ward as hospitable as possible. However, since COVID-19 and the risk of the spread of the infection, these activities were stopped, including the use of the day room. There were iPads on the ward for patients to use to keep in contact with their families and friends. However, there was a potential issue with the signal and older relatives may not be able to use the technology to receive the call. The staff we spoke with said that wireless headphones would be beneficial to patients, as noise could be stressful.

We were told by senior management that the hospital had a stock of colouring books and pens, pencils and reading books. In addition there were memory books, jigsaws and cards, all for single patient use. These were donated and funded through charitable funds in response to the infection control requirements of the pandemic.

⁴ DNACPR means if your heart or breathing stops your healthcare team will not try to restart it.

Improvement needed

The health board must ensure patient documentation is fully completed including transfer of care and discharge planning.

The health board must investigate ways to allow patients to re-use the day room for various activities to stimulate them whilst in the hospital.

People's rights

All patients who expressed an opinion in the questionnaire said they felt they could access the right healthcare at the right time regardless of any protected characteristics⁵. However, one patient said they had faced discrimination when accessing or using this health service. An improvement is listed later in this report.

A new role had been created, called the family liaison officer role, who was part of the patient experience team. This was to support patients in the absence of normal visiting arrangements, such as assisting patients to keep in contact with their families. The person in post had recently reduced their hours to 0.4 whole time equivalent. The health board were advertising the remaining hours. However, patients were able to speak to family and friends using a telephone on the ward on through mobile phones or online tools. Patients with mobile phones did need assistance to use them in many cases and they sometimes had to wait for staff to help them. Patients we spoke with had no complaints, but they also did not know how to make a complaint, if needed. That being said, we did notice a Putting Things Right⁶ (PTR) poster displayed at the entrance to the ward. We did not notice any PTR leaflets on the ward for visitors or patients to use, but were told that leaflets had been withdrawn from the ward because of the infection control issues with COVID-19.

⁵ Everyone has the right to defence from various prejudices. According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The 9 protected characteristics are; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex or sexual orientation.

⁶ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns".

Listening and learning from feedback

Staff we spoke with were able to describe the process for managing complaints. We were told by staff that the number of complaints received about the service on the ward was low. The Family Liaison Officer does routinely record patient feedback for the Patient Experience Team. In addition, since April 2021 all cards, gifts and expressions of appreciation were recorded on a spreadsheet on the shared drive that staff could access. Healthcare services should be attentive to the needs of patients and visitors; who should feel empowered to describe their experiences. These experiences provide the health board with the service user's perspective on what was working well and what was not, monitor performance and demonstrate learning and improvement.

Whilst there were limited posters or information displayed on the ward, we were told that patients were provided with adequate forms and paperwork, when requested.

Staff responses in the questionnaire indicate that the feedback process was not well understood. These included the following responses from the eight staff who completed the questionnaire:

- One respondents said that patient / service user experience feedback was not collected within their directorate/ department, and five answered that they did not know
- Three respondents said they did not receive regular updates on patient and service user experience feedback in their directorate /department, three did not know
- Two respondents said feedback from patients and service users was not used to make informed decisions within their directorate / department and five did not know.

Improvement needed

The health board must ensure that:

- Results of the feedback should be made known to patients, in a prominent position on the ward
- Staff are made aware of how the feedback process works in practice.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that staff were committed to providing patients with safe and effective care.

We noted efficient and effective arrangements were in place for medicines management and mandatory checks were completed on resuscitation equipment.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The wards were well maintained, clean and tidy, and arrangements were in place to reduce cross infection.

We noted some improvements including security on the ward and staff handwashing.

Safe care

Seven staff who completed our staff questionnaire said they had adequate materials, supplies and equipment to do their work and infection prevention and control procedures were followed. Seven staff said there was usually enough or sometimes enough staff working in the department to do their job properly. However, one said there were never enough. Additionally, staff were at least sometimes satisfied with the quality of care they give to patients.

Six of the eight staff respondents said their organisation always or usually had the right information to monitor the quality of care across all clinical interventions and took swift action when there were shortcomings. Six respondents also said they were always or usually content with the efforts of their organisation to keep them and their patients safe.

We noted that all there were a number of charts on the wall on the entrance to the ward. One showed falls by day in the hospital, including a chart on where the falls occurred. Additionally, there was a chart of any instances of pressure damage, acquired by day on the ward, or whether they were admitted or transferred with the pressure damage. There was also a weekly nurse and healthcare support worker (HCSW) cleaning schedule and daily nursing checks. We also noted the domestic cleaning schedules in the kitchens and the patient

fridge temperature control log, which were all in order and showed the required regular checks.

Managing risk and promoting health and safety

The ward was accessible to the disabled and people with mobility difficulties and was easy to find. The ward was part of a single storey extension to the main building at the hospital. The internal environment of the ward was clean, but the outside of parts of the building needed some attention. Many improvements were noted on the ward, as described above, including furniture, fixtures and fittings.

There were mobile dementia patients on the ward. As described previously, the door at the end of the ward was open all day and this led out onto a ramp leading to the road. The door was not alarmed when closed. Patient lockers were located in the corridor to enable staff to keep PPE in, as there were no rollers available for aprons. Posters on COVID-19 were aimed at staff. There were social distancing signs throughout the entire ground floor of the site, although some in the inpatient area were now indistinct from wear and need to be replaced.

Risk assessments were seen, including fire, risk and health and safety risk assessment from the risk register relating to the hospital. The clinical lead whose responsibilities included the hospital stated that significant improvements were made to the fire risk management in the hospital.

We were told that the business continuity plan had been comprehensively reviewed regarding how specifically to manage a major incident. A major incident would be called if 20 patients had to be evacuated as the original refuge arrangements were for 12 patients. This was changed because of COVID-19 related reasons (the local residential care home was no longer in a position to provide sanctuary, the local school would be used instead). This included the need for a site meeting between the local authority, emergency services, the hospital fire officer, senior staff and emergency planning colleagues within the health board. These draft plans were in the final stages of completion. The detail had also been affected by the external fire service audit in June. This audit required further improvements to be made throughout the site, including the upper floors of the old building. Further to this, senior estates colleagues had undertaken comprehensive surveys and had now ordered further compartmentation across the entire site. Additional fire doors and glazing were required and the fire officer was further reviewing the ward action plans. The fire service was due to re-inspect at the end of this month.

The ward manager described the incidents on the ward and incident reporting in general. The ward followed health board policy and reported issues on DATIX. All learning on these incidents would be fed-back to staff. From the series of

questions on the survey relating to incidents and errors, staff responded as follows:

- Two said they had seen errors, near misses or incidents affecting staff in the last month
- None said they had seen errors, near misses or incidents affecting patients in the last month
- Five said that the last time they saw errors, near misses or incidents they reported
- Five agreed their organisation treated staff who are involved in an error, near miss or incident fairly but one strongly disagreed
- Seven respondents agreed their organisation encouraged them to report errors, near misses or incidents
- Six respondents agreed their organisation treated reports of errors, near misses or incidents confidentially, again one disagreed
- Four respondents agreed their organisation does not blame or punish people who are involved in errors, near misses or incidents and one disagreed
- Five respondents agreed that, when errors, near misses or incidents were reported, their organisation took action to ensure that they did not happen again
- Two respondents agreed they were informed about errors, near misses and incidents that happened in the organisation and two disagreed (one strongly)
- Two respondents disagreed they were given feedback about changes made in response to reported errors, near misses and incidents
- Two respondents said their immediate manager never gave clear feedback on their work.

Six staff who expressed an opinion in the questionnaire agreed the organisation acted on concerns raised by patients / service users. All said that, if they were concerned about unsafe clinical practice, they would know how to report it. The majority of staff said that they would feel secure raising concerns about unsafe clinical practice and that they were confident that their organisation would address their concerns.

We noted that there was a mortuary on site. The health board must ensure that there are suitably qualified staff available to manage this service at the hospital and that the service follows health board procedures.

The corridor appeared cluttered and crowded, this was due to some changes made for COVID-19 requirements. Spare patient cupboards were used outside the individual rooms and four bed units to hold personal protective equipment (PPE). We were told this was for infection prevention and control (IPC) purposes as there were no apron rolls on the ward.

Improvement needed

The health board must ensure that:

- All doors to the ward are able to be secured, to prevent patients from leaving the ward unaccompanied
- Feedback is provided to staff, in the form of lessons learned, on the results of any investigations relating to errors, near misses, or incidents
- There are suitably qualified staff available to manage the mortuary at the hospital and that the service follows health board procedures

The health board must also investigate alternative ways to store PPE for use by staff in the patient areas.

Preventing pressure and tissue damage

Whilst there were several patients on the ward with pressure and tissue damage, the patient records showed that they came to the ward with them and the staff put plans in place to deal with these. There was evidence of referral to tissue viability⁷ where needed and recommendations were followed. We noted evidence of a verbal discussion amongst the nurses as to the most appropriate dressings and treatment for the individual patients.

⁷ Tissue Viability Nurses provide support and education in wound care and pressure damage prevention to enable healthcare professionals to provide evidence based and cost effective care.

Falls prevention

Initial falls assessments were carried out on all patients. However, the care plans that followed from these assessments were in a tick box format on generic sheets. They did not include additional comments that may make the plans more individualised. This was also evidenced by reviewing care plans where some were generic in nature and not tailored to the individual.

Staff we spoke with were not aware of any specialist falls service. However, we were told that they completed a document called I STUMBLE⁸, a falls assessment tool, in the event of a patient fall. The document would then be filed with the patient notes. We were told that in order to assess risk of patients suffering falls, an assessment is made of the environment, the patients' medication, frailty, blood pressure, notes and footwear. If the patient was a high risk of falling they were put on a low bed with pressure mats, to detect movement, and some were on an alarm system, although there was a five second delay. No reportable accidents had occurred in 2021.

Infection prevention and control (IPC)

Patients on the whole were happy with the ward area and as they stayed by their bed sides, generally, apart from going to the toilet, most patients were unaware of the general environment.

All seven patients who responded said that the setting was very clean. We asked a question about COVID-19 compliant procedures being evident during patient visits, all seven said they were. We asked a series of questions of staff in the questionnaire relating to COVID-19 compliance. The responses included:

- Seven respondents agreed their organisation had implemented the necessary environmental changes
- All eight respondents agreed their organisation had implemented the necessary practice changes and that IPC procedures were usually followed

⁸ I STUMBLE is a falls assessment tool aimed at helping care staff decide whether it is safe to lift a fallen person using appropriate lifting equipment or whether they are injured and need an ambulance.

- Five respondents who expressed an opinion agreed there had been a sufficient supply of PPE
- Six respondents agreed there were decontamination arrangements for equipment and relevant areas.

We were told that infection rates were low and noted that from the staff records checked, all had completed IPC training. Patients were not accepted with COVID-19. Prior to admission and after admission patients were tested and screened for COVID-19. We were also provided with the admission criteria for the health board community hospitals dated April 2021.

We were provided with a copy of the health and care monitoring dashboard for IPC at the hospital. This showed that compliance with hand hygiene for July 2021 at only 44 percent and for August only 21 percent. The ward manager stated that staff were regularly reminded about the need for hand hygiene. Additionally the percentage compliance with the ward cleaning schedule was only 38 percent for August 2021. This was also noted when observing staff on the ward. Whilst gloves were routinely changed between patients, there was a reliance on hand gel and staff were not necessarily using soap and water

We checked a sample of three weeks acuity data collection and noted that the second and third pages of the paperwork had not been completed by the night shift and day shift. The questions not completed related to “did the number of staff equal the rota?”.

We also checked a sample of daily nursing checks across a three week period and we noted that the records had not been completed fully. In one week the checks had only been carried out on nine of the 35 checks and in another for 20 of the 35 checks.

Every patient had an armchair in their bed area, which had been positioned to ensure social distancing. and there had been an attempt to ensure patients beds were two metres apart. All signs seen were wipe clean and staff were wearing appropriate PPE when dealing with patients needs and changed between each

task and patient. The correct donning and doffing⁹ of PPE was noted to minimise transmission of infection.

The changes that had been made due to COVID-19 on the ward were described, this included social distancing, cleaning, PPE, specific COVID-19 training and pre-screening for COVID-19. Risk assessments were also carried out on patients visiting. However, there were not any patient visitors allowed the week of the inspection due to staff shortages. The only exception was where the patient was considered to be an end of life patient and then they were moved to a single side ward.

The ward manager described the process that would be followed if there were any COVID-19 outbreaks or nosocomial transmissions. This involved informing the IPC team and working closely with them as well as informing their line manager and escalating the issue. Vulnerable staff would shield and enhanced PPE would be used. All patients were tested for COVID-19 before admittance to the ward, then 24 hours later and then daily for 14 days after admission. Then patients were tested weekly and the testing swabs sent to Bronglais for analysis. Staff completed a lateral flow test twice weekly, and if the result was positive they stayed off work. There had not been any outbreaks of COVID-19 or nosocomial transmission in the past three months on the ward.

Whilst the main ward areas were in a good condition, some back of house areas needed to be improved. Examples included the oxygen store room, the staff toilet where the toilet wall coverings were not fitted properly and the tap and toilet flush chrome was damaged. There were also wooden doors to some areas which could not be easily cleaned. We were told by the clinical lead, whose responsibilities included the hospital, that amongst all the large pieces of work undertaken, a number of smaller estates issues had been requested. These included the removal of all wooden items or non-magnetic notice boards, as only laminated notices could be displayed. Estates staff had undertaken these items opportunistically. The holes in the wall in the occupational therapist area were recently created as wooden shelving and a plastic leaflet display board were taken away. Decorative repair was planned to be completed when decorators were on site for work to the staff dining room; this was way behind schedule as the team responsible had been affected by members needing to self-isolate.

⁹ Donning – putting on personal protective equipment (PPE); Doffing – taking off personal protective equipment (PPE)

There were five side rooms that could be used for isolation or terminal care and staff were aware of the implications and precautions to take. When discussed with domestic staff they explained fully how they would respond to entering and exiting this room as well as cleaning once the person had moved on. Safer sharp devices were in use and no overflowing bins were seen.

Staff we spoke with were aware of their requirements and understanding of infection control in their role. Domestic staff explained the process of deep cleaning on discharge and also the equipment used. They were also able to explain the procedure if there was a patient with COVID-19 and the cleaning needed.

Usually there were two cleaners on the early shift and two on the late shift but at the moment there was additional help available, so there were five on shift. Staff said they had to socially distance from each other and that they had a lateral flow test weekly.

Due to COVID-19, the day room was closed to patients. Additionally, a number of items that staff believed made the ward and day room more “homely” to patients had to be removed including pictures and notices.

We noted that the visitor toilet at the end of the ward did not have a wash hand basin in the room, this was located in the room next to the toilet. We were told that one of a few outstanding larger pieces of work was the refurbishment of public and staff facilities at the far end of the site. To provide a more accessible shower for staff and a toilet with handwashing facilities in the same area; this had gone out to tender for costings.

Sepsis:

We were told that the e-learning element of aseptic anti-touch technique training¹⁰ was embedded in ESR but the sepsis training, ALERT¹¹, was not

¹⁰ Aseptic Non Touch Technique is a method of working where the practitioner follows the principles of asepsis to ensure that the sterile component (key part), for example, a needle, does not come into contact with non-sterile surface.

¹¹ ALERT is a multi-professional course to train staff in recognising patient deterioration and act appropriately in treating the acutely unwell.

recorded there. The sepsis pathway¹² was followed. Due to this, we did not see any evidence in the five staff records checked that they had completed sepsis training.

There have not been any patients with sepsis since May 2021 according to the wards sepsis screening record tool book. This book was checked and all previous entries were clear and correctly completed with the top copy being sent with the patient if they were transferred and the carbon copy retained in the book for the ward record.

Improvement needed

The health board need to ensure that:

- Staff are reminded of the importance of hand hygiene and wash their hands as required after each patient intervention and before putting on their gloves
- Sepsis training is evidenced on the electronic staff record and all staff receive relevant sepsis training
- Weekly acuity data is completed in full
- All daily nursing checks are completed in full.

Nutrition and hydration

We observed a meal time on the ward and observed staff assisting patients eating their food. Whilst there were red trays¹³ available to be used for the relevant patients, staff did not seem to be fully aware of the reason for their use. Several patients were observed being assisted to eat their meals, but they did not have red trays.

¹² <https://pathways.nice.org.uk/pathways/sepsis>

¹³ Red trays help nurses to easily identify who needs the most encouragement or assistance with eating. The red tray also indicates the patient is on a food record chart which enables the nursing staff to monitor the quantities of food eaten.

Additionally, the patient status at a glance board¹⁴ indicated the type of diet but not who needed assistance apart from one person and another who needed to be encouraged to eat.

Whilst the ward used the All Wales Nutrition pathway¹⁵, the recording of intake appeared to be spasmodic ie done one day but not the next. Where it was followed it was recorded correctly on the All Wales chart. Food records were completed sporadically and inconsistently in almost all of the patient records reviewed. It was not easy to establish who was having food intake recorded, frequency and the reason why.

Whilst meal times were protected and the timing of the meals was acceptable, on the day we viewed the meal serving there were delays in food being served and being delivered, we were told due to staff shortages. Additionally, there was some delay in patients receiving assistance with eating, possibly due to the fact that many members of that staff were assisting patients. This also impacted on the timely delivery of meals. However, the food provided looked hot and appetising and also smelt good. There was a good choice of meals available, all patients we spoke with agreed, that the food was good. Patients we spoke with said that they were given menus with options for all meals and assistance was given if requested and if needed. All beds had water jugs and glasses. Straws were provided as required. Jugs and glasses were placed within patient reach.

All patients appeared to have been assisted to sit comfortably, tables were cleared and cleaned before their meals. Patients had hand wipes by their bed and were encouraged and reminded, but not assisted, to wipe or wash hands prior to meals.

¹⁴ The Patient Status At A Glance Board is the use of a visual display of information and staff allocation / handover meetings to provide your team with the information they need most regularly. It provides clarity about who's doing what, for whom and provides a structure for your handover meetings

¹⁵ The All Wales Nutrition Care Pathway for hospitals details the pathway for the nutrition screening of patients on admission and the nutritional care throughout their hospital stay. The pathway is supported by the All Wales Food Record Chart and the revised Daily and Weekly Intake and Output Charts to standardise record keeping in NHS hospitals across Wales.

Improvement needed

The health board must ensure that:

- The use of red trays is made known to staff and the trays are used appropriately
- The patient status at a glance board contains full information about patients nutritional requirements
- The patient nutrition charts are completed fully after each meal.

Medicines management

We viewed a sample of the All Wales Drug Charts (the chart) and noted that they had been completed correctly. They were consistently signed and dated when prescribed and administered and all patient names and identities were recorded throughout the charts. It was clear what had been administered and there was no self-administration of medication at this time. Where prescribed medication was not administered, the reason was clearly recorded. We observed that a pharmacy technician from Bronglais General Hospital, Aberystwyth (Bronglais) attended the hospital every Tuesday. They checked and rotated stock as well as ordering ward stock. Bronglais medicines management team was commissioned to send a pharmacist to the ward once a week. The duties included dealing with controlled drug¹⁶ requirements including their ordering and disposal. Out of hours access was via the Bronglais pharmacy.

We noted that all administered oxygen was prescribed on the chart and was correctly prescribed and signed. We spoke to the ward manager about the administration of oxygen and the methodology described complied with the national guidelines. Intravenous (IV) fluids were being prescribed correctly on the correct documentation. Discussion with the ward manager showed that there was an understanding and use of correct procedures. Storage of IV fluid was appropriate and discussions showed full understanding of correct monitoring and recording.

¹⁶ Controlled medicines include some strong painkillers, such as morphine, and some tranquillisers and stimulants. Medicines that help with addiction, such as methadone, are also controlled.

The medicines management policy was available on-line via the NHS portal to which all relevant staff had access. All drugs, including controlled drugs were stored securely in locked cupboards or in locked and secured medicines trolleys. All controlled drugs were recorded and signed for correctly and they were checked daily against the controlled drugs logbook. Fridge temperatures were monitored on a daily basis. However, there was not a wall thermometer in the medication room and staff were reluctant to open the window due to the number of flies that would then be in the room from outside. We also viewed a medicines round on the ward and noted that everything was in order. Staff we spoke with were aware of the need for parents, carers and guardians to be supported to understand the medications given and the administration necessary after discharge from the ward.

Plastic red tabards were used to ensure that there was a system for safe, calm administration of medicines and to ensure that staff administering medicines were not disturbed. However, staff reported constant interruptions with the medication round, due to increased patient numbers and staff shortages. This may be eased going forward with the introduction of a ward clerk.

We noted some items had been opened but did not have the date of opening. Also other medication had been used but the name of the person it had been allocated to, was not written on the medication. All of the above items were removed during the inspection.

The checks of the resuscitation trolley were completed daily and there was appropriate testing of equipment carried out. The area where the trolley was kept was clean and well organised and all items on the trolley were in date.

Improvement needed

The health board must ensure that:

- A wall thermometer is installed in the medications room and that temperature checks are taken and recorded daily
- Medication must be properly controlled when opened, included who has used the medication.

Safeguarding children and adults at risk

All patients we spoke with said that they felt safe where they were and that staff were approachable and felt able to talk to them, if they were worried.

There were no patients on the ward subject to protection of vulnerable adults¹⁷ or deprivation of liberty safeguards¹⁸. We were told that staff were aware of the relevant training and they spoke to the relevant mental health team about any patient, with any issues, with capacity.

Any patients needing advocacy would be signposted to the health board advocacy service.

Patients were not subject to constant supervision, but staff reported that where possible, one to one observations would be arranged where necessary, although this may result in a member of staff being unavailable for their normal duties.

Staff we spoke with were able to describe the relevant safeguarding issues. The ward manager was due to complete training on mental capacity assessment within the next few weeks and this should help increase staff awareness and knowledge.

Blood management

Blood products when needed were obtained from Bronglais, some staff were trained to manage blood and the rota would be organised to ensure appropriate staff were available. Staff we spoke with said they followed the Bronglais protocol for blood administration and recording. Blood products were not stored at the hospital and were only delivered to the hospital when staff needed to use the products with patients. Unused products were returned to Bronglais.

Medical devices, equipment and diagnostic systems

We noted that there was appropriate resuscitation equipment on the ward, that was conveniently placed. There was evidence that resuscitation equipment had been checked as required by the local policy. These checks were considered to be completed to a very high standard.

¹⁷ The Wales Policy defines a vulnerable adult as: "A person who is 18 years of age or over, and who may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or serious exploitation."

¹⁸ Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards only apply to people who cannot make decisions about being in a hospital or care home to have care and treatment, this is called lacking capacity.

There was appropriate equipment in place on the ward, to support the needs of the patients. This included walking frames, commodes, monitoring equipment and hoists. We noted that the clinical equipment checked was appropriately maintained. If anything additional was needed, this was obtained from Bronglais. The maintenance arrangements for equipment were described along with the arrangements for reporting faults with equipment. There was a medical electronics team at Bronglais who were responsible for the equipment. They dealt with checking, servicing and faults. Beds and hoists were checked and serviced by specialist companies. All equipment was decontaminated in Bronglais

Effective care

Safe and clinically effective care

Pain management appeared to be good, although there were few of the patients reviewed, who recorded as having pain in the first instance. We saw staff going through the pain score and options with one patient, then returning to review the effectiveness of medication.

A patient status at a glance boards was used in the nurses' room but was noted on the first day of the inspection as being kept open and the room was accessible to a variety of people. However, the relevant information to identify the patient was covered on the second day of our inspection. The board was updated by all staff and contained most of the information needed to care for the individuals.

We noted that the various store rooms and offices were locked, except the sluices where some chemicals were kept and in reach. We also saw the cleaning trollies with chemicals were left in the corridor unattended when staff were cleaning the bedded areas. However, the corridors were generally busy and patients would be noted removing chemicals. The health board must ensure that the sluices are either locked, or any chemicals or items that could cause harm if ingested are removed and kept securely in other areas of the hospital.

Improvement needed

The health board must ensure that the sluices are either locked or any chemicals or items that could cause harm if ingested are removed and kept securely in other areas of the hospital.

Record keeping

Patient care records were held in a locked room used by the GP. We viewed a sample of these and found them to be generally well maintained. The notes were clear and well organised. Care records reflected the care given to the patients

and were completed in a fairly timely manner ie during each shift if not at the specific time of the actions or observation.

There was evidence of the discussion and decision making process. Care plans themselves were largely tick boxes, but actions and decisions were clearly documented in the written passages.

Notes were accessible when requested. Writing was generally clear and contemporaneous. The review of care plans was overdue due to staff shortages. The care records for one patient was very good and had a good level of content. We also noted the timely writing up of multi-disciplinary team meeting outcomes.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Staff were professional and committed to delivering a high standard of patient care.

Staff were mainly positive in their feedback about their immediate and senior managers

Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

Mandatory training compliance for the ward was not generally good.

Concerns were highlighted in relation to instances of staff feeling there may have been discrimination in the workplace.

Governance, leadership and accountability

Staff at the hospital were asked to complete an online HIW questionnaire, to find out what working conditions were like and to obtain their views on the standard of care. In total, there were eight completed online questionnaires. Not all respondents answered all of the questions. We received responses from a variety of staff grades and roles. We also spoke with several members of staff of a variety of roles and grades.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. All staff who expressed an opinion agreed that care of patients / service users was the organisation's top priority. Additionally, they would be happy with the standard of care provided by their organisation for themselves or for friends or family. However, two respondents would not recommend their organisation.

The majority of staff said their immediate manager encouraged those who worked for them to work as a team and most said their immediate manager could be counted on to help with a difficult task at work. Two of the eight staff who responded said that their immediate manager never asked for their opinion before making decisions that affected their work. However, they all said that their immediate manager was supportive in a personal crisis on most occasions.

Regarding senior management, all staff who responded to the questionnaire said they knew who senior managers were and most said that communication between senior management and staff was usually effective. The majority of staff said that senior managers tried to involve staff in important decisions, at least on some occasions. Whilst the majority of respondents said that senior managers were committed to patient care, one commented below that:

“It feels like the next admission is more important than the short falls in staff, high acuity of the patient and the staff being run into the ground”

A clear management structure was in place and senior staff were aware of their lines of reporting. Roles, responsibilities and lines of accountability were also clear. The ward manager was noted as being visible, accessible and prepared to work on the ward as required.

We noted that there were online daily meetings with the senior manager engagement, to discuss various issues including staffing, discharges and bed availability. We were told that the sharing of information to and from management was via electronic mail, online information, notice boards or through the online information sharing applications. The majority of staff said they regularly had sight of new guidance, patient safety alerts and medical device alerts. All staff who expressed an opinion said they were supported to ensure implementation and adherence to patient safety alerts and medical device alerts.

Regarding how the setting ensured that equality and a rights based approach were embedded across the service, we were told that they followed health board policy regarding values, honesty and openness. We were told by the ward manager that respect was ‘drummed into staff’ and to respect each other and patients.

In the questionnaire we asked whether staff had faced discrimination at work within the last 12 months. Four of the eight who completed the questionnaire, said that they had been discriminated against. That being said the majority of respondents agreed that staff had fair and equal access to workplace opportunities. Additionally, the majority agreed that their workplace was supportive of equality and diversity.

Staff responses in the questionnaire relating to their work included:

- Four said they were always or usually able to meet all the conflicting demands on their time at work
- Seven said they were at least sometimes able to make suggestions to improve the work of their team / department
- Seven said they were usually or sometimes involved in deciding on changes introduced that affected their work area or team
- Six said their organisation encouraged
- Six said the organisation was always or usually supportive
- Six said front-line professionals who dealt directly with patients, were always or usually sufficiently empowered to speak up and take action if they identified issues in line with the requirements of their own professional conduct and competence
- Six said there was always or usually a culture of openness and learning within the organisation that supported staff to identify and solve problems.

Improvement needed

The health board must ensure that processes are in place:

- To allow any member of staff to report any issues of concern internally, as well as to ensure that any concerns raised are appropriately investigated and responded to
- To ensure that staff are treated fairly and equally and that any instances of discrimination will not be tolerated and appropriate action taken.

Staff and resources

Workforce

The ward manager told us that the number and skill mix of staff was sufficient but sometimes there were short term sudden absences, when additional staff could not be sourced. Whilst there was a low turnover of staff, some staff were due to retire shortly and there were three HCSW on long term sick leave. There were also under four whole time equivalent registered nurse vacancies. The vacancies had been advertised and some posts had been shortlisted.

The ward manager was complimentary of the support from their manager. The ward manager also told us that there was an open door policy with regular appraisals throughout the year. The ward manager had been in post since January 2021 and said that they worked on the ward as much as required. We also observed this during our visit.

Training and development

Training was mainly online currently and there was an in-house mental health trainer available. We asked questions in the staff survey relating to training. The responses were as follows:

- All staff said they had received training in Health and Safety, Fire Safety and Awareness and Safeguarding
- Seven of the eight respondents said they had received training in infection control
- Six had received training in Mental Capacity Act/ Deprivation of Liberty Safeguards
- Five said they had received dementia/delirium training
- Five said they had received other training relating to specialist care
- Three said they had received training in advanced life support.

Of the seven who answered the question, all respondents said training helped them do their job more effectively at least on some occasions. They also said that training at least on some occasions helped them stay up-to-date with professional requirements. Six of the seven staff who answered the question, said training always or usually helped them deliver a better patient experience.

The information on ESR showed that only 18 (out of 39 staff) had completed over 80 percent of their mandatory training. The ward manager said that there was a plan to increase this compliance rate in the near future and that a number of face to face courses had been cancelled due to COVID-19. The ward manager had access to ESR to drill down in the system to establish what training staff needed to completed. However, there was not a training matrix maintained, to view at a glance the compliance by each member of staff against the various areas of training required to be completed. The health board should consider maintaining a training matrix for all the staff on the ward, which shows, at a glance, who is in date, and who requires training to be updated.

We checked a sample of five staff training records on ESR and noted that none of the five staff had completed dementia awareness training and that only one of

the five was in date with their level two intermediate life support training. Additionally the records did not show that any of the five had completed sepsis training. Dementia awareness training was required for staff who had direct contact with patients (including administrative and ancillary staff, as well as healthcare professionals).

Regarding the appraisal process, the responses to the questionnaire included:

- Four respondents said they had an annual review or appraisal within the last 12 months
- Three said they have had clinical supervision in the last 12 months
- Three said their learning or development needs were identified at their performance appraisal and development review
- Four said their manager supported them to receive training or development
- Of the four who answered the previous point, two said they received an appropriate mentorship or preceptorship on commencement of their role. Both said it was for a long enough period of time.

The ward manager stated that seven staff were overdue their appraisal and that these will be completed as soon as possible

Improvement needed

The health board must ensure that:

- Appraisals are completed for all staff in a timely manner.
- Staff complete their mandatory training in a timely manner
- A process is put in place to ensure that appraisals and mandatory training is completed in a timely manner.

Well-being

We were told that there was a well-being service in the health board with relevant information on the notice board in the staff dining room. There were a series of questions in the staff survey relating to wellbeing, the responses were as follows:

- Four agreed their job was not detrimental to their health, two disagreed

- Four agreed their immediate manager took a positive interest in their health and well-being, three disagreed
- Four respondents said their organisation took positive action on health and well-being
- Three said they were offered full support when dealing with challenging situations and one disagreed
- All eight respondents agreed they were aware of the occupational health support available
- Five respondents agreed their current working pattern and off duty allowed for a good work life balance, three disagreed (two strongly).

Staff comments included

*“We have no shift pattern and this makes it difficult to plan ahead.
Not enough meaningful time off between shifts”*

Improvement needed

The health board must ensure that measures are put in place to improve the wellbeing of staff, in light of some of the less positive responses to the questionnaire.

Staffing

We were told that the All Wales Tool was being used to ensure that the staffing met the minimum requirements of the Nurse Staffing Levels (Wales) Act¹⁹. The staffing levels were normally two qualified staff on both day and night shifts and four HCSW both day and night. This was calculated using the off duty and the electronic-roster, then staff were given a print out for them to ensure they were available for the shifts. We were told that enhanced support was available where patients acuity was higher, using an online application called shift finder. From a review of the rotas for a sample of two weeks, we noted that there were sufficient

¹⁹ The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and requires health service bodies to have regard for the provision of appropriate nurse staffing levels. This is to ensure their nurses have the time to provide the best possible care for patients.

staff allocated to each shift. On the day of our visit we were told that one member of staff had not attended that day, but there was one member of staff who was on the rota to complete non clinical work, who could cover as necessary.

Whilst the staffing level met the criteria for nursing levels in Wales, the staff indicate that these did not accurately reflect the acuity of the patients. Staff we spoke with expressed concerns on the staffing on the ward, one described it as 'very real issues'. These issues included:

- Staff retention
- Shifts were not always filled despite efforts to source bank or agency staff
- The mixture of qualified and non-qualified staff being filled, now predominantly HCSW on duty
- Staff did not feel like they could provide the level of care that they would like to, due to time pressures as a result of staffing
- Staff finding it difficult to book off-duty, even for genuine personal appointments, due to staffing pressures
- Difficulty in keeping on top of training and paperwork due to time pressures.

Improvement needed

The health board must ensure that staffing levels on the ward are sufficient to ensure that staff are able to carry out their role of care for the patients and able to book off-duty and complete their mandatory training.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

As a result of the findings from this inspection 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.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Hospital: Tregaron Community Hospital

Date of inspection: 7 and 8 September 2021

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues				

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.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Tregaron Community Hospital

Date of inspection: 7 and 8 September 2021

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> In addition to being offered hand wipes, staff must ensure that patients clean their hands before and after meals and after using the toilets 	4.1 Dignified Care	<p>Added to agenda for discussion at next Nursing staff Clinical Development meeting arranged for 10th November 2021 and staff meeting on 24th November. Notes of meeting will be circulated to all staff to evidence discussion.</p>	Team Leader	30 th November 2021
		<p>Implement observational audits on the ward to monitor as part of monthly programme.</p>	Clinical Nurse Lead	31 st December 2021
		<p>Infection Prevention Control Team also conduct Quarterly Indicator Audits and from an audit undertaken on 04/11/21,</p>	Infection Prevention Control Team	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Patients' privacy is maintained by only speaking to patients, about their condition, or private matters, when they cannot be overheard by other patients or carers 		<p>high compliance (93%) of patients used wipes prior to meals.</p> <p>Every effort is taken to move patients to a private area for intimate discussions, however, there are occasions when this is not always possible due to a patient's medical condition. In these circumstances, staff have been reminded of the importance of ensuring every effort is made to prevent conversations being overheard. Curtains to be drawn and use of hushed tones or background television noise to prevent other patients from overhearing private matters. Will be added as Agenda item on 10th and 24th November to remind staff of this requirement and the notes will be made available for all staff to review</p>		
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> Further efforts are made to display all the information that was 	4.2 Patient Information	Infection prevention and control measures are in place and reviews are underway as to when paper leaflets can be re-distributed, although no timescales have been identified as to when this will be complete, the team leader in Tregaron	Team Leader	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>available to patients and carers prior to COVID-19</p> <ul style="list-style-type: none"> A who's who board is installed on the ward. 		<p>is in regular contact with IPC team. In the meantime, information is printed out as needed on an individual basis and handed directly to the patient or relative.</p> <p>The Health Board is in the process of implementing who's who boards in all areas. A Who's who board will be put in place on the ward as part of HB roll out.</p>	Team Leader	February 2022
<p>The health board must ensure patient documentation is fully completed including transfer of care and discharge planning.</p> <p>The health board must investigate ways to allow patients to re-use the day room for various activities to stimulate them whilst in the hospital.</p>	6.1 Planning Care to promote independence	<p>Added to agenda for discussion at next Clinical Development meeting arranged for 10th November 2021. Notes of meeting will be circulated to all staff to evidence discussion.</p> <p>Documentation audits undertaken by senior staff, this will be added to the audit</p> <p>Infection and Prevention control guidance is being followed and reviews are in place to reopen the day room, with consideration of reduced patient numbers if required. Patients are also</p>	<p>Team Leader</p> <p>Clinical Nurse Lead</p>	<p>10th November 2021</p> <p>Completed and dependent on infection control advice whilst the hospital</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> All doors to the ward are able to be secured, to prevent patients from leaving the ward unaccompanied Feedback is provided to staff, in the form of lessons learned, on the results of any investigations relating to errors, near misses, or incidents There are suitably qualified staff available to manage the mortuary at the hospital and that the service follows health board procedures. <p>The health board must also investigate alternative ways to store PPE for use by staff in the patient areas.</p>		<p>lacking capacity is risk assessed and an individual care plan devised to ensure that any risk of harm from leaving the ward is mitigated, e.g. through enhanced patient support.</p> <p>Detailed specific feedback from a Datix incident is provided via the once for wales DATIX system to the individual who raised the incident. General feedback regarding lessons learned is brought to every staff meeting as a standing agenda item</p> <p>There are suitably qualified staff working in Tregaron with 24 hour trained porter support from Bronglais General hospital for any out of hours calls should this be required.</p> <p>Infection Prevention and Control CNS reviews and audits continue on a monthly basis on the ward with all actions followed up to ensure ongoing compliance. Aprons are stored in lidded</p>	<p>Clinical Nurse Lead</p> <p>Head Porter</p> <p>Procurement Officer</p> <p>IP&C Lead</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		containers to reduce the possibility of contamination.		
<p>The health board need to ensure that:</p> <ul style="list-style-type: none"> • Staff are reminded of the importance of hand hygiene and wash their hands as required after each patient intervention and before putting on their gloves • Sepsis training is evidenced on the electronic staff record and all staff receive relevant sepsis training • Weekly acuity data is completed in full 	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Laminated signs are displayed across the site in key areas to remind staff of donning and doffing procedures. IPC undertook an observational audit on 04/11/21 and Hand hygiene decontamination 100% for all staff.</p> <p>An on the spot check completed by IPC staff for staffing donning and doffing on 04/11/21 and a teaching session completed.</p> <p>The e-learning element of Aseptic Anti-Touch Technique training is embedded in ESR but the sepsis training, ALERT, is not recorded there. Staff are now being rostered on to the ALERT training study days as they become available and staff released to attend.</p> <p>This activity is audited for completion and compliance remains 100%.</p>	<p>Team Leader</p> <p>Clinical Nurse Lead</p> <p>Clinical Nurse Lead</p> <p>Clinical Nurse Lead</p>	<p>Complete</p> <p>Complete</p> <p>March 2022</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> All daily nursing checks are completed in full. 		<p>This will be audited as part of nursing checks to support assurance these are being completed</p> <p>Added to agenda for discussion at next Nursing staff Clinical Development meeting arranged for 10th November 2021 and staff meeting on 24th November. Notes will be circulated after the meeting to all staff to evidence discussion.</p>	<p>Clinical Nurse Lead</p>	<p>November 2021</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> The use of red trays is made known to staff and the trays are used appropriately The patient status at a glance board contains full information about patients nutritional requirements 	<p>2.5 Nutrition and Hydration</p>	<p>Added to agenda for discussion at next Nursing staff Clinical Development meeting arranged for 10th November 2021 and staff meeting on 24th November. Notes will be circulated after the meeting to all staff to evidence discussion.</p> <p>Community Dietician and Clinical Practice Development Nurse working to strengthen this alongside the ward's Nutrition and Hydration Champion.</p>	<p>Team Leader Clinical nurse lead</p> <p>Team Leader</p>	<p>30th November 2021</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> The patient nutrition charts are completed fully after each meal. 		<p>Add to agenda for discussion at next Nursing staff Clinical Development meeting arranged for 10th November 2021 and staff meeting on 24th November.</p> <p>Implementation of observational audits and spot checks on the ward to monitor as part of monthly programme.</p>	Team Leader	30 th November 2021
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> A wall thermometer is installed in the medications room and that temperature checks are taken and recorded daily Medication must be properly controlled when opened, included who has used the medication. 	2.6 Medicines Management	<p>Wall thermometer now in place and daily readings recorded</p> <p>This will be added to monthly medicines management audit. Added to agenda for discussion at next Nursing staff Clinical Development meeting arranged for 10th November 2021 and staff meeting on 24th November and notes made available for all staff.</p>	<p>Team Leader</p> <p>Clinical nurse lead</p>	<p>Complete</p> <p>30th November 2021</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that staffing levels on the ward are sufficient to ensure that staff are able to carry out their role of care for the patients and able to book off-duty and complete their mandatory training.	7.1 Workforce	Staffing levels have been established and agreed with the Director of nursing and remain under monthly review. In addition staffing is monitored on every shift and any shortfalls managed through Bank, Agency or redeployed staff as acuity of patients necessitates.	Team Leader Clinical Lead Nurse	Completed

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.

Service representative

Name (print): Tracey Evans

Job role: Head of Community Nursing Ceredigion

Date: 2/11/2021