

Hospital Inspection (Unannounced)

Rookwood Hospital, Cardiff and Vale University

Health Board, Wards four and five

(The Welsh Spinal Cord

Injury Rehabilitation Centre)

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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 Rookwood Hospital within Cardiff and Vale University Health Board on the 1 and 2 October 2019. The following area was visited during this inspection:

Rookwood Hospital (The Welsh Spinal Cord Injury Rehabilitation Centre)

- Wards four
- Ward five

Our team, for the inspection comprised of two HIW inspectors (one lead), two clinical peer reviewers and a lay reviewer.

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 there was a dedicated and committed team of staff providing a high standard of care to patients. We found care to be person centred, and delivered on an individualised basis.

Whilst we identified some areas for improvement, these were predominately regarding the environment and the impact on infection control standards.

Staffing of therapeutic services, and the urology service also had a potential to cause delays to patients receiving timely care.

This is what we found the service did well:

- Patients told us they were happy with the care they had received
- Effective multidisciplinary team working was demonstrated
- Care was provided in a personal and dignified manner
- Effective care was demonstrated in relation to preventing pressure ulcers, falls and infections
- We found supportive management and leadership was given to the unit team.

This is what we recommend the service could improve:

- Patient information is organised in a way that is easy to access
- Specialist equipment is provided in a timely way to uphold patient dignity
- All patients have access to a nurse call bell
- A review of staffing, to include nurses, occupational therapists and the urology service, to ensure patients receive timely care
- A review and risk assessment of the storage of equipment on the unit
- A number of infection control issues

- Some aspects of medicines management
- Staff access to training and appraisals.

3. What we found

Background of the service

Cardiff and Vale University Health Board (CVUHB) is one of the largest NHS organisations in the UK. It is a teaching health board with close links to the university sector, and together they train healthcare professionals and work together on research.

The health board employs approximately 14,500 staff, and spends around £1.4 billion every year on providing health and well-being services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across south and mid Wales for a range of specialties, and provides acute, primary care, community, and mental health and learning disability services to adults and children. These services are provided through acute, general and community hospitals, health centres, GP's, dentists, pharmacies and optometrists.

Rookwood Hospital is based in Cardiff and is home to a number of services, including the Welsh Spinal Cord Injury Rehabilitation Centre¹ (to be referred to throughout the report as the unit). This is one of 12 designated specialist units in the UK and Ireland. Patients are admitted from across Wales, predominately from south and mid Wales. Patients from north Wales can be referred to an alternative centre in Oswestry, to allow them to receive rehabilitation services closer to their home.

The unit is made up of two wards, with an inpatient capacity of 26 beds for both male and female patients. The patient group includes adults with spinal cord injury from various causes, including trauma, medical, post-surgical and spina bifida.

Wards four and five are managed by one ward manager, and the nursing and supporting team were flexible to move around patients depending upon needs. There were shared facilities for patients, such as a kitchen, laundry area and

¹ <http://www.cardiffandvaleuhb.wales.nhs.uk/spinal-rehabilitation>

dining room. As a consequence, the findings in this report relate to both wards four and five equally.

The unit is due to relocate to Llandough Hospital in April 2021.

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.

Comments made by patients indicated they were happy with the care they had received on the unit.

We saw that staff treated patients with respect and made efforts to protect their privacy and dignity.

We found effective multidisciplinary team working to support the delivery of person centred care.

Arrangements were in place for patients and their carers to provide feedback about their experiences.

A shortage of some pieces of equipment impacted on some areas of patient dignity.

A review of the provision of services including occupational therapy and urology is required to ensure patients receive care in a timely manner.

During the inspection we spoke with patients and distributed HIW questionnaires to patients to obtain their views on the services provided. A total of 11 questionnaires were completed. Patient comments included the following:

"Treated like family. Sometimes I feel they are pushing me harder than I need but I know it's for my benefit in the long run."

"Staff really good and helpful."

"Treatment here has been perfect!"

All except one patient who completed a HIW questionnaire, rated the care and treatment provided to them as either nine, or ten out of ten. All patients either agreed, or strongly agreed that staff were kind and sensitive to them when carrying out care and treatment.

Staying healthy

We saw that there was a range of information available to patients, with the majority of this located in the patient dining room. Whilst we saw there was a wide range of information to view, it was difficult to navigate and not in any logical order.

Improvement needed

The health board must consider reorganising the information available to patients to ensure it is easy to access.

Dignified care

All patients who completed a questionnaire either agreed, or strongly agreed that staff were always polite and listened, both to them and to their friends and family, and that staff called them by their preferred name.

During our inspection we saw numerous examples of care being delivered in a personal, dignified and sensitive way. We saw that staff made efforts to protect the privacy and dignity of patients when helping them with their personal care needs. For example, we saw curtains were fully drawn around beds when staff were supporting patients with their personal care needs.

Staff who completed a questionnaire agreed that in the unit, patient privacy and dignity is maintained, that patient independence is promoted and that patients and/or their carers/relatives are involved in decisions about their care.

Patients appeared well cared for on the unit. We were told that staff had recently arranged for a therapist to attend the unit, to offer services to patients, such as beauty treatments, massages and reflexology. These services were offered free of charge, supported by a dedicated charity to the unit, Rookwood SPUR². We were also told that a hairdresser and barber attends the unit regularly to allow patients to maintain their appearance.

² Rookwood SPUR - <https://www.rookwoodspur.org.uk/home#!>

We did, however, find that the overall environment was in a poor state of repair, and did not reflect the high standards of care being provided. This is explored within other areas of this report.

We also found that there were a number of specialist chairs used to support patients with bathroom needs, currently out of action. We saw that some had been waiting for repair since August 2019. We were told that parts were soon to arrive to repair them. Patients told us that this had an impact on their care, as it meant they were required to wait for a suitable chair to become free. Some patients told us that this meant they would wake up early in order to have access to a chair, to be able to use the bathroom. Patients explained that if they did not do this, it often meant waiting until mid to late morning before being able to wash and dress.

Improvement needed

The health board must ensure that patients have access to supporting equipment that allows them to use the bathroom facilities in timely way.

Patient information

Patients told us in the questionnaires that staff talk to them about their condition and helped them to understand it.

Staff within the unit carried out a programme on a rolling basis to provide newly admitted patients with information about the rehabilitation journey, known as the Spinal Cord Information Programme. A number of different professionals attend the programme, and provide specialist information to patients about a number of areas. The programme was open to all patients, and could be joined at any point in time during their rehabilitation journey.

Communicating effectively

All patients who completed a questionnaire either agreed, or strongly agreed that staff had talked to them about their condition and helped them to understand it.

One patient who completed a questionnaire commented:

“Everybody has been very good to me and if I’ve asked a question they have always looked into it – very helpful.”

The majority of information displayed around the unit was available in both English and Welsh. We were told that staff were able to access an interpreter to help communicate with patients whose first language was not English.

Speech and language therapists were part of the multidisciplinary team, and were able to provide specialist support to those with additional communication needs.

We did not see an information board relating to staff working on the unit displayed. This would allow patients, families and visitors to easily identify staff working on the unit.

Improvement needed

The health board must consider how best to ensure that patients and their visitors are easily able to identify staff working on the unit.

Timely care

During the course of our inspection, we found staff to be attentive and responsive to patients' requests for assistance in a timely way. The majority of patients who completed a questionnaire confirmed that they had access to a nurse call bell, however, one patient told us they did not. Patients agreed that staff would come to them when they used it.

We saw that there were staffing shortages within the occupational therapy team, due to sickness, leave and vacancies. This had an impact on the department's ability to provide specialist occupational therapy treatments in a timely way.

At the time of inspection the occupational team were only fifty percent staffed. Staff told us that this meant they were unable to accept any new referrals, and they were concerned for the patients not able to receive care in a timely way, and believed it was detrimental to their rehabilitation. Patients also told us that this had impacted on their care, meaning that they were not seeing occupational therapists as often as they had previously.

Staff reported that the provision of urology services, by means of access to a consultant on the unit, had been minimal over the past months due to staffing issues within the health board. We were told that a consultant urologist should be providing a regular service to patients, however, this service was provided only once a month during June, July and August. This meant that patients were not always receiving urology support in a timely way.

Improvement needed

The health board must:

- Ensure that all patients have access to a call buzzer
- Review the staffing levels of occupational therapists to ensure there are sufficient numbers to provide care in a timely and appropriate way
- Provide assurance that patients have access to, and receive a timely urology service on the unit.

Individual care

Planning care to promote independence

The unit provided specialist rehabilitation services to patients with spinal injuries. Staff described the effective multidisciplinary team working for the benefit of patients. These teams consisted of a number of healthcare professionals, such as the unit manager, ward staff, senior nurse, occupational therapists, medical staff, physiotherapists, dieticians, speech and language specialists and a discharge liaison nurse. Each patient was allocated a member of staff as a key worker, whom they could contact should they have any queries or concerns. A key worker could also act as an advocate during goal planning meetings, if a patient was unable to advocate for themselves, or there were no family or friends to support them with this.

Weekly multidisciplinary team meetings were held to discuss patients and their progress on the unit. Monthly goal planning meetings were also held, which were also multi-professional based.

We were told, however, that due to the shortage of occupational therapists, they were often unable to attend these meetings, and their feedback would be provided prior to the meetings.

Patients had individual rehabilitation plans, and therapies would be tailored to support individual needs. The unit had the use of a gym, therapy pool and a wider support team of multidisciplinary professionals. It was disappointing to find that the therapy pool was out of use at the time of inspection. We spoke with patients, staff and members of the estates team, who told us that there had been other periods of time this year that it had also been out of action. We were told that the

pool was old, and was often in need of repair, meaning that patients did not have full access to the rehabilitation facilities available to them.

A small bungalow was on-site, which had been used in the past to allow patients and their families to spend time alone when preparing for discharge. This facility had been out of use for around one year due to its need for refurbishment. During initial phase of refurbishment, it was found that there were significant building issues, which meant it could not be used on a permanent basis. We were told that a new, purpose built bungalow is being planned for the new site in Llandough hospital, due to be opened in 2021.

Patients were supported to leave the unit and spend time in the local community. This included, visiting the local shops and cafes, which supported them in their rehabilitation, and preparing them for discharge. The charity, Rookwood SPUR, also supported patients in attending sporting events, such as rugby matches.

People's rights

Throughout the inspection we saw staff being kind to patients and treating them as individuals in a non-discriminatory manner.

We saw patients receiving visitors during the inspection, thus maintaining contact with their families and friends.

Listening and learning from feedback

The health board had arrangements in place for patients and their families to provide feedback on their experiences of the care provided. A quarterly questionnaire was given to patients, to obtain their individual feedback, and we saw that action had been taken in the past to help improve services as a result of the patient feedback provided.

The health board also had a process for handling concerns (complaints) raised by patients or their family/friends. This was in accordance with the NHS Wales Putting Things Right³ process. Senior staff told us they would encourage patients to raise concerns immediately with staff, with the intention of being able to resolve

³ Putting Things Right is the process for managing concerns in NHS Wales. <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

issues at source. A recent example was that patients described that they had become dissatisfied with the food options available to them, as a consequence of a change to the service. The senior nurse described that this had been raised with her verbally as an issue, and she had arranged a meeting with the catering manager to discuss alternative options.

We saw that the health board maintained information in relation to formal complaints, with a view to understanding any themes or trends. Information about the process was displayed in the unit, as well as the contact details for the local Community Health Council, should patients wish to seek some support or advice with the process.

Delivery of safe and effective care

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

Overall, we found that there was a high standard of care being delivered, by a dedicated and committed team of staff. However, we found the environment of the unit to be in a very poor state of repair, which resulted in a number of infection control issues.

The unit lacked storage space, resulting in equipment being stored in corridors, around the unit and patient areas. This created potential trip hazards.

We recommended where improvements could be made to some areas of medicines management, and with regards to the recording of patients pain.

Safe care

Managing risk and promoting health and safety

Overall, we found the environment of the unit to be in a poor state of repair. We were told that there had been plans in place to relocate the service to Llandough Hospital over a number of years, however, these plans had been delayed and postponed on a number of occasions. Senior managers confirmed that the current plan was for the new unit to open in April 2021.

The unit lacked sufficient storage space for large equipment, such as hoists, wheelchairs and bathroom chairs, meaning they were stored in corridors and around the unit. We also saw that empty oxygen cylinders and tubing were left around the unit. This resulted in a cluttered environment, with potential trip hazards for staff, patients and visitors.

In the days prior to our inspection the roof had leaked water through the ceiling and in to the unit. We saw water damage in some ceiling tiles. The leak had also caused damage to the male bathrooms, meaning that the supply of electricity had been turned off to one bathroom and toilet area, and also in one corridor within the unit. The estates team were present during the inspection and we were assured that there were measures in place to ensure the area was safe for staff,

patients and visitors. One toilet and bathroom remained out of use during the inspection.

One patient who completed a questionnaire commented:

“This place – for whatever it looks like – is amazing”

We found that the environment was impacting on the ability to uphold effective infection control standards, and this is explored later within this report.

We saw that staff completed a range of nursing assessments to identify those patients who may be at risk of developing pressure ulcers, at risk of falls and those with specific eating and drinking needs. Our specific findings are reported further within this section, the Delivery of Safe and Effective Care.

Senior staff described appropriate arrangements for reporting, recording, investigating and sharing learning from clinical incidents. All staff who completed a questionnaire agreed that the health board encourages them to report errors, near misses or incidents. Staff also agreed that the health board would take action to ensure that they do not happen again. The majority of staff who completed a questionnaire felt that the health board treats staff who are involved in an error, near miss or incident, fairly.

The vast majority of staff told us in the questionnaires that they were informed about errors, near misses and incidents that happen in the organisation, and given feedback about changes made in response to such incidents

Improvement needed

The health board must ensure that a risk assessment is carried out for the equipment stored within the unit, to ensure the safety of staff, patients and visitors is managed appropriately.

Preventing pressure and tissue damage

We looked at a sample of patient care records, and found that patients had been assessed for their risk of developing pressure ulcers. A recognised risk assessment tool had been completed for each patient and written care plans were in place to direct nursing staff as to the care required. Those patients with reduced mobility, or those who were bed bound were supported to change their position regularly, to help prevent them from developing pressure ulcers. We did not feel however, that the care records fully described or documented the high

level of care being provided. As an example, we saw staff were supporting patients with the use of specialist equipment to prevent pressure ulcers, however, this was not fully documented within the records. A recommendation is made about this, later within this report.

Monitoring records showed that staff had checked patients' skin regularly for signs of pressure and tissue damage.

Falls prevention

Within the sample of patients' care records we reviewed, we found that patients had been assessed for their risk of falls. Written care plans were in place and these were reviewed on a regular basis.

As noted earlier within the report, we found pieces of equipment being stored in and around the unit, which had the potential for causing trip hazards.

Infection prevention and control

Most patients who completed a questionnaire felt that the unit was clean and tidy.

We saw personal protective equipment, such as disposable aprons and gloves, were available and being used by staff. However, staff were using aprons that should be used for food delivery only. We discussed this with managers who explained that the health board had experienced a shortage of appropriate aprons, new stock had been ordered and were awaiting delivery.

We observed staff wearing new gloves and aprons for food delivery, however, we observed changes between patients was less frequent. One patient provided the following comment:

“Notice that staff don’t change gloves or apron between patients.”

Access to hand washing and drying facilities varied throughout the unit. One patient bed area did not have a hand wash basin, neither did the sluice⁴ room or

⁴ Sluice rooms are used to provide a means for the efficient disposal of human waste products generated by patients.

patient kitchen have designated hand wash basins. Staff and patients were required to use alternative facilities across the unit. Staff and managers were fully aware of the issues, and described the facilities as being inadequate. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections.

Hand sanitizer gels were found throughout the unit, however, none were available at the entrance to the unit for staff, patients and visitors to use when entering. Some of the hand gel dispensers were found to be empty, and it was not easy to differentiate which dispensers were for gel and which were for soap.

As highlighted earlier, there was a lack of space to store equipment, meaning that equipment was stored on the floors, in corridors, around patient beds resulting in a cluttered environment and therefore difficult to clean effectively.

Where equipment and linen was stored in cupboards, we found them to be disorganised and cluttered. We saw that linen was stored on the floor in the linen cupboard. One patient commented that they had observed pillows being placed on top of wardrobes and also being placed on the floor. Patient tables were also observed to be cluttered with personal items, meaning they were more difficult to clean.

Patients had access to a kitchen, which meant they were able to store their own food, prepare some meals and wash their own laundry. However, we found the fridge needed to be cleaned, as there had been a spillage leaving the fridge dirty. We also found food items had expired dates, which could pose a risk to patient's health.

An ice making machine was also in the kitchen area, which posed a potential infection control risk. Managers told us they had received advice to confirm the use of the machine was safe, however, we were unable to see this confirmation or a maintenance contract, and advised a further risk assessment should be undertaken. There was no segregation within the patient kitchen for those wishing to wash clothes, prepare food or wash dishes, thus posing a risk of cross contamination. As highlighted earlier, there was no designated hand wash basin in the patient kitchen, neither was there a soap dispenser or hand sanitizer gel.

Whilst there were two sluice rooms on the unit, neither were in use. We discussed this with managers who explained that the building and site was unable to manage the sluice arrangements, and there were no plans in place to repair. We found that staff were disposing of human waste products appropriately, and there was a risk assessment in place to manage the process.

We found that the majority of the bins used across the unit were either unsuitable for patient use, or broken. They were foot operated, meaning that patients in wheelchairs would find it very difficult to operate. We also saw that some bins did not open effectively when the foot pedal was used, meaning that you would be required to use hand to open, therefore posing an infection control risk.

Overall, we found the general environment to be in a poor state of repair and was not able to uphold adequate infection control standards. We saw that paint was peeling off walls, ivy was growing inside windows in a staff office room, and poorly maintained shrubbery was preventing light from entering some windows. The ceiling was damaged in a number of areas across the unit, as a result of water damage.

We also found there were limited options available to staff should there be a need to barrier nurse a patient, to prevent any potential cross contamination of infection. Individual rooms were available, however they were small and may not be able to utilise all the equipment needed, to support all patients.

We discussed in detail the environmental issues raised, with senior managers and members of the health boards estates team. We were told that the environmental issues were a high priority for the health board, and as highlighted earlier, there were plans in place to relocate the service to a new environment in 2021.

We looked at commodes and bathroom chairs and found them to be very clean.

Arrangements were in place to safely store used medical sharps, such as needles, prior to being collected for disposal. We also saw that different colour bags were being used to separate clinical and non clinical waste so that it could be disposed of appropriately.

Despite the number of concerns raised in respect of infection control, we found that the unit had a very low number of infection rates.

Improvement needed

The health board must ensure that infection control standards are upheld at all times in respect of the following:

- Staff change PPE between delivery of care to patients
- Ensuring there are sufficient hand sanitizer gels available at the entrance to the unit

- Cupboards used to store equipment are organised, clean and tidy and linen is not stored on floors
- Further assessment is required on the suitability of the ice machine within the patient kitchen area
- Consider whether the organisation, unit lay out, equipment, hand washing facilities, and intended use of the patient kitchen are appropriate
- Ensure all date expired food items are removed from the fridge, and regular audits are implemented
- Ensure all bins across the unit are in good working order, and appropriate for use by all patients
- Carry out a risk assessment to ensure the unit can provide a suitable standard for barrier nursing patients, if required.

Nutrition and hydration

Within our review of patient care records, we found that patients had received assessments for their eating and drinking care needs. As part of the multidisciplinary approach, dieticians were involved in patients care and goal planning, to help ensure that their individual needs were being met.

We observed a lunchtime meal being served, and found that they were delivered via a trolley and served whilst hot. Patients were encouraged to eat their meals in the dining room, however they were also able to eat at their bedside, depending on their personal preference. We saw that patients requiring assistance were prioritised and support provided, to ensure they were able to eat their meals whilst hot. We did not see that patients were offered the chance to wash their hands prior to their meals being served.

Some patients we spoke with raised their dissatisfaction about the range of meals being provided to them, explaining that the choice was limited. As a rehabilitation unit, patients spend lengthy periods of time on the unit, resulting in them receiving the same two week menu for significant periods of time. The senior nurse explained that she had arranged to speak with the catering manager the following week to consider some alternative/additional food options for patients.

The majority of patients who completed a questionnaire, told us that they had time to eat their food at their own pace and that water was always accessible.

Improvement needed

The health board must ensure that patients are provided with an opportunity to clean their hands prior to meals being served.

Medicines management

We found that patient medication was stored safely within their own bedside cabinets. Access to these cabinets was via code only, to prevent unauthorised access. Medication fridges were stored within a locked room, and we saw that fridge temperatures had been checked daily, to ensure they remained within appropriate levels. Records of the temperature checks were also maintained.

Whilst patients stored their own medicines, the unit also kept a supply of various medications on the unit. These were kept in a cupboard within a locked room for safe storage. However, we found that there were some medicines which had passed their expiry date, also stored in the same cupboard. We were told that they were waiting to be collected and disposed of by the pharmacists. We raised this with senior staff, as we were concerned that there may be a risk for staff to administer expired medicines to patients. During the inspection, we were assured that these medicines were separated from those currently in use, and were stored securely whilst waiting collection for disposal.

We found that Controlled Drugs (CDs) were stored and managed safely with appropriate records kept.

We looked at a sample of drug charts for patients. Overall, we found these had been completely correctly. However, we found that only when a patient had an allergy was it clearly documented, meaning that it was left blank for those patients without allergies. This poses a risk to assume there are no allergies for a patient, in the event that an allergy may not have been recorded.

Not all patients were wearing identification bands to support staff in the delivery of safe administration of medication. This was discussed with patients, staff and senior managers. We were told that as a rehabilitation unit, some patients had refused to wear identification bands, and were able to confirm to staff their personal details. However, a patient risk remains for situations such as a patient collapse, where a patient may not be able to communicate with a staff member, to confirm their identity.

Staff had access to a designated pharmacist who was able to offer help and advice to staff and patients about medicines used on the unit. Staff reported they

were required to inform pharmacy of any medication needs by 3pm, to ensure they were able to receive stock the same day. Staff told us that patients sometimes had to wait until the following day to receive their medication, unless it was deemed to be an urgent request when they would receive it the same day.

Improvement needed

The health board must:

- Ensure that regular audits for expired medication, are carried out, and where applicable, removed and disposed of promptly
- Ensure that all patient records are clearly updated with allergy information
- Reassess the risks associated with patients not wearing identification bands, particularly for situations such as a patient collapse and their inability to communicate in such situations.

Safeguarding children and adults at risk

The unit provided care to adults only. The health board had written procedures in place to promote the welfare and safety of adults who are vulnerable or at risk. We saw that these were available to staff via the health board's intranet.

Senior staff demonstrated a good understanding of the safeguarding procedures. They also confirmed that advice and support was available to staff from a designated safeguarding team. Staff told us that they would seek advice from the unit manager in the event of any safeguarding issues or concerns.

All staff members who completed a questionnaire said that if they were concerned about unsafe clinical practice they would know how to report it. Additionally, a majority of staff also told us they would feel secure raising concerns about unsafe clinical practice, and felt confident that their organisation would address their concerns once reported

Medical devices, equipment and diagnostic systems

The unit had access to a large amount of equipment, to help support patients in their rehabilitation. However, we found that some pieces of equipment could not be used as they were awaiting repair and/or replacement, as highlighted earlier.

We were told that there could often be a delay for patients waiting to receive suitable electric wheelchairs, for either use on the unit, or prior to discharge. Whilst the unit was able to source some wheelchairs on a temporary basis, and

had the support of the SPUR charity, there was no long term solution in place to ensure that all patients received them in a timely way.

Improvement needed

The health board must ensure that the process for obtaining patient electric wheelchairs is implemented, to support the timely delivery of individualised care needs.

Effective care

Safe and clinically effective care

Overall, we found the standard of care being provided to patients was being delivered in a safe and clinically effective way. Care plans were individualised and care provided was person centred.

We saw that patients accommodated on the unit appeared comfortable and well cared for. Within the reviewed sample of patients' care records, we saw that risk assessment tools and care bundles⁵ were being used. These helped promote safe and effective care to patients.

Information about each patient was displayed in the staff area, this provided staff with up to date information regarding the current status of all patients. We saw that this was updated at each shift change, to ensure that all staff had relevant and up to date information to support the delivery of safe and effective care.

We found patient's pain management appeared to be managed well, and analgesia (pain relief medication) was being prescribed on an individualised basis, in line with patient requirements. However, the unit did not use a formal pain assessment tool, and we did not see that pain scores were being formally recorded. Therefore, there is a risk that patients' pain may not be evaluated

⁵ A care bundle is a set of interventions that, when used together, significantly improve patient outcomes.

effectively, as there is no benchmark in place, for scoring pain and the effects of pain relief, following administration.

Senior staff confirmed that a number of clinical audits were conducted as part of quality improvement activity. These aimed to identify areas for improvement practice, so that corrective action could be taken as appropriate.

We saw that information regarding clinical incidents were displayed in the patient dining room. Displaying this provides information to staff, patients and visitors on the incidence of relevant clinical incidents, such as pressure sores, falls and infections. This information can also be used to identify what improvement activity is needed, to promote patient safety and well-being. We saw this information was updated on a monthly basis.

Improvement needed

The health board must ensure that staff are completing all the key elements of a pain assessment and management, and consistently monitoring patients' pain.

Record keeping

We looked at a sample of patient care records, and found that they were generally of a good standard. Records were maintained in a logical order, meaning that they were easy to navigate. We found that entries were made contemporaneously, and there was clear evidence to show which member of staff had attended to a patient. However, we saw that when patients had been supported to turn or change position in bed at defined intervals, to help prevent pressure ulcers, and where manual handling equipment had been used for such tasks, the records did not always demonstrate this.

Improvement needed

The health board must ensure that patient care records clearly demonstrate the level of care and support required and that provided to patients, is documented.

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.

A management structure was in place and we found effective and supportive management and leadership on the unit. We identified, however, that additional administrative time is required, to allow the unit manager sufficient time to undertake and complete all management responsibilities.

Effective multidisciplinary team working was described and demonstrated. We identified that the unit team was committed to providing safe and effective care, and was patient focussed.

There were staff deficit issues on the unit, which were having an impact upon staff morale.

The health board must ensure that staff are able to undertake relevant training and receive an appraisal of their work in a timely way.

Governance, leadership and accountability

A unit manager was responsible for the day to day management of the unit. However, during the course of the inspection the unit was short staffed, meaning that the unit manager was required to carry out a clinical role.

We were told that the unit manager had been in post for around five months, and was looking to make changes to some processes and procedures to support staff and the delivery of safe and effective care. However, due to the current staff shortage issues, the unit manager was often required to carry out clinical work. This, meant that changes were taking longer to implement and subsequently embed into practice. The unit was about to appoint two deputy ward managers, with the intention of allowing the unit manager to concentrate on non-clinical tasks. Staff we spoke with told us they felt supported by the unit manager and wider managerial team within the unit.

Comments from staff we spoke with indicated that communication between the team was good.

Senior staff confirmed that a system of regular clinical audit activity was in place, so that areas for improvement could be identified and addressed as appropriate. Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. Arrangements were also described for monitoring staff compliance with completing mandatory training.

As highlighted earlier, we invited staff working on the unit to complete a HIW questionnaire. We also spoke to a number of staff during our inspection.

Staff who completed a questionnaire told us they knew who the senior managers were in the organisation. Comments also indicated that staff felt senior managers were committed to patient care. Staff also told us that there was generally effective communication between senior management and staff, and most agreed that senior managers regularly involve staff in important decisions and act on staff feedback.

During our feedback session at the end of the inspection, senior health board staff demonstrated a clear understanding of the issues and a commitment to learn from the inspection and to make improvements as appropriate.

Staff and resources

Workforce

We found there was a dedicated team of staff on the unit that was committed to delivering a high standard of patient care. Due to some staff shortage issues, some staff we spoke with reported there to be a low level of morale on the unit.

Whilst the unit had a low turnover of staff, recruiting into vacant positions was proving difficult. This meant that there were a number of vacancies currently unfilled, resulting in staffing issues directly on the unit. We observed this directly during the inspection, and senior managers and unit staff confirmed that they were often working without the required numbers of qualified nurses. The unit would use additional health care support workers during these times, to help ensure that patient care was prioritised and delivered in a timely way. Due to the nature of the care needs of the patients, senior managers told us that this was a safer way of managing the staffing issues and ensuring that patients were supported in the right way, whilst they were in the process of recruiting in to the vacant positions.

Staffing issues within the occupational therapy team were described earlier within this report, as was the provision of the urology service into the unit. We found that this had an impact on the delivery of therapies and clinical care for some patients.

Staff we spoke with confirmed they could access training relevant to their role. We saw that staff compliance with training was monitored, however, we found that there was a low compliance rate. We discussed this with senior managers who were aware of the issue, and that due to staffing issues it was often difficult to release staff for training.

We were told that the unit manager had recently designed a new training programme specific to the needs of the staff working within the unit, which was to be rolled out over the next 12 months.

All staff indicated in the questionnaires that they had undertaken a wide range of training or learning and development in the last 12 months, and most felt that this helps them to stay up to date with professional requirements, thus delivering a better experience for patients.

Most staff who completed a questionnaire told us that they had not received an appraisal of their work in the last 12 months. We discussed this with senior managers who were aware of the issue, and would be monitoring during the forthcoming months to ensure all staff receive an appraisal of their work. This is essential for monitoring the performance of staff, as well as assisting registered nursing staff in their Nursing and Midwifery Council revalidation process, to remain registered with their professional body.

Improvement needed

The health board must:

- Continue to with recruitment into vacant nursing posts and share with HIW their plans for this.
- Ensure that staff receive appropriate levels of support during difficult times, such as staff shortages, to ensure that their health and well-being is maintained
- Ensure that all staff have access to, and are able to attend all mandatory training and other relevant training
- Ensure that staff receive their appraisal in a timely manner.

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 summaries 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
We found that there were out of date medicines stored alongside patient's current medication within the drugs cupboard.	There was the potential for staff responsible for administering medication to pick up the out of date medication.	The issue was raised with the unit manager, lead nurse and senior managers.	The out of date medication was removed from the drugs cupboard and stored securely prior to disposing of safely.

Appendix B – Immediate improvement plan

Hospital: Rookwood Hospital
Ward/department: 4 and 5 – Spinal Rehabilitation
Date of inspection: 1 and 2 October 2019

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 identified during this inspection.				

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: Rookwood Hospital
Ward/department: 4 and 5 – Spinal Rehabilitation
Date of inspection: 1 and 2 October 2019

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				
The health board must ensure that patients have access to supporting equipment that allows them to use the bathroom facilities in timely way.	4.1 Dignified Care	All shower chairs have been repaired. The service is exploring options to increase the stock of shower chairs to minimise the impact of faulty equipment.	Senior Nurse	Review January 2020
The health board must consider reorganising the information available to patients to ensure it is easy to access.	4.2 Patient Information	The senior Nurse has allocated a responsible individual within the ward establishment to maintain the information boards.	Senior Nurse	By end of December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>provide care in a timely and appropriate way</p> <p>Provide assurance that patients have access to, and receive a timely urology service on the unit.</p>		<p>recommendation for staffing is in line with the BSRM standards for a level 1a unit i.e. an increase of 3.64 wte based on 26 beds. The skill mix of this increased capacity needs to reflect the demands of a national service (one of only 12 in UK and only one in Wales) and support delivery of complex rehabilitation across the spinal pathways.</p> <p>A business case is being prepared for WHSSC</p> <p>There is now a dedicated Urology Consultant who manages any inpatients review and management and attends Rookwood once a month. This commenced in September 2019. The Consultant Urologist has received positive feedback from the team with regards to this service and is available</p>	<p>Director of Operations Surgery Clinical Board</p>	<p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		to discuss patient management with the team in between visits		
Delivery of safe and effective care				
The health board must ensure that a risk assessment is carried out for the equipment stored within the unit, to ensure the safety of staff, patients and visitors is managed appropriately.	2.1 Managing risk and promoting health and safety	A review and risk assessment will be completed, recognising the confines of the environment.	Senior Nurse	By end of December 2019
<p>The health board must ensure that infection control standards are upheld at all times in respect of the following:</p> <ul style="list-style-type: none"> • Staff change PPE between delivery of care to patients • Ensuring there are sufficient hand sanitizer gels available at the entrance to the unit 	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>An audit will be undertaken on the unit in conjunction with the IPC department, and neurosciences practice development nurse and an update of the results provided to the team.</p> <p>All staff have been reminded of their responsibilities to change PPE between patients</p> <p>Hand sanitiser gel has now been placed at the entrance to the unit.</p>	<p>Senior Nurse</p> <p>Senior Nurse</p>	<p>December 2019</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Cupboards used to store equipment are organised, clean and tidy and linen is not stored on floors Further assessment is required on the suitability of the ice machine within the patient kitchen area Consider whether the organisation, unit lay out, equipment, hand washing facilities, and intended use of the patient kitchen are appropriate Ensure all date expired food items are removed from the fridge, and regular audits are implemented Ensure all bins across the unit are in good working order, and appropriate for use by all patients <p>Carry out a risk assessment to ensure the unit can provide a suitable standard for barrier nursing patients, if required.</p>		<p>Hand sanitiser check will be added to the daily safety briefing and the nurse in charge or delegate will check daily.</p> <p>The cupboards have been decluttered. The Charge Nurse will conduct regular spot checks.</p> <p>IPC have been contacted to undertake an assessment of the ice making machine to determine its suitability for the patient kitchen area.</p> <p>A review of the suitability of kitchen facilities at Rookwood Hospital and the new facility at UHL, will be undertaken.</p> <p>The fridge will be checked daily by the nurse in charge or delegate and all expired food will be removed and discarded.</p>	<p>Senior Nurse</p> <p>Charge Nurse</p> <p>Senior Nurse</p> <p>Senior Nurse</p> <p>Senior Nurse</p>	<p>December 2019</p> <p>December 2019</p> <p>December 2019</p> <p>January 2020</p> <p>December 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>A review of bins will be undertaken to assess if they are in working order and a replacement programme of suitable bins organised.</p> <p>The UHB recognises that this is a shortcoming in our facility. Options are limited with regards to ability to increase cubicle capacity. Infection rates however, are low across the service. The new facility at UHL will address this concern; single cubicle capacity will increase significantly.</p>	Charge Nurse	<p>January 2020</p> <p>This will be fully addressed on completion of the new unit</p>
<p>The health board must ensure that patients are provided with an opportunity to clean their hands prior to meals being served.</p>	2.5 Nutrition and Hydration	<p>Staff will be reminded of the need to support patients with washing their hands prior to meals</p> <p>The service will procure hand wipes within the dining area for patients who can feed themselves.</p>	<p>Charge Nurse</p> <p>Senior Nurses</p>	<p>Complete</p> <p>January 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must:</p> <ul style="list-style-type: none"> Ensure that regular audits for expired medication, are carried out, and where applicable, removed and disposed of promptly Ensure that all patient records are clearly updated with allergy information <p>Reassess the risks associated with patients not wearing identification bands, particularly for situations such as a patient collapse and their inability to communicate in such situations.</p>	2.6 Medicines Management	<p>The service has reiterated to the pharmacy service the importance of timely removal of expired medication</p> <p>Spot checks will be carried out by the nurse in charge.</p> <p>Staff will be reminded of the importance of recording patients' allergy status. Allergy review will take place on the monthly back to basics audit and again on the 6 monthly medicines management audit.</p> <p>Undertake a review of the use of an identification band in a rehabilitation setting taking into account patients' wishes. Write a standard operating procedure to support the process.</p>	<p>Senior nurses</p> <p>Senior nurses</p> <p>Lead Consultant</p> <p>Practice Development Nurse</p>	<p>January 2020</p> <p>Complete</p> <p>January 2020</p> <p>January 2020</p>
<p>The health board must ensure that the process for obtaining patient electric wheelchairs is implemented, to support the timely delivery of individualised care needs.</p>	2.9 Medical devices, equipment and diagnostic systems	<p>Occupational therapy manage a resource of wheelchairs to support service users in the rehabilitation phase. The need to expand and replenish worn stock has been escalated to The Postural</p>	PMS	Review end January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Mobility Service (PMS) and the Directorate. For review		
The health board must ensure that staff are completing all the key elements of a pain assessment and management, and consistently monitoring patients' pain.	3.1 Safe and Clinically Effective care	<p>The service will benchmark with other spinal units across the UK. The MDT will then discuss the most appropriate tool for use in the group of patients.</p> <p>Staff have been reminded of their responsibility in consistently assessing, managing and monitoring patients pain</p>	<p>Lead Consultant</p> <p>Charge Nurse</p>	<p>March 2020</p> <p>November 2019</p>
The health board must ensure that patient care records clearly demonstrate the level of care and support required and that provided to patients, is documented.	3.5 Record keeping	Senior members of the nursing team have a planned meeting on 29/11/2019 where documentation and record keeping will be discussed. Back to Basics audits and subsequent learning will support the implementation of an improvement plan.	Practice Development Nurse	February 2020
Quality of management and leadership				
The health board must:	7.1 Workforce			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Continue to with recruitment into vacant nursing posts and share with HIW their plans for this. Ensure that staff receive appropriate levels of support during difficult times, such as staff shortages, to ensure that their health and well-being is maintained Ensure that all staff have access to, and are able to attend all mandatory training and other relevant training Ensure that staff receive their appraisal in a timely manner. 		<p>The service is actively recruiting to vacant posts. Three band 5 vacancies and a band 7 Discharge Liaison Nurse have been approved for advertisement. These posts will be appointed to shortly with an aim to have staff in post early in the new year.</p> <p>Attempts are made to cover all shortfalls in the nursing establishment. This is monitored in line with the Safe Staffing Act. The Health Board offers well-being services to all staff.</p> <p>There is a comprehensive training schedule in place within the unit that will be rolled out within the next 12 months. This is supported by the Charge Nurse and Practice Development Nurse and will be evaluated throughout. This will aim to ensure that all staff are able to complete all mandatory training sessions required for their role as these will be included in the schedule.</p>	<p>Senior Nurse</p> <p>Charge Nurse</p> <p>Practice Development Nurse and Charge Nurse</p>	<p>January 2020</p> <p>November 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The service aims to recruit into the Deputy Ward Sister/Charge Nurse posts in early 2020. This will increase the professional leadership capacity of the service and in turn will increase scope for conducting staff appraisal.		April 2020

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): Carys Fox

Job role: Director Of Nursing, Specialist Clinical Board

Date: 28 -11-2019