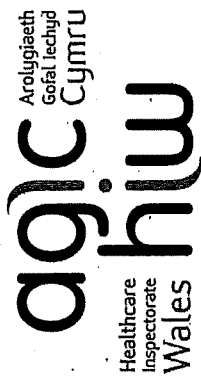


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Hospital Inspection Workbook

PEER REVIEWER

Health Board	Ct V
Hospital	UHW
Ward/Unit	EO Assessment N+S
Date(s) of inspection	21 - 22 June 2022
Name of Peer Reviewer	[REDACTED]

All evidence must be recorded in official HIW workbooks.

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GUIDANCE FOR PEER REVIEWER

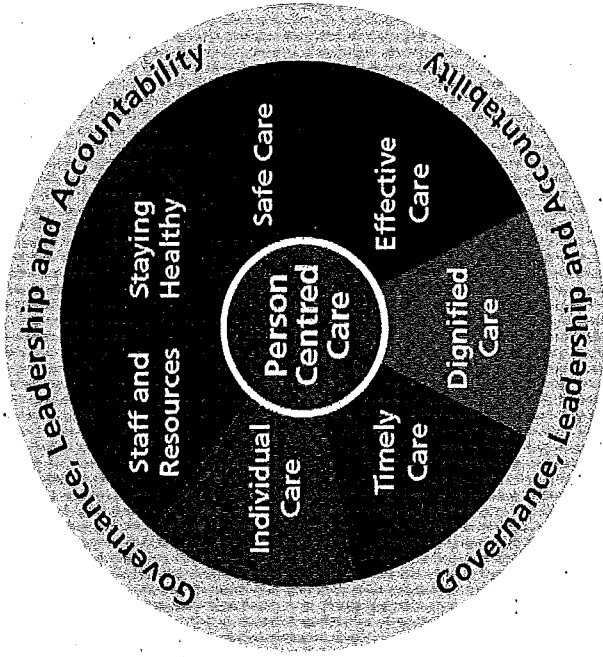
The Health and Care Standards (opposite) are at the core of HIW's approach to inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

There is an expectation that inspection teams will consider all Health and Care Standards during an inspection. However, it may not be possible or necessary to review all standards in detail.

HIW inspection teams include peer reviewers, lay reviewers and HIW inspectors. Each individual has different skills, and will therefore consider different standards. Some standards may be assessed by more than one person to examine the standard from different perspectives. All findings will be collated at the end of the inspection so that the inspection manager can draw comprehensive conclusions about how the service is meeting the standards overall. The HIW Inspection Manager will discuss with you which standards they would like you to consider during the inspection.

This workbook aims to guide you as to the areas you should consider when assessing whether a ward/unit meets the standards. It is important that all aspects of the workbook are completed so that HIW has a comprehensive audit trail for any recommendations made in our inspection reports. When you are conducting the inspection and making findings, bear in mind how you triangulate evidence, i.e. not just relying on one piece of evidence from records, but checking this against observations and staff/patient discussions.

REMEMBER, all members of the inspection team must record the evidence source for their findings. Where the evidence source is a staff interview, you must record the time and date of that conversation. All evidence must be recorded in official HIW workbooks. When making notes, reviewers and inspection managers must be aware of and adhere to Data Protection principles. If you are not sure about the Data Protection principles, discuss this with the inspection manager. Notes recorded within this workbook (including any additional pages) and any prescribed inspection tools/checklists may be used should HIW decide to take further action. Therefore, it is important that you record all findings as clearly as you can.



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What are we looking for?

Standard	What are we looking for?
2.2 Preventing pressure and tissue damage	People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.
2.3 Falls Prevention	People are assessed for risks of falling and every effort is made to prevent falls and reduce avoidable harm and disability.
2.4 Infection Prevention and Control (IPC) and Decontamination	Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.
2.5 Nutrition and Hydration	People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.
2.6 Medicines Management	People receive medication for the correct reason, the right medication at the right dose and at the right time.
2.7 Safeguarding children and adults at risk	Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time
2.8 Blood management	People have timely access to a safe and sufficient supply of blood, blood products and blood components when needed.
2.9 Medical devices, equipment and diagnostic systems	Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.
3.1 Safe and Clinically Effective care	Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.
3.2 Communicating effectively	In communicating with people health services proactively meet individual language and communication needs.
3.4 Information Governance and Communications Technology	Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

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Standard	What are we looking for?
	Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.
3.5 Record keeping	Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.
4.1 Dignified Care	People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs
Timely Care	All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.
6.1 Planning Care to promote independence	Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.
6.2 Peoples rights	Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

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Arrival and initial discussions

General observations following discussion with person in charge

Management + Senior level staff were welcoming + courteous + engaging with review team.

Advised by Senior nurse that unit uses "Snowflake" Screen to identify cognitively impaired Pts - None on unit advised but Pts identified via note reviews + observations. Postkeyway noted Packed DAs required for Pt on (N) unit.

Unit is general extremely cluttered with extra-needs items on floor + in Corridor throughout all areas.

Multiple waste bins not fit for purpose is broken, nondescript openha not working etc. Similarly eye + Soap dispensers not replenished making safe + appropriate hand hygiene challenging. PPE station - no appears (0). General fornic + decorative of environment poor is multiple + significant marking on majority of walls + door ways - Windows therefore appears oppressive environment. Notice boards generally cluttered + inappropriate non laminated signage used throughout. Environment unwelcoming and in need of TLC + refurbish on wall. Hole in flooring in rubble area + generally poor throughout

Tour of ward/unit

General observations of ward and environment

Prompts: Observe the clinical area e.g. general ambience, how busy, noise levels etc. Are the furnishings and fittings in good state of repair and working order, bathrooms and showers, kitchen, telephones, any areas that require maintenance or present any risks to patients and staff? Is the environment clean and tidy? Are there any obvious hazards to patient safety, such as tripping hazards?

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General ward observations

Spend some time observing the ward and staff and consider the following areas. You may also need to speak to staff to assist you with this.

Standard 3.1 – Safe and clinically effective care

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement.</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>NURSE STAFFING LEVELS (WALES) ACT</p> <p>RELATES TO : Acute Medical Inpatient, or Acute Surgical Inpatient wards.</p> <p>What is the agreed level for this ward?</p> <p>Can senior staff confirm that it is being adhered to today?</p>	<p>Staff repeatedly raised concerns that staffing levels are not commensurate with provision of quality, safe + effective care.</p> <p>Health's report on Agency staff staff absence noted NTS shortages + today NMC cases NITS areas, Ambulatory + Specialist</p> <p>PSAG boards are in use in NTS and one maintained</p>	
<p>Is there a system for patient status? e.g. Are patient status at a glance boards used?</p>		

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? Eg. ward 2 room 3</i>
If yes, are these up-to-date, accurate, and include all relevant information?	PSAG Boards are up to date + accurate	

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Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement.</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Is there evidence of participation in national Quality Improvement programmes – Epilepsy 12 and National Diabetes Quality Programme in Paediatric Care?</p> <ul style="list-style-type: none"> • If yes, are staff aware of these and do they consider that this contributes to improved quality in their work? 	<p><i>not tested.</i></p>	

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Inspection question: How does the ward ensure that cases of sepsis are identified and managed in a safe and effective way?

Prompts:

- How does the ward ensure possible cases of sepsis are identified as soon as possible (including both children and adults)?
- What screening tools are used? (E.g. National Early Warning Score; ED/AMU Sepsis Screening & Action Tool; Paediatric screening tool). Are these followed in practice?
- What training have staff completed to support them in identifying and managing sepsis? (Link with HIW Inspector re: staff training records).
- How are cases of sepsis managed effectively and

NEWS is consistently implemented + evidence of escalation if trigger scores reached

Sepsis bundle is not in notes but held electronically + not tested in order next unit

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<p>according to best practice guidelines?</p> <ul style="list-style-type: none">• Is there a sepsis pathway in place with associated Sepsis Six care bundle? How do staff ensure consistent, effective, clinical management of cases?		
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Standard 2.7 - Safeguarding children and adults at risk

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Are there locked doors to the ward/area and is there anything preventing patients from leaving?</p>	<p>There are no locked doors on 5 unit. Unit on 12 is a locked unit - one of the doors not working but now repaired follows incident noted doors impeded 21.6.22. Capacity assessment of Pt triggered it deemed to have capacity</p>	

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Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: Where did you see this? E.g. ward 2 room 3</i>
Are any patients under constant supervision?	nil reported / nil observed.	

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: Where did you see this? E.g. ward 2 room 3</i>
If yes to the above, have staff considered DOLS?	following capacity assessment of the individual patient concerned a DOLS was not necessary.	

OFFICIAL SENSITIVE WHEN COMPLETE

Areas to consider	Finding <i>Prompts: include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>What is the understanding of staff around DOLS, mental capacity and safeguarding? Is there sufficient awareness to show they have completed recent training?</p>	<p><i>Staff demonstrated understanding of PIS best practice in audit.</i></p>	

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Standard 4.1 - Nutrition and Hydration

If possible, watch a meal time on the ward (this may be applicable depending on the area i.e. speak to your inspection manager about this if you are unsure) and consider the following:

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Is there a system in place to identify patients who need assistance to eat? e.g. red tray or patient status at a glance board</p>	<p>no there is no red tray system in situ</p> <p>Due to WATSA not causing being completed in timely manner assistance is not obtained that there are systems in place to identify patients requiring assistance.</p> <p>Meal observation undertaken by: [REDACTED]</p>	

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Areas to consider	Finding Prompts: Include any good practice, suggestions and areas for improvement	What is the evidence to support this? Prompts: where did you see this? E.g. ward 2 room 3
<p>Are patients given the help they need to eat and drink?</p>	<p>fluid balanced sheets are not completed: There was no observed practice of staff providing pts with assistance to eat + drink.</p> <p>Tables were cluttered + dirty / stained. There was evidence observed of used winos being placed on bedside. Tables posing inf control risk + poor standard of dignified care / pt experience.</p>	

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Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
Is there implementation of the All Wales nutrition pathway?	1x All Wales Food Chart noted but was not completed.	

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Areas to consider	Finding Prompts: Include any good practice, suggestions and areas for improvement	What is the evidence to support this? Prompts: where did you see this? E.g. ward 2 room 3
<p>Are meals served to patients in a timely way once the food trolley arrives? i.e.</p> <ul style="list-style-type: none"> • Timing of meals throughout the day (not too close together or far apart) • How long are patients waiting to be served their meals? • Do they also need to wait for assistance to eat their meal? 	<p>Dinner time meal provision condensed by [REDACTED] 22:6:22</p>	

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Standard 3.2 and 4.2 - Communicating effectively

<p>Areas to consider</p>	<p>Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i></p>	<p>What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i></p>
<p>Are staff aware of the need for discretion in communications about personal information with patients/about patients? E.g. if observing a medical round, are doctors discreet?</p>	<p>The foot print of the ward is such that discreet conversations are difficult to achieve within the office space is available to provide private discussions on ward. S is particularly challenging environment due to chairs being so close to the nurses station</p>	

Standard 4.1 - Dignified Care

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Do staff speak to patients in a discreet, sensitive and courteous manner, taking into account the individual needs of the patient?</p>	<p>The environment & NTS units are not conducive to privacy dignified care + privacy. Conversations can be overheard. There is a lot of "auditory" noise in the unit, particularly at key "congregation" points such as nursing station + at handover. There are limited opportunities for discreet discussions.</p> <p>Staff were observed to be courteous to pts, particularly on (N). Staff on (S) were less engaging on occasions. Particularly with HIN staff and were observed to be busy and appeared stressed.</p>	<p>NTS areas</p>

<p>Areas to consider</p>	<p>Finding</p> <p>Prompts: Include any good practice, suggestions and areas for improvement</p>	<p>What is the evidence to support this?</p> <p>Prompts: where did you see this? E.g. ward 2 room 3</p>
<p>What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?</p>	<p>There was evidence that DNACPR is being considered + discussed where appropriate + communicated effectively with PTs + relatives.</p> <p>There is evidence that ceilings of care is being identified, managed + renewed by clinicians.</p>	

OFFICIAL SENSITIVE WHEN COMPLETE

<p>Areas to consider</p>	<p>Finding</p> <p>Prompts: Include any good practice, suggestions and areas for improvement</p>	<p>What is the evidence to support this?</p> <p>Prompts: where did you see this? E.g. ward 2 room 3</p>
<p>Are there any issues with the ward environment which impact on patient dignity and respect?</p>	<p>as previously + extensively discussed + identified the NTS is not conducive to the provision of respectful + dignified care.</p> <p>ES Unit - Nurses to be in situ. No nurses facilitate toilet + whoof area</p>	

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Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Are staff discreet when administering personal care?</p>	<p>Curtains are pulled closed in bay when administering personal care.</p> <p>However there are occasions when men + women are co located + dignity of environment is compromised i.e. pt exposure.</p> <p>PTS looked generally unkept or N+S words their particularly needed attention to</p> <p>PTS in chairs uncomfortable - 4 out of 4 extended periods</p>	

OFFICIAL SENSITIVE WHEN COMPLETE

Areas to consider	Finding Prompts: Include any good practice, suggestions and areas for improvement	What is the evidence to support this? Prompts: where did you see this? Eg. ward 2 room 3
Have patients continence needs been assessed?	There are examples of continence assessments being completed	

OFFICIAL SENSITIVE WHEN COMPLETE

<p>Areas to consider</p>	<p>Finding</p> <p>Prompts: Include any good practice, suggestions and areas for improvement</p>	<p>What is the evidence to support this?</p> <p>Prompts: where did you see this? E.g. ward 2 room 3</p>
<p>Are patients given appropriate help with continence needs?</p>	<p>There was evidence that beds were used follow my appropriate combination assessment</p>	

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Standard 6.1 - Planning care to promote independence

Areas to consider	Finding <i>Prompts: include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Are there initiatives such as 'This is Me' or the butterfly scheme being in place?</p>	<p>Repts that Snowflake in use but not observed in practice</p>	

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<p>Areas to consider</p>	<p>Finding</p> <p><i>Prompts: Include any good practice, suggestions and areas for improvement</i></p>	<p>What is the evidence to support this?</p> <p><i>Prompts: where did you see this? E.g. ward 2 room 3</i></p>
<p>Are there signs in place on toilet doors etc. to help assist patients with sensory problems or cognitive difficulties?</p>	<p>yes there are visual signs on toilet doors</p>	

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<p>Areas to consider</p>	<p>Finding</p> <p>Prompts: Include any good practice, suggestions and areas for improvement</p>	<p>What is the evidence to support this?</p> <p>Prompts: where did you see this? E.g. ward 2 room 3</p>
<p>Are patients encouraged to be active and given equipment to help them walk, move, eat, hear, see etc.?</p>	<p>yes where else if pts are independently mobile</p>	

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Standard 2.9 - Medical Devices, Equipment and Diagnostic Systems

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Does the ward have the right equipment and medical devices to meet the needs of patients?</p> <p>i.e. hoists, monitoring equipment, commodes, walkers, pressure ulcer mattresses etc.</p>	<p>Use of monitors etc was addressed.</p> <p>Pressure ulcers witnessed were less evident on ward reflective potentially of poor adherence to timely assessment of risks.</p>	

<p>Areas to consider</p>	<p>Finding</p> <p><i>Prompts: Include any good practice, suggestions and areas for improvement</i></p>	<p>What is the evidence to support this?</p> <p><i>Prompts: where did you see this? E.g. ward 2 room 3</i></p>
<p>What are the maintenance arrangements for equipment? i.e.:</p> <ul style="list-style-type: none"> • Who is responsible for maintaining equipment? • Are there labels showing when the equipment was last checked/services? Are these in date? <p>Are there arrangements for reporting faults with equipment?</p>	<p>Staff were aware to report equipment faults to appropriate teams</p> <p>Labels for PAT testing were in situ and items were compliant</p>	

Standard 2.1 – Managing risk and health and safety

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? Eg ward 2 room 3</i>
<p>Is the environment</p> <ul style="list-style-type: none"> • Accessible? i.e. is the ward/area accessible for people with mobility difficulties? • Well maintained? i.e. Are the living arrangements clean and the appliances and furniture well maintained and in good working order? • Fit for purpose? Is the environment suitable for the way it's used? Is the ward locked? • Safe and secure? i.e. Are there any hazards to patient safety visible? Are the call bells for those who are in bed easy to reach? 	<p>— yes</p> <p>— no as previously discussed</p> <p>— no as previously discussed</p> <p>— call bells are available but not readily accessible to pts</p>	

OFFICIAL SENSITIVE WHEN COMPLETE

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
<p>Does the environment protect patient privacy? i.e. Are there areas where staff can speak to patients where they cannot be overheard by others?</p>	<p>no as previously discussed.</p>	

OFFICIAL SENSITIVE WHEN COMPLETE

Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? E.g. ward 2 room 3</i>
Have environmental hazards been considered?	yes and is previously discussed + debriefed	


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Areas to consider	Finding <i>Prompts: Include any good practice, suggestions and areas for improvement</i>	What is the evidence to support this? <i>Prompts: where did you see this? Eg. ward 2 room 3</i>
Are cleaners cupboards and any chemicals been locked to prevent unauthorised access?	NO	

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ADDITIONAL NOTES

(Tick as applicable)	
<input type="checkbox"/>	Staff interview
<input type="checkbox"/>	Patient interview/discussion
<input type="checkbox"/>	Other observation
Area/ward	
Workbook reference – page/section	
Name of interviewee/role/identifier	
Time and date	


22-6-22

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ADDITIONAL NOTES

<input type="checkbox"/> Staff interview	
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