

**Abertawe Bro Morgannwg
University Health Board
Morriston Hospital
Emergency Department**

**Unannounced Dignity and
Essential Care Inspection**

Date of inspection 19 February 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection to the Emergency Department (ED) at Morriston Hospital, part of the Abertawe Bro Morgannwg University Health Board (ABMUHB) on Wednesday 19 February 2014. During the inspection we observed and reviewed the following areas:

- Patient Experience
- The Delivery of the Fundamentals of Care
- Management and Leadership
- Quality and Safety.

Abertawe Bro Morgannwg University Health Board (ABMUHB) covers a population of approximately 500,000 people and has a budget of £1.3 billion. The Health Board employs around 16,500 members of staff, 70% of whom are involved in direct patient care.

The Accident and Emergency Department at Morriston Hospital, with its accessibility to the South West Wales population, is recognised as the Major Trauma Centre for South West Wales. The Emergency Department has a team of ten Emergency Care Physicians.

Morriston Hospital has around 750 beds. There are Acute General Medical and Medical sub-specialities, Care of the Elderly, Trauma and Orthopaedics, General and Specialist Surgical services. A number of Regional Services are on site including Oral and Maxillofacial Surgery, the Welsh Centre for Burns and Plastic Surgery and the second Cardiac Centre in Wales. Services are supported by Critical Care facilities.

2. Methodology of Inspection

HIW's 'Dignity and Essential Care Inspections', review the way patients' dignity is maintained within a hospital ward/ unit / Department and the fundamental, basic nursing care that patients receive¹. We review documentation and information from a number of sources including:

- Information held to date by Healthcare Inspectorate Wales (HIW)
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the Health Board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.

These HIW inspections capture a '*snapshot*' of the standards of care patients receive on hospital wards/units/ Departments, which may point to wider issues about the quality and safety of essential care and dignity.

At the outset of the inspection we briefed the clinical team and requested to be informed at all times should clinical activity increase. This was to ensure balance between fulfilling the requirements of the inspection and meeting patient need.

We provided an overview of our main findings and requirements to representatives of the Health Board at the feedback meeting held at the end of our inspection. We found no urgent concerns emerging from the inspection and our findings are detailed within Appendix A of this report.

¹ *The Fundamentals of Care*, Welsh Assembly Government 2003

3. Summary

Overall, patients can be confident that the service at Morriston is well run, with due care and attention to professional standards of care. We found that the Trust has very well established monitoring arrangements regarding patients' experience of care, clinical practice, safe systems of working, staff training and development and the wider aspects of organisational governance.

Our Dignity and Essential Care Inspection visit to Morriston Emergency Department observed several areas of noteworthy practice including the use of an initiative whereby a flower symbol was used to alert staff that the patients/ relatives using that particular room required consideration and quiet. We observed outstanding efforts made by staff to ensure no unauthorised exchange of patient's personal information was audible in all areas of the department including the resuscitation bays. The Department also had a pilot initiative involving Red Cross staff, who were directed by qualified nursing staff to provide a number of general duties, including an alternative transport system for patients on discharge home.

The hospital undertakes a REACT (Rapid Evaluation and Commencement of Treatment) initiative for ambulance admissions. An allocated REACT nurse will meet ambulance admissions at the REACT point and quickly initiate those investigations and management in certain patient groups that will enhance patient safety, maximise flow and efficiency and facilitate early admission or discharge, based on the disposition of the patient.

Notwithstanding the good practise observed above, we made findings in the following areas which require improvement. These are detailed in appendix A:

- Limited patient shower facilities, and lack of common procedure for provision of food and drinks in between set mealtimes.

- Environmental observations. These included poor signage in some areas, curtains of inadequate width, a faulty locking mechanism of one toilet and equipment inappropriately stored in corridors.
- Lack of clarity concerning the use and suitability of one room.
- Limited supply of linen at weekends and Bank Holiday periods.
- Inconsistency of documentation of medication prescription and administration.
- Unclear implementation of the All Wales Infection Prevention and Control procedures.
- Reduced ability to observe patients in the radiology waiting area prior to and /or following procedure.

4. Findings

4a. Patient Experience

During the inspection we identified three areas for improvement in concerning patient experience. Our requirements in this respect are detailed within Appendix A.

Overall, we observed staff within a busy emergency department environment working to prioritise the privacy and dignity of patients when patients were undergoing treatment or personal care. We observed patients being spoken to discreetly with staff ensuring that conversations regarding personal care and medical condition could not be overheard. From the patient perspective, the environment appeared calm and well organised. Patients expressed that they were able to speak to staff and ask questions about any aspect of their care.

The department caters for all ages of the population including children and older adults. Many patients have complex needs. We observed an initiative whereby directions to paediatrics (Children) have been designed specifically with children in mind displaying a sun symbol with a directional arrow and route for children to find and follow. It is understood that this also helps distract children from the sometimes intimidating Emergency Department environment.

In recent years the department has undergone a programme of improvement and expansion. However patient and staff feedback suggests the current layout is not always conducive to efficient movement between the sub-sections within the department.

We found that patients have access to a variety of clinical treatment pathways through specialist service areas within the hospital. Many of these clinical treatment pathways include referral to specialist nurse clinics which provide follow up care and further management.

We observed patients within both the minor injuries area and major injury area of the Emergency Department routinely provided with an option of food (sandwich or hot meal) and drink if waiting more than two hours.

We observed outstanding efforts made by staff to ensure no unauthorised exchange of patient's personal information was audible in all areas of the department, including the resuscitation bays.

Patient feedback was very positive and patients expressed being content with the amount of time waiting to be assessed and treated. We observed no compromise to the waiting time and treatment of less acute patients, despite the resuscitation area being exceptionally busy throughout the inspection.

The department has a Red Cross pilot initiative which has been a success supporting patients during their time in the department as well as discharge. Staff informed us there have been a number of patients that have been aided in their discharge home and this has resulted in further input into their home support from partnership agencies following discharge. The Red Cross initiative is currently a trial, however staff informed us the Health Board is exploring ways to fund the service as a permanent service in the Emergency Department.

Patients were able to find their way around the Department as a result of clear signage, coding and assistance from staff explaining directions. However signage to the Department and other areas of the Hospital was less clear for relatives and members of the Public

For people who were waiting on their own with children, there was an element of feeling isolated whilst in the waiting areas. For example a mother expressed her difficulty in not being able to leave her teenage child to make a phone call to her husband to inform him of how long they may be in the department or to call for some respite.

We observed that all staff wore uniforms in accordance with the All-Wales dress code. This included clear identification to assist patients in understanding the different roles of staff. Patients informed us that they were satisfied with the care they received.

Our conversations with patients and relatives demonstrated that they were informed regarding the detail of their treatment and management plans including impending transfers to hospital wards or discharge home or to another care setting

Notwithstanding the good practise observed above, we identified three areas for improvement concerning patient experience. Our requirements in this respect are detailed within Appendix A.

- Limited patient toilet and shower facilities
- Poor directional signage to patient facilities such as toilets
- Provision of food and drinks in between set mealtimes

4b. Delivery of Fundamentals of Care

During the inspection we identified seven areas for improvement concerning The Fundamentals of care. Our requirements in this respect are detailed within Appendix A.

Communication and Information

We observed interaction between staff and patients/relatives in accordance with the standard required by the Fundamentals of Care. The majority of patients and relatives we spoke to during the inspection confirmed they felt adequately informed about their management and treatment including plans for transfer to a ward or discharge home.

Throughout our visit we observed staff speaking with patients and colleagues in a discreet and calm manner. Patients confirmed they were able to identify staff due to the uniform they wore and identification.

Patients and staff informed us that patients are able to speak in the language of their choice. Welsh speaking staff were clearly identifiable by the lanyards worn or the embroidered badge on their uniforms. Additionally, staff were able to locate other bilingual staff and had access to a language line for interpretation when required for a variety of other languages. A loop system was available for patients with a sensory loss.

Respecting people

We witnessed numerous examples of respectful interactions between staff and patients. Staff were courteous and discrete when talking to patients. The feedback we received from patients was very positive in relation to staff attitude and behaviour. Our discussions with staff highlighted how staff considered respect of patients a priority.

We observed the use of an innovate initiative within the department whereby a flower symbol was used to alert staff that the patients/ relatives using that particular room required consideration and quiet.

The department provided a specific environment for unexpected death of Infants or Children. Families can have time and space in a private and dignified environment. Staff described availability of support for families.

Ensuring Safety

Discussion with the Lead Nurse and Department Sister indicated that staff levels were considered to be adequate at the time of the inspection. Staff described a clear procedure through which they can obtain additional staff when required, such as in the event of increased patient acuity and department workload.

The department environment was clean and tidy in patient treatment areas. However, we did observe clutter, including equipment, which had been stored in corridors which were accessible by patients.

Promoting Independence

We observed staff promoting patients to retain as much independence as possible, within the limits restricted by the environment and individual patient's circumstances. The Red Cross Scheme in the department assisted with the promotion and support of patient independence by providing an alternative form of transport to patients to either home or place of residence.

Patients with a hearing loss were able to access the loop system within the department to assist them in remaining as independent as possible during their time on the ward.

Relationships

Patients informed us that they felt staff had time to listen to them and were available to discuss aspects of their management and treatment plan.

Ensuring Comfort, Alleviating Pain

Discussions with patients indicated that staff responded promptly to requests for pain relief, and patients appeared comfortable.

We found pain relief charts and assessments were used and pain relief was administered promptly, where this was necessary.

Personal Hygiene and Appearance

We observed patients being given the opportunity to wash within their beds/ cubicles and wash their hands before eating food. However we noted the lack of a facility available for patients to access a shower, when such need arises or where a patients' stay may be extended beyond several hours.

Eating and Drinking

Patients received an initial assessment based on a recognised assessment tool. This included a physical and psychological assessment as well as assessment of nutritional and fluid needs. Depending on the length of stay in

the department, patient's nutritional requirements were re-assessed at intervals during their stay.

Some patients had food and fluid restricted due to treatment purposes. We observed this was monitored throughout their stay in the department. Their condition, management and ability to eat and drink was also monitored and re-assessed.

Hot food and sandwiches are available to patients at set mealtimes, and we observed hot drinks and water being offered to patients at regular intervals by the Red Cross volunteers in the department.

Provision of food, at set mealtimes, was adequate; however we found an absence of a common procedure for the provision of food and drinks in between set mealtimes .

Oral Health and Hygiene

Every patient has, as standard, an oral assessment on admission. Where oral hygiene needs are required this need was identified and documented.

Preventing Pressure Sores

Every patient has an initial assessment of the condition of their skin and the use of a body chart is used as standard within the department and is part of every patient's admission assessment. Staff were aware of the correct way of recording patients needs and when required, patients were provided with air mattresses and other forms of pressure relieving equipment.

Staff did express difficulty in obtaining airflow pressure relieving mattresses at weekends and bank holidays and result in a patient requiring an extended period of time in the Department. It was evident that staff try their hardest to obtain this equipment and there is an escalation procedure when such equipment cannot be easily obtained.

Notwithstanding the good practise observed above, we identified seven areas for improvement concerning the delivery of the Fundamentals of Care. Our requirements in this respect are detailed within Appendix A:

- Lack of shower facilities.
- Curtains of inadequate width in major injuries area.
- The two way glass of the police room was not obscure when occupied and clarity is required as to the use of the room. If the room is used for patient assessment it needs to be fit for purpose.
- A faulty locking mechanism of one toilet in the major injuries area.
- Three sharps boxes filled over maximum fill line.
- Limited supply of linen at weekends and Bank Holiday periods.
- Supplies and equipment inappropriately stored in corridors.

4c. Management and Leadership

During this inspection we did not identify any aspects of the service which require improvement in this area.

Overall, patients can be confident that the service, at the time of the inspection, was noted to be well run with due care and attention to professional standards of care.

We found that the Department has a comprehensive mandatory training programme in place to train staff on site. There has been a significant improvement in staff undertaking training within the last 12 months in many subject areas including dementia care training and the butterfly scheme, protection of vulnerable adults training, deprivation of liberty safeguards training and immediate life support training. The training programme is coordinated by the Clinical Lead Nurse for training and development. The training programme includes staff from all professions in many training sessions. Staff also described that they have access to training available across the Health Board. Medical Consultants have special interest areas and

take a lead in the development of staff clinical knowledge base in the department, one example we heard about was that of trauma care.

Our discussions with a variety of staff in the department, visiting professionals and patients/family members demonstrated that the department team felt well supported by senior management.

We observed the Lead Nurse working in uniform in the clinical area when required. Staff felt empowered to make improvements to patient care delivery and to discuss ideas in an open and transparent way. Additionally, staff were clear about their roles and responsibilities.

The Department is taking third year Student Nurses to provide the opportunity to undertake their management module in a challenging A&E environment. Discussions with Medical staff, Department Sister and Lead Nurse revealed an emphasis placed on supporting staff at all times during the course of their work.

4d. Quality and Safety

During this inspection we identified have made three areas improvement concerning Quality and safety. Our requirements in this respect are detailed within Appendix A.

The Department was clean, fresh and standards of hygiene appeared to be maintained. Patient bay areas were well stocked with appropriate equipment, with minimal clutter. Conversations with patients indicated that they were satisfied with the cleanliness of the Department. Conversations with Contract Facilities staff revealed that they had received good communication from the Nurse in charge as to where they could best organise their work during the shift. Discussions also indicated that they had undertaken training to assist them in their role.

We observed the absence of a sign to alert staff, patients and relatives that one room was waiting to be cleaned.

Staff informed us that staffing levels had improved, however the allocation of two Registered Nurses for five trolley bays within the resuscitation area of the department does pose a challenge when more than two patients are being treated in that area. We observed this challenge being managed by the redeployment of Registered nurses, including Nurse Practitioners, from the minor injury area of the Department to meet the needs of increased clinical demand in the resuscitation bay area. Further re-deployment could then occur from the majors area into the minors area or resuscitation area if required. It was evident that support from other areas of the Hospital site was available including a variety of specialist clinical teams. We observed a well organised environment, even in peaks of activity.

We observed that the radiology area (X-Ray) is some distance away from the main patient treatment areas. Where patients do not have a Nurse accompanying them, there is a potential for patients to have a reduced level of observation whilst waiting for procedures. Although patients are well observed during the X-Ray procedure, outside the procedure room there is the potential, especially elderly patients, to feel lonely and unaware of how long they may be waiting to return to the main area of the Department.

Despite the challenge and stress associated with working in the emergency department, we observed highly supportive clinical leadership and general management and standard practice of de-briefing within the team following critical care situations.

Notwithstanding the good practice observed above, we identified three areas for improvement concerning 'Quality and Safety'. These are detailed in appendix A:

- Consistency and accuracy of documenting medication prescription and administration.

- Unclear implementation of All Wales Infection Prevention and Control procedures.
- Reduced ability to observe patients in the radiology waiting area prior to and /or following procedure.

5. Next Steps

Abertawe-Bro Morgannwg University Health Board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit their Improvement Plan to HIW within two weeks of the publication of this report.

The Health Board Improvement Plan should clearly state when and how the findings identified within the Emergency Department at Morriston Hospital will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments/ units of the Health Board.

The Health Boards Improvement Plan, once agreed, will be published on Healthcare Inspectorate Wales website and will be evaluated as part of the on-going Dignity and Essential Care inspection process.

Dignity and Essential Care: Improvement Plan

Morrison Hospital

Emergency Department

19 February 2014

Appendix A

Ref.	Finding	Requirement	Health Board Action	Responsible Officer	Timescale
4a. Patient Experience					
4a.1	Limited patient facilities: Our observations and discussions with staff and patients highlighted there are limited toilet and shower facilities within the Majors and Minors areas of the Emergency Department	The Health Board must ensure the provision of adequate toilet and washing facilities which are accessible for patients throughout the Department.			
4a.2	Poor Signage to patient facilities: Our observations and discussions with patients indicated that directional signage to facilities such as the toilets, was not always easy to locate and understand	The Health Board must ensure signage to facilities is easily identifiable and understandable for members of the General Public.			

4a.3	<p>Provision of food and drinks in between set mealtimes:</p> <p>At set mealtimes provision of food and drinks was adequate; however we found an absence of a common procedure for the provision of food and drinks in between set mealtimes.</p>	<p>The Health Board must ensure that there is a common procedure for the provision of and access to food and drinks in between set mealtimes in the Emergency Department.</p>			
4b. Delivery of Fundamentals of Care					
4b.1	<p>Limited washing facilities:</p> <p>The Emergency Department has no facility for those patients who may require to wash by way of taking a shower.</p>	<p>The Health Board must ensure that within the ED there is access to adequate facilities for patients who may need to wash by way of taking a shower.</p>			
4b.2	<p>Inadequate curtain width within the Major Injuries area of the Emergency Department:</p> <p>We observed an instance where curtain width was inadequate and potentially allowed for treatment or personal care to</p>	<p>The Health Board must ensure curtains within the Emergency Department are fit for purpose in order to maintain patient privacy and dignity.</p>			

	be witnessed by passing staff or other patients and relatives.				
4b.3	The two way glass of the police room was not obscure when occupied: We observed a patient being taken into the police room by a member of nursing staff, however it was not clear why that room was used and the room was not suitable for use as a patient environment	The Health Board is required to clarify the use of the room and if the room is used as a patient assessment area the Health Board must ensure that the room is fit for such purpose.			
4b.4	A locking mechanism of one of the toilets within the majors area of the Emergency Department was found to be faulty and difficult to operate.	The HB must ensure that locks on toilets are in working order to maintain patient dignity.			
4b.5	Sharps boxes filled in excess of the safe 'fill line' level: We observed three Sharps boxes within the Emergency Department which were unacceptably full above the line which indicates safe practice.	The Health Board must adhere at all times to the All Wales Infection Prevention and Control policy and procedures.			
4b.6	Limited supply of linen at certain times:	The Health Board must			

	Our discussions with staff highlighted at certain times particularly weekends and or Bank Holiday periods the supply of linen was limited.	review the current linen provision and ensure measures are put in place to ensure there is an adequate supply of linen at all times.			
4b.7	Inappropriately stored supplies and equipment: We found equipment and supplies which had been stored in a corridor space that was used by staff, patients and public.	The Health Board must review its current storage facilities and ensure adequate storage is available to avoid corridors being used to store supplies and equipment.			
4c. Management and Leadership					
During this inspection we made no findings which require improvement in this area					
4d. Quality and Safety					
4d.1	Consistency and accuracy of documenting medication prescription and administration: We found that two documentation systems for medication prescription and	The Health Board must review the method of documenting drug prescription and administration within			

	<p>administration were in use.</p> <p>We observed an instance whereby intravenous fluid administration was not recorded on a fluid balance chart but had solely been recorded when signed for on administration within the drug prescription record. The earliest commencement of fluid balance chart to monitor fluid intake and output would have provided a more concise record to flow through with the patient from the Emergency Department to the Ward.</p> <p>We found an omission of recording a patients Nil By Mouth status on the front sheet of a Drugs chart, and an instance whereby the administration of Intravenous antibiotics had only been recorded on the Casualty Card (CAS card) prescription section and not recorded on the patients drug chart.</p>	<p>patient records on the Emergency Department to ensure a single suitable system is in place for most effective recording and communicating of drug prescription and administration.</p> <p>The system used must meet the requirements of the department and ensure accurate transfer of information through to the ward.</p>			
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4d.2	<p>Unclear implementation of All Wales Infection Prevention and Control procedures:</p> <p>We were informed a treatment cubicle was about to undergo deep cleaning due to infection control issues. There was no signage to indicate to staff or members of the public that the room should not be entered without suitable precautions being taken</p>	<p>The Health Board must ensure the All Wales Infection Prevention and Control procedures are adhered to and implemented consistently.</p>			
4d.3	<p>Potential Reduced observation ability:</p> <p>We found that patients were unaware of their waiting time in the radiology waiting area before and/or following a procedure. This area has the potential for being more isolated from the main department, making observation of waiting patients difficult particularly at night.</p>	<p>The Health Board is required to provide a risk assessment and procedures in place to ensure adequate observation and support is maintained to all patients particularly if venerable or waiting alone for and following radiology procedures.</p>			

