



DE MORGANNWG | SOUTH GLAMORGAN

CHC Visit Report
(Announced)

**Stroke Rehabilitation
Centre**

**University Hospital
Llandough**

6th July 2022

Accessible formats

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Contact Information

South Glamorgan Community Health Council
Pro Copy Business Centre (Rear)
Parc Ty Glas
Llanishen
Cardiff
CF14 5DU

Telephone: 02920 750 112

Email: SouthGlam.Chiefofficer@waleschc.org.uk

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Your Community Health Council

Community Health Councils (CHCs) are the independent watchdog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the “Public & Patient Voice” within Cardiff and Vale of Glamorgan.

Visit Overview

Two members of the CHC visited the Stroke Rehabilitation Unit, University Hospital Llandough (UHL), which is the largest ward in UHL.

The purpose of the announced visit was for the visiting team to observe the environment, quality of service provision being provided on the Ward and to gather the views and experiences of the patients, carers and visitors whilst on the ward and wider site.

As part of the visit, members of the CHC were able to speak with the following NHS Staff:

- ❖ Hospital Lead Nurse (Matron)
- ❖ Ward Lead Nurse (Ward Manager)

Briefing Information

Management Arrangements

The Stroke Rehabilitation Center is a part of the Medicine Clinical Board and sits within the Integrated Medicine Directorate.

Introduction

The Stroke Rehabilitation Center is a rehabilitation ward, which looks after adult patients who have had a stroke. Patients identified as suitable for rehabilitation are transferred from C4 south, University Hospital Wales (UHW) following acute admission for a stroke. The ward provides medical interventions, Physiotherapy, Occupational Therapy and discharge planning with the help of the wider Multi-Disciplinary Team (MDT). The Ward is for Adult Stroke medical patients.

Capacity

The Stroke Rehabilitation Center has 38 beds, which can sometimes increase to 39 and it is working at full capacity. The reason for the variance is bed pressures and capacity in Acute Stroke.

Capacity can increase or decrease due to bed pressures and Covid-19 management. There are no concerns around the capacity and current demand.

Staffing

The Wards' nurse staffing levels are:

- Day - 5 (Early) 4 (Late) Registered Nurses and 6 Healthcare support workers
- Night - 3 Registered Nurses and 4 Healthcare support workers

The medical cover for the ward also includes:

- 3 Consultants
- 1 Registrar
- F1

The Ward is currently running with Band 5 2.36 Whole Time Equivalents (WTE) and Band 2 3.64 WTE vacancies. This situation is alleviated by shifts requested via temporary staffing, staff have been offered enhanced overtime. Staff shortages are discussed daily with Lead and Senior Nurses at morning huddle. Site based risk assessment undertaken and staff moved accordingly.

In addition to the above core staffing, the Ward is also supported by Physiotherapists, Occupational therapists, Speech and Language Therapists, Dieticians, Clinical Psychology, Early Supported Discharge Services, Palliative Care, Diabetes Specialist Nurses, Pharmacy, Phlebotomists, Discharge Liaison Nurses, Liaison Psychiatry for Older People (LPOP), and Integrated Discharge Services. The Ward has had difficulties in that a large part of MDT based on ward are solely for Stroke I.E Physiotherapists, Occupational Therapists and Speech and Language Therapists. Some issues during Covid pandemic accessing other services due to teams own staffing constraints and bed pressures.

The Ward has input from Rubicon dance who are involved with weekly sessions. The Ward are slowly introducing other services that were supplementing daily therapy once risk assessments have taken place and the Covid status of the ward allows. Volunteers undertake a range of activities from movement to supplement lower and upper limb rehabilitation to reading to supplement communication rehabilitation. Also

volunteer services improves wellbeing of patients during their long inpatient stay having rehab.

Opening/Operating Arrangements

The Wards' opening/operating arrangements are as follows:

- ❖ 24 hour operating hours
- ❖ Mealtimes are at 08:15am, 12:30pm and 17:30pm
- ❖ Visiting times are currently by appointment only due to Covid-19. Or in agreement with Ward/Deputy Sister in special circumstances.
- ❖ Access to patients/carers may be difficult during a Covid outbreak. The Ward also facilitate visiting for patients who are end of life, patients with cognitive impairment and patients who need assistance with nutritional needs if family want to assist.

Environmental Improvements

The Ward last had work undertaken which entailed temporary doors put up to enable segregation of treat and transfer room.

There are no planned works at present, but the floors need replacing in certain parts of the Ward. The Ward are awaiting estates to liaise with contractor to replace flooring. A number of cubicles will need to close on one side of the Ward. There are cubicles that can be opened on the opposite side of the Ward that are currently used for storage.

The Ward currently has no requests for work outstanding that could be considered urgent

Initiatives

Kickstart admin initiative has been introduced. Started mid-March 2022.

Concerns

Nurse staffing can be challenging at times due to sickness and vacancies.

Supplementary Information

One of the cubicles on the Stroke Rehabilitation Centre was made into a treat and transfer cubicle to manage sick patients who need intubation and escalation of care, who are Covid-19 positive or could possibly be exposed (I.E not self-isolating prior to hospital admission) ITU in UHL is a green area. As intubation is classed as an aerosol generating procedure, patients needing this procedure would need to be transferred to this cubicle for treatment and then transferred over to University Hospital of Wales (UHW). This is barely used but we are unable to relinquish this facility due to the ongoing Covid-19 pandemic. This room and equipment is managed by ITU.

This room does have an impact on the utilisation of the SRC footprint.

Patient Engagement

As the visiting team arrived at the unit and were met by the Ward Manager, they were told that the Ward had just tested 4 patients positive for Covid-19. The visiting team then made the decision to restrict the interaction with patients to a minimum for their safety and the possibility of further infections being spread. As a result, the visiting team entered only one 4 bed bay patient area and spoke to 1 patient.

These bays are very spacious, each patient having a large individual area for a bed, chair and storage. Patients are allowed a phone, iPad etc. and can use the hospitals free wi-fi.

This has been very beneficial to the well-being of patients when physical visits are limited due to Covid-19.

The patient engaged could not speak highly enough of the staff of the unit, from the cleaners to the Physios, to the Nursing staff. There were no issues or concerns raised at all.

In general, patients can stay in the unit for a week or even up to six months, normally being transferred from UHW.

Patients are allocated a key worker and, along with Nursing and Clinical staff, patients' short term and long-term goals are set and monitored regularly. The Key Worker liaises with the patients' relatives and informs them weekly of progress.

There are a variety of groups, these are therapeutic, but are fun with medical needs. These include, gardening, cooking, art, choirs and seasonal events, E.G jubilee

Environment

The unit is modern, clean, spacious and has a good feel about the general ambiance.

During Covid-19 there were additional temporary doors fitted in certain corridors where Covid-19 patients were housed in an air pressured system. These doors are still in place though now permanently open. It is uncertain if they will be removed due to the uncertainty of Covid-19 recurring.

The unit is well maintained and of good decoration.

There are day rooms, a conservatory, a garden, a gymnasium as the expected clinical rooms.

The unit has an outdoor area, where patients can garden or simply relax in the fresh air. This area could benefit from a general tidy up and it was suggested that the Community payback system could help with this possible project.

There is one room housing a large hydrotherapy bath, which is unserviceable.

The unit is in the shape of a H.

By the unit's main entrance, there has been a new floor laid. This flooring is defective in that it is not level and has numerous bumps in it, causing difficulty for patients to traverse it and causing a noise hazard when staff move trolleys across it.

The unit through its connections with Cardiff Met University, which has a design department, will be redesigning the décor in the main day room as a students' final project.

The unit is the largest Ward area in Llandough, there are seven four bed bays (28). Originally it was a 45 bed unit.

There are major storage issues on the unit with 3 other bays being used for storage of wheelchairs, Physiotherapy aids etc. This does restrict the units' capacity. These bays are not meant for storage and the unit is awaiting the results of a recent fire risk assessment on these temporary storage areas.

On entry to the main entrance you can turn right or left into very long corridors. The signage does not include the Stroke Unit at the main entrance. If the Visitors Liaison is not at their desk, Visitors would be unaware if the Unit was situated to the right or left. After approximately 50 metres the signage does include the Stroke Unit directions.

There were no problems on the day finding a car parking space, though it is known to be a problem at certain times at this hospital.

Interaction with Staff

Staff on the unit were happy, in fact one member had worked on the unit for over 20 years.

Staff on the unit include Nurses, Healthcare Assistants, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Early Discharge Support Services and multi professional Rehabilitation Assistants, all the visiting team saw and spoke to seemed happy in their work.

Staff did point out that there is a need for an administrative post to deal with the paperwork needed for transfer of patients from UHW to the Stroke Unit and eventually to home. Currently this is being undertaken by a Nurse.

The staff raised the issue of the current call bell system. If a call bell is rung, the staff do not know which part of the unit it is coming from, so there have been cases where a bell has rung and the staff member goes to the first patient it finds rather than the actual patient who has requested assistance.

As with all areas, bank Nurses cover vacancies, but this unit has regular bank Nurses they use, so they are familiar with the unit, its patients and its running.

On the day of the visit there were only 3 qualified Nursing staff on duty. If there are other Ward shortages in the hospital, the unit releases its Nurses.

Doctors are days only. Nights are covered by the hospitals' Out of Hours Service

Visitors are currently restricted to a one per patient, with a visit of one hour by telephone appointment.

Summary of Visit

Positive Findings

1. Happy staff
2. Clean, Modern environment
3. Patients commented that the level of care being provided was exceptional
4. Patients commented that the food was good.

Negative Findings

1. The flooring in the main corridor is unsuitable and needs relaying.
2. The patient call bell system does not indicate which patient is calling.
3. Lack of storage in the unit means that 3 cubicles are not being used for clinical need
4. Administrative work for patient transfer being conducted by Clinical staff instead of Administrative

Recommendations

1. Estates Department to relay the main corridor flooring.
2. More storage is provided to the unit.
3. Act upon the recommendations of the Fire Risk assessment when available regarding using cubicles for storage
4. Employ an Administrator to facilitate paperwork for patient transfer between UHW, the unit and eventually home, freeing Clinical staff.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit. Thank you also to the staff for their time and assistance in an interesting and informative visit.