

Cardiff and Vale University Health Board

Unannounced Dignity and Essential Care Inspection

Date of inspection 18 December 2012 and
7 February 2013

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1. Introduction

1.1 On 18 December 2012 and 7 February 2013, Healthcare Inspectorate Wales (HIW) undertook an unannounced Dignity and Essential Care inspection at the University Hospital of Wales (UHW) in Cardiff, part of Cardiff and Vale University Health Board.

Dignity and Essential Care

1.2 Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way¹. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect.

1.3 Dignity is also one of the five United Nations Principles for Older People and is a key principle underpinning both the Welsh Government's Strategy for Older People and the National Service Framework for Older People in Wales. In 2007, the Welsh Government launched its '*Dignity in Care Programme for Wales.*' an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

1.4 Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 HIW commenced a programme of unannounced '*Dignity and Essential Care Inspections*' to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW's Dignity and Respect Spot Checks which took place during 2009 and 2010².

¹Inhuman treatment means treatment causing severe mental or physical harm, and 'degrading treatment' means treatment that is grossly humiliating and undignified.

Methodology of the Inspection

1.5 The *'Dignity and Essential Care Inspections'* review the way a patient's dignity is maintained on a hospital ward/unit and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations.

1.6 The inspections capture a snapshot of the care patients receive on hospital wards/units, which may point to wider issues about the quality and safety of essential care and dignity. More information on how the inspections are carried out is available at Appendix B of this report.

University Hospital of Wales

1.7 UHW is the largest hospital in Wales providing a 24-hour emergency unit and a wide range of specialist services.

1.8 As part of our inspection visits we visited two wards Ward B7 (Respiratory Ward) and Ward A6 (Spinal Trauma and Surgery Ward).

2. Executive Summary

2.1 As a result of this Dignity and Essential Care Inspection at UHW, HIW have identified a number of areas for improvement that need to be addressed by the Health Board.

2.2 The main issues highlighted from our inspection were around the completion of patient records which form a vital part of the care communication process. A number of concerns were identified, including:

- Patient assessments were not always fully completed and it was not always clear how assessments were being reflected in patient care plans.
- The care plans that were in place were generic and therefore did not always detail the specific patient's progress or the level of support required.
- Patient records such as food and fluid charts were not always completed fully by staff.
- *'Do Not Attempt Resuscitation'* (DNAR) forms were contained in some patients records on B7, however, we identified that in relation to one patient staff were not aware that the form was present in the records and there was no evidence of any discussion having taken place with the patient's family.

2.3 Other issues highlighted included:

- Only half the patients on B7 had access to a buzzer to call for nursing assistance, and on A6 an emergency buzzer in one of the toilets was found to be broken.
- On A6 we identified clutter throughout the ward, especially in the main corridor due to limited storage areas. Also, limited toilets were available on A6 and designated toilets were being used by both genders.
- On B7 we observed that very little time was spent preparing patients prior to their meals being served and patients had to wait for assistance to eat due to limited staff being available to help.

- We were also concerned to identify that staff dispensing medication to patients on B7 were leaving the medication on patient locker/tables and not supervising them taking it.

2.4 Despite the above issues during our time on the wards visited, we observed numerous examples of staff interacting with patients in a caring and sensitive manner. Also, the majority of patients we spoke to were complementary about staff attitude and behaviour towards them.

2.5 We would like to thank Cardiff and Vale University Health Board, especially members of staff on the wards visited, who were extremely helpful throughout our inspection.

3. Findings

3.1 We have structured our findings from the inspection around the key areas of Dignity and Essential Care for each unit visited. The recommendations arising from these findings are set out in section 4 of this report.

Ward B7 (Respiratory Ward)

Ward Environment

3.2 Overall the ward was clean, tidy and bright. The majority of patients we spoke to were complimentary about the cleanliness of the ward

3.3 There was very little clutter identified as the available storage areas were being used appropriately. Storage lockers located adjacent to patient beds were used to store patients' personal possessions.

3.4 Toilets and shower rooms were designated male or female. These facilities were visibly clean and all doors to the facilities had the appropriate locking mechanisms in place.

3.5 There were no signs being used by staff to inform others that personal care and treatment was taking place behind curtains. We observed occasions where staff were not fully closing curtains around patient beds prior to providing them with sensitive care and treatment, which meant there were gaps through which the patient could be seen by others. Doctors were also observed entering behind closed curtains without checking that it was alright to do so.

3.6 There was no day room available for the patients on the ward. At the time of our visit the room was being used as a staff office.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.7 We observed staff caring for patients in a kind and compassionate manner and the patients we spoke to were very complimentary about staff attitude and behaviour.

3.8 With the exception of the issues identified around closed curtains, staff on the ward demonstrated an awareness of the need for discretion when communicating sensitive information. We observed a ward round which was undertaken discreetly by the staff involved.

3.9 The staffing levels on the day of our visit appeared appropriate as 27 patients were being cared for on the 32 bed ward. However, we were concerned as to whether staffing levels would be sufficient when the ward was at full capacity and a higher level of patient acuity. Staff informed us that they felt an extra health care assistant would be useful on the ward.

3.10 During our observations we identified that not all staff on duty wore an identification badge.

Management of Patients with Confusion or Dementia

3.11 The Butterfly Scheme³ had recently been introduced on the ward and we observed some examples of excellent care being provided by staff. For example, one patient with dementia had their plan of care written out for them every day by staff so that they were able to better understand the care provided to them.

3.12 However, there were no large pictorial signs on patient bathrooms/shower rooms to assist patients to locate them, especially patients with confusion or dementia.

³ The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

3.13 Some of the staff we spoke to informed us that they had not received any dementia care training and would welcome the opportunity to access this training.

Care Planning and Provision

3.14 Patient assessments were available and updated by staff. However, we identified one patient who had several wounds that required dressing and their records did not contain a wound assessment chart.

3.15 We identified that patients' assessments were not always updated on a weekly basis and it was not apparent as to how assessments were linked to patient care plans. However, there was good evidence in patient records of referrals being made to relevant specialists, such as dieticians, podiatrists and diabetic nurses.

3.16 Care plans were in place for all patients on the ward. However, some of the care plans were generic and therefore did not detail the specific needs of the individual patients. Also, in the 17 sets of notes we reviewed there was limited evidence to demonstrate that regular evaluations of care were being undertaken.

Records Management

3.17 Patient records on the ward were easy to follow. However, we did identify occasions where staff had completed patient records retrospectively. This is not acceptable. The retrospective completion of records can result in records being incomplete or completed incorrectly and as a result nursing/medical staff may not be fully informed of the care and treatment that has taken place.

3.18 We reviewed one patient's records, who had been identified as '*Do Not Attempt Resuscitation*' (DNAR) on the day of our visit. However, there was no evidence to show that any discussions had taken place with the next of kin or family of the patient. Also, staff we spoke to were unaware that a decision to DNAR had been made.

Fluid and Nutrition

3.19 Protected meal times were not in place on the ward.

3.20 Prior to a meal time on the ward, we were concerned to observe three senior staff going for their break which meant that there were limited staff available to provide support during the meal time process. We also observed that the preparation of the patients prior to meal times was inadequate. Patients were not positioned appropriately prior to their meals being served and bedside tables were not cleared/cleaned.

3.21 There were delays in serving food to patients due to the limited staff involved in the process and there were further delays in providing assistance to patients who required help to eat their meals.

3.22 There were a few patients who had their food given to them on red trays⁴. However, we observed these patients eating their meals without assistance from staff and there did not appear to be any supervision from staff for the patients with red trays.

3.23 During the meal time, we observed that one patient found a drawing pin inside their meal. Following this, staff on the ward took immediate action and escalated the issue to the catering department. The catering manager immediately came to the ward to investigate.

3.24 We observed staff completing patient food charts following meal times however review of patient records identified food and fluid charts were not consistently being fully completed by staff on the ward.

⁴ A red tray system is used at mealtimes to identify patients who need help or their dietary intake monitored

3.25 We observed staff encouraging patients to drink fluids and fresh water was routinely made available with jugs and cups placed within easy reach of patients.

Pressure Sores

3.26 We observed staff regularly and appropriately turning patients and checking pressure areas.

3.27 Patients at high risk of pressure damage had been provided with the appropriate mattresses/cushions. Waterlow⁵ risk assessments were in place for patients deemed at risk of developing pressure sores and SKIN⁶ bundles documentation was contained in patient notes, however we identified that the level of detail provided in the documentation was inconsistent.

Personal Care and Hygiene

3.28 It was evident that the majority of patients on the ward were well cared for and their personal care needs were being met. We observed female patients wearing make up and they informed us that staff painted their nails and coloured their hair for them.

3.29 However, we identified the provision of personal care to patients was not consistent and not consistently documented in patients notes. We observed a small number of patients whose personal care needs were not being met a few patients had dirty finger nails, one of whom was a patient with dementia.

3.30 Patients were wearing their own clothing which appeared to be clean and free from stains. However, we identified one patient who was wearing a gown for no apparent reason and another patient was in bed with no pyjama bottoms on. We escalated these issues to ward staff at the time of our visit and they were rectified during the visit.

⁵ The Waterlow is a pressure ulcer risk assessment/prevention policy tool.

⁶ A simple holistic approach to ensuring that all patients receive the appropriate care to prevent pressure damage.

3.31 Prior to meal times, we did not observe staff offering patients hand washing facilities.

3.32 Following discussions with staff, concerns were raised around the provision of linen to the ward as there had been occasions where there was not enough available and staff had to ask other wards for extra linen.

Toilet Needs

3.33 We observed patients being helped by staff to use the toilet method of their choice. However, some patients we spoke to on the ward were connected to oxygen lines, which they informed us restricted their access to the toilet method of choice.

3.34 The commodes available on the ward were clean. However we noted that the lid on one commode was broken.

Buzzers

3.35 We were concerned to identify that only half the patients on the ward had access to a buzzer at their bedside. One patient informed us that they had to ask the patient in the adjacent bed to use their buzzer when they required nurse assistance. During the feedback meeting with representatives of the Health Board we were informed that new buzzers had been delivered on the day of our inspection which would ensure that every patient would have access to their own buzzer.

3.36 Patients we spoke to informed us that generally staff response times to buzzers were good. However, the response time could be delayed if staff on the ward were busy.

3.37 Emergency buzzers were available in the toilets and bathrooms on the ward.

Communication

3.38 Staff on the ward were aware of how to access interpreters. There was a loop system available on the ward; however, we found that the majority of staff were unaware of the system. There were no other communication aids available to assist those patients with sensory impairments.

3.39 Patients and relatives we spoke to informed us that staff involved them in decisions relating to the care and treatment they received.

Medicines and Pain Management

3.40 The patients we spoke to on the ward did not raise any issues in relation to pain management. However, we identified that there were no pain assessment tools (measurements of pain intensity and effectiveness of pain killers) in use on the ward.

3.41 During the medication round, we observed staff leaving patient medication on the bedside tables and not waiting to supervise them taking it.

Discharge Planning

3.42 Patient discharge from the ward is planned by the shift co-ordinator. We were informed that there are occasions due to pressures on the ward when the co-ordinator was subsumed into the staffing numbers and this can result in the discharge planning process being delayed.

3.43 The majority of patients we spoke to informed us that staff had involved them in discussions relating to when they could expect to leave the ward and what would happen when they did. However, some patient records lacked detail of discharge planning milestones and patients told us they had not been involved in discussions in relation to their discharge from hospital.

Activities

3.44 Recreational activity on hospital wards (including board games, cards and bingo) can provide patients with an opportunity to improve quality of life through an increased sense of control, social interaction, social support and the accomplishment of task-orientated goals. It can also help vulnerable people develop or re-establish social skills in a controlled environment. Research⁷ has shown that activities on hospital wards have a range of positive effects on inpatients, including:

- Inducing positive physiological and psychological changes in clinical outcomes.
- Reducing drug consumption.
- Shortening length of hospital stay.
- Promoting better doctor-patient relationships.
- Improving mental health.

3.45 As previously mentioned there was no day room available on the ward.

3.46 Televisions were available at each patient's bedside. However, the patients we spoke to informed us that it was expensive to use the televisions. There was no newspaper round or any other evidence of any stimulation or activities for patients.

⁷ British Medical Association, *'The psychological and social needs of patients,'* January 2011.

Ward A6 (Spinal Injury and Trauma Ward)

Ward Environment

3.47 Overall the ward was generally clean and tidy. The majority of patients we spoke to were complimentary about the cleanliness of the ward. However, on the day of our visit there was clutter throughout the ward, especially in the main corridor due to the limited storage available.

3.48 There was a shower room and three toilets available on the ward, which were clean and had the appropriate locking mechanisms available. However, we noted that signs were not displayed on all of the doors and that the toilets were used by both genders despite one of the toilets being designated male only.

3.49 Curtains were closed when patients were receiving personal care/treatment and there were dignity signs available to be placed on closed curtains to inform others of the care taking place. However, the signs were not being used consistently by staff.

3.50 There was a day room available for patients on the ward to use.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.51 At the time of our inspection, excellent leadership was evident on the ward from the ward Sister, with staff observed treating patients in a focused and professional manner. Also, the staff on the ward we spoke to were complimentary about the ward Sister.

3.52 We observed staff caring for patients in a very polite and courteous manner. The majority of the patients we spoke to told us that staff were polite to them and their friends and family. However, concerns were raised by a patient about the attitude of some staff members towards patients. Although we did not observe such

behaviour, we discussed the concerns with the ward Sister who informed us that she was aware of the issues and was in the process of investigating the concerns.

3.53 Staff demonstrated awareness for discretion when communicating sensitive information. However, we observed one ward round where some medical staff were communicating sensitive information loudly so they could be overheard.

3.54 The staffing level on the day of inspection was appropriate. Staff informed us there was one registered nurse and three health care support workers for every six patients.

3.55 We observed that not all staff on duty wore an identification badge as a means of identifying themselves.

Management of Patients with Confusion or Dementia

3.56 There were no initiatives in place on the ward to assist staff with caring for patients with confusion or dementia. There were no large pictorial signs on patient bathrooms/shower rooms to assist all patients, especially patients with confusion or dementia in locating them.

3.57 Some of the staff we spoke to on the ward had good knowledge of dementia care which they attributed to the training they had received, however there were no patients with dementia on the ward at the time of inspection to observe these skills.

Care Planning and Provision

3.58 Patient assessments were available, however we identified that the assessments were not always fully completed, for example, food and fluid balance charts.

3.59 There were care plans in place for all spinal patients; however we identified that the non spinal patients did not all have a care plan. Also, care plans were generic and did not detail the individual patient's progress and specific needs.

3.60 We identified that the care plans in place were not always consistent with the patient assessments which had been carried out. We also identified that not all care plans were evaluated and there were some that had not been regularly updated.

Records Management

3.61 Patient medical records were easy to follow. However, as previously mentioned, we identified that there some patient documentation such as food and fluid charts had not been fully completed routinely by staff.

Fluid and Nutrition

3.62 Protected meal times were in place on the ward and family members were encouraged to come in and help their relative to eat, if they required assistance.

3.63 Prior to the meal time we observed those patients who were able to be sat out of their beds, we also witnessed staff assisting patients to re-position themselves into a more comfortable position to eat.

3.64 We observed staff cleaning most of the patients' bedside tables prior to their meals being served, however, where tables had not been clean/cleared the catering staff handing out patient meals had to make room for the meal trays.

3.65 The red tray system was in place on the ward to identify those patients that required assistance to eat their meals. While the majority of patients on the ward did not need assistance to eat, staff and relatives assisted those who did.

3.66 Fresh water was routinely made available for patients on the ward and jugs and cups were placed within easy reach of patients.

3.67 The patients we spoke to informed us that staff provided assistance to those patients who required help with drinking. However, we observed very little encouragement from staff to get patients to drink fluids and some of the patients we

spoke to informed us that the food they received on the ward was not very appetising.

3.68 We observed staff completing patient food charts following meal times however review of patient records identified food and fluid charts were not consistently being fully completed by staff on the ward.

Pressure Sores

3.69 Waterlow risk assessments were in place for patients deemed at risk of developing pressure sores. The risk assessments appropriately referred to the SKIN bundles and we saw evidence of patients being turned regularly.

3.70 Patients at high risk of pressure damage had been provided with the appropriate mattresses/ cushions.

Personal Care and Hygiene

3.71 Patients on the ward appeared clean and well cared for. There were some patients in gowns; however the majority were wearing their own clothing which appeared clean. Also, the patients we spoke to informed us that they were able to wash and clean their teeth as regularly as they wanted to.

3.72 The provision of personal care was documented daily by staff in patients' medical records.

3.73 However, prior to the meal time on the ward, we did not observe staff offering patients hand washing facilities.

Toilet Needs

3.74 We observed staff assisting patients who were able, to and from the toilet in a sensitive and discreet manner. Also, patients told us that staff assisted them to use the toilet method of their choice in a sensitive manner.

3.75 As previously stated we identified that there were limited toilets available on the ward and designated toilets were used by both genders.

3.76 The commodes available on the ward had been appropriately cleaned.

Buzzers

3.77 All patients on the ward had access to a buzzer within their reach and we observed staff responding promptly on the occasion where buzzers were used. Also, the patients we spoke to told us that staff responded quickly when buzzers were used by patients. However, we identified that an emergency buzzer in one of the patient toilets was broken.

Communication

3.78 Staff on the ward were aware of how to access interpreters and pictorial signs were available to assist patients with hearing impairments to communicate. However, there were no other communication aids available to assist those patients with sensory impairments.

3.79 The patients we spoke to informed us that staff had involved them in discussions relating to their care and treatment.

Medicines and Pain Management

3.80 The patients we spoke to did not raise any issues in relation to pain management on the ward. Pain assessment scores were available in the patient records and there was evidence of the scores being reviewed.

3.81 During the medication round, we observed staff supervising patients taking their medication.

Discharge Planning

3.82 The majority of patients we spoke to informed us that they had been told the date they could expect to be discharged and what would happen once they were. However, a few patients told us they had not been involved in any discussions in relation to their discharge from the hospital.

3.83 Staff told us that difficulties accessing and communicating with social workers had occasionally delayed patients discharge from the ward.

Activities

3.84 A day room was available for patients on the ward to use which was stocked with books, magazines and some board games. However, we did not observe any patients using the room during our visit.

3.85 Televisions were available at each bed and there was a newspaper round to the ward. However, there was no evidence of any encouragement to use the day room or activities for patients on the ward.

4. Recommendations

4.1 Findings and associated recommendations were provided through verbal feedback throughout the inspection and more formally at the feedback meeting held at the end of the second day of the visit. Any immediate concerns emerging from the inspection were also notified to the Health Board via a management letter, following the inspection, so that immediate action could be taken.

4.2 In view of the findings arising from this inspection we make the following recommendations.

Number	Recommendation	Paragraph Reference
Ward Environment		
1.1	The Health Board should ensure that all staff are aware of the importance of ensuring bedside curtains are fully closed when providing personal and treatment care to patients.	3.5
1.2	The Health board should ensure that measures are put in place to ensure that it is made clear personal care and treatment is being provided to patients so that the dignity of the patient is maintained	3.5, 3.49
1.3	The Health Board should review the storage arrangements on A6 to ensure that equipment can be stored appropriately.	3.47
1.4	The Health Board should ensure that all toilets are designated male or female and that staff encourage patients to use to correct toilets.	3.48, 3.75
Staff Attitude, Behaviour and Ability to Carry out Dignified Care		
2.1	The Health Board should review its current staffing levels on B7 to ensure that they are sufficient when the ward is at full capacity and/or when there is a higher level of patient acuity.	3.9
2.2	The Health Board should ensure that all staff wear identification badges when on duty.	3.10, 3.55
2.3	The Health Board should ensure that staff who carry out medical rounds do so in a discreet and sensitive manner so that patient privacy and dignity is maintained	3.53
Management of Patients with Confusion or Dementia		
3.1	The Health Board should ensure that there are large pictorial signs available on patient facilities such as bathrooms and toilets.	3.12, 3.56
3.2	The Health Board should provide dementia awareness	3.13, 3.57

Number	Recommendation	Paragraph Reference
	training to staff.	
Care Planning and Provision		
4.1	The Health Board should ensure that patients receive appropriate assessments.	3.14
4.2	The Health Board should ensure that patient assessments are fully completed by staff and are used to inform the patients care plan on a routine basis.	3.15, 3.58, 3.60
4.3	The Health Board should ensure that all in-patients have care plans which reflect the specific needs and that these care plans are regularly evaluated.	3.16, 3.59
Records Management		
5.1	The Health Board should ensure that patients' records are completed immediately by staff following care and treatment.	3.17, 3.61
5.2	The Health Board should ensure that all DNAR forms are fully completed and evidence discussions with the patient and/or the patient's family.	3.18
Fluid and Nutrition		
6.1	The Health Board should consider implementing protected meal times on B7.	3.19
6.2	The Health Board should review the staff break rota to ensure that there are sufficient staff on the ward at meal times.	3.20
6.3	The Health Board should ensure that all patients are appropriately prepared prior to meal times.	3.21, 3.64
6.4	The Health Board should ensure that all patients who require assistance to eat their meals are provided the assistance they require.	3.21
6.5	The Health Board should ensure that all staff are aware of the purpose of the red tray initiative and ensure that the use of the red trays is appropriate	3.22
6.6	The Health Board should provide HIW with assurance that an internal investigation took place to determine the source of the drawing pin and what actions have been taken to ensure any similar incidents do not occur in the future.	3.23
6.7	The Health Board should ensure food consumed by patients is reflected in the patients' records.	3.24, 3.68
6.8	The Health Board should ensure that patients are routinely encouraged to drink fluids.	3.67
Pressure Sores		
7.1	The Health Board should ensure that SKIN bundles' documentation is fully completed and regularly updated by staff.	3.27
Personal Care and Hygiene		
8.1	The Health Board should ensure that all staff are aware	3.29

Number	Recommendation	Paragraph Reference
	of, and adhere to, all aspects of patient personal care needs.	
8.2	The Health Board should ensure that, where possible, patients are dressed in their own clothing.	3.30, 3.71
8.3	The Health Board should ensure that all patients are provided with the opportunity to wash their hands prior to meal times.	3.31, 3.73
8.4	The Health Board should review the provision of linen to ensure that there an adequate supply is consistently available on wards.	3.32
Toilet Needs		
9.1	The Health Board should ensure that patients are supported by staff to use the toilet method of their choice.	3.33
9.2	The Health Board should ensure that any damaged commodes are replaced or repaired.	3.34
9.3	The Health Board should ensure that there are sufficient toilets available on all wards.	3.75
Buzzers		
10.1	The Health Board should ensure that all patients have access to a fully functional buzzer at their bedside.	3.35
10.2	The Health Board should ensure that staff aim to answer buzzers promptly or provide an explanation and reassurance to patients if they are unable to do this because they are busy.	3.36
10.3	The Health Board should ensure that the broken buzzer which was identified on ward A6 is repaired.	3.77
Communication		
11.1	The Health Board should ensure that communication aids are available to assist patients with sensory impairments and that staff are aware of the aids.	3.38, 3.78
Medicine and Pain Management		
12.1	The Health Board should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is regularly reviewed and evaluated.	3.40
12.2	The Health Board should ensure that staff ensure that patients take their medication when it is administered and therefore not left unattended on patient bedside cabinets.	3.41
Discharge Planning		
13.1	The Health Board should ensure that systems are in place to prevent delayed discharges.	3.42, 3.82
13.2	The Health Board should ensure that patients and where appropriate their relatives are involved in the discharge planning process.	3.43, 3.83

Number	Recommendation	Paragraph Reference
Activities		
14.1	The Health Board should consider ways to provide patients with activities and stimulation throughout their hospital stay.	3.44, 3.84

5. Next Steps

5.1 The Health Board is required to complete an action plan to address the key issues highlighted and submit it to HIW within two weeks of the report being published. The action plan should clearly state when and how the issues we identified on the two units we visited have been addressed as well as timescales for ensuring the issues are not repeated elsewhere across the Health Board

5.2 This action plan will then be published on HIW's website and monitored as part of HIW's regular monitoring process.

The Roles and Responsibilities of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative and employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality.

Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational

autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003.
- Care Standards Act 2000 and associated regulations.
- Mental Health Act 1983 and the Mental Health Act 2007.
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001.
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006.

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

Background and Methodology for the Dignity and Essential Care Inspections

Healthcare Inspectorate Wales' (HIW's) programme of Dignity and Essential Care Inspections (DECI) commenced in November 2011.

The inspection team comprises a HIW inspector, two practising and experienced nurses and a 'lay' reviewer.

The team uses a number of '*inspection tools*' to gather information about the hospital ward/unit. Visits include observations, speaking to patients, carers, relatives and staff and looking at health records. The inspection tools currently used for DECI inspections can be found on our website.

Once a hospital has been inspected a report of the findings is produced and presented to the Health Board who is then required to provide HIW with an action plan to address the key issues highlighted.

A number of external reports published by organisations such as The Patients Association, Public Services Ombudsman for Wales, Older People's Commissioner for Wales and Wales Audit Office were reviewed as well as information from the public and previous HIW inspections. This information led to us developing an inspection methodology which focuses on the following areas:

- Patient environment.
- Staff attitude/behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure sores.
- Fluid and nutrition.
- Personal care and hygiene.
- Toilet needs.

- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

These inspections have been designed to review the care and treatment that all patients receive in hospital, especially older patients which research has proven can be particularly vulnerable during their hospital stay.

Dignity and Essential Care themes, Human Rights and Standards for Health Services in Wales

This document illustrates how the themes reviewed during a Dignity and Essential Care inspection relate to both 'Doing Well, Doing Better - Standards for Health Services in Wales and the European Convention on Human Rights'.

	European Convention on Human Rights	Doing Well, Doing Better Standards for Health Services in Wales
Ward environment	<p>Right to liberty and security (Article 5).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>12. Environment</p> <p>Organisations and services comply with legislation and guidance to provide environments that are:</p> <p>d) safe and secure; e) protect privacy.</p>
Staff attitude, behaviour and ability to carry out dignified care	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right not to be discriminated against (Article 14).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and</p>

		<p>preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p>26. Workforce training and organisational development</p> <p>Organisations and services ensure that their workforce is provided with appropriate support to enable them to:</p> <p>a) maintain and develop competencies in order to be developed to their full potential; b) participate in induction and mandatory training programmes; c) have an annual personal appraisal and a personal development plan enabling them to develop their role; d) demonstrate continuing professional and occupational development; and e) access opportunities to develop collaborative practice and team working.</p>
Management of patients with confusion or dementia	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>
Care planning and provision	<p>Right not to be tortured or treated in an inhuman or degrading way</p>	<p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p>

	<p>(Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right to freedom of expression (Article 10).</p>	<p>a) based on agreed best practice and guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;</p> <p>b) that complies with safety and clinical directives in a timely way; and</p> <p>c) which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and</p> <p>c) working in partnership with other services and organisations, including social services and the third sector.</p>
<p>Communication</p>	<p>Right to freedom of expression (Article 10).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>9. Patient information and consent</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing timely and accessible information on their condition, care, medication, treatment and support</p>

		<p>arrangements;</p> <p>b) providing opportunities to discuss and agree options;</p> <p>c) treating their information confidentially;</p> <p>d) obtaining informed consent, in line with best practice guidance; and</p> <p>e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.</p> <p>18. Communicating effectively</p> <p>Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:</p> <p>b) with patients, service users, carers and staff using a range of media and formats;</p> <p>c) about patients, service users and their carers;</p> <p>e) addressing all language and communication needs.</p>
Fluid & nutrition	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>14. Nutrition</p> <p>Organisations and services will comply with legislation and guidance to ensure that:</p> <p>a) patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed;</p> <p>b) any necessary support with eating, drinking or feeding and swallowing is identified and provided;</p> <p>where food and drink are provided:</p> <p>d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and</p> <p>e) is accessible 24 hours a day.</p>
Pressure sores	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p>

		<p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>
Personal care and hygiene	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect.</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>
Toilet needs	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their</p>

		<p>human rights.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p>
<p>Buzzers</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p>	<p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <p>b) that complies with safety and clinical directives in a timely way.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>

<p>Medicine and pain management</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>15. Medicines management</p> <p>Organisations and services will ensure that:</p> <p>a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs;</p> <p>b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and</p> <p>c) there is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.</p>
<p>Records management</p>	<p>Right to respect for private and family life (Article 8).</p>	<p>20. Records management</p> <p>Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:</p> <p>a) designed, prepared, reviewed and accessible to meet the required needs;</p> <p>b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately;</p> <p>c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and</p> <p>d) shared as appropriate.</p>
<p>Discharge planning</p>	<p>Right to liberty and security (Article 5).</p> <p>Right to respect for private and</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p>

	family life (Article 8).	<p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and</p> <p>c) working in partnership with other services and organisations, including social services and the third sector.</p>
Activities	<p>Right to freedom of expression (Article 10).</p> <p>Right to liberty and security (Article 5).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>