

**Dignity and Essential Care Inspection
(unannounced)
Cardiff and Vale University Health
Board, Llandough Hospital,
Charles Radcliffe Ward,
Cardiff and Vale Orthopaedic
Centre (CAVOC)**

1 and 2 July 2014

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

- 1. Introduction 2
- 2. Methodology 2
- 3. Context 3
- 4. Summary 4
- 5. Findings 6
 - Quality of the Patient Experience..... 6
 - Delivery of the Fundamentals of Care 8
 - Quality of Staffing Management and Leadership 16
 - Delivery of a Safe and Effective Service 18
- 6. Next Steps 20
- Appendix A 21

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection of the Charles Radcliffe Ward part of the Cardiff and Vale Orthopaedic Centre (CAVOC). The CAVOC centre is situated within the University Hospital Llandough, part of the Cardiff and Vale University Health Board (CVUHB) on 1 and 2 July 2014.

Our inspection considers the following issues:

- Quality of the Patient Experience
- Delivery of the Fundamentals of Care
- Quality of Staffing Management and Leadership
- Delivery of a Safe and Effective Service

2. Methodology

HIW's Dignity and Essential Care Inspections, review the way patients' dignity is maintained within a hospital setting and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and 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 inspections capture a snapshot of the standards of care patients receive. These inspections may point to wider issues about the quality and safety of essential care and dignity.

3. Context

Cardiff and Vale University Health Board is one of the largest National Health Service (NHS) organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists, and optometrists are also the responsibility of the Board. Additionally, it serves a wider population across South and Mid Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

Cardiff and Vale University Health Board includes nine hospitals and seventeen health centres including the University Hospital Llandough which is a district general hospital with 480 beds. All major specialties are provided.

The Cardiff and Vale Orthopaedic Centre (CAVOC) is the elective unit that delivers specialist orthopaedic care within the Cardiff and Vale University Health Board and is located at University Hospital Llandough. The Health Board also provides the full range of trauma services that are located at the University Hospital of Wales.

CAVOC is the leading NHS Orthopaedic centre in Wales, delivering over 10,000 surgical procedures annually. This encompasses caring for the local population of Cardiff and the Vale of Glamorgan together with a significant specialist tertiary service for patients from across Wales. It is the sole provider of complex spinal and scoliosis services in Wales and the major centre for complex revision surgery in South Wales.

4. Summary

Overall we found that patients thought the quality of their experience whilst on this ward was excellent. Patient feedback was very positive in relation to staff attitude and the way in which care was provided. Patients felt that their dignity and privacy was respected throughout their stay.

Patients felt the pre-operative information provided was excellent. This included the provision of preparation classes run jointly by nursing, physiotherapy and occupational therapy staff. Comprehensive written information and advice was also provided.

It was clear that the attitude of the staff was of a high standard and staff were continually aware of the need to protect the privacy and dignity of all patients and had measures in place to ensure that this happened. We observed consistently positive interactions between staff, patients, and relatives and staff displayed a good rapport with all patients.

The ward was well organised, and the environment was calm with a friendly atmosphere. All staff appeared happy in their work and this was evident to patients. We observed examples of how the service had changed as a result of patients being unhappy with certain areas. An example of this was patient feedback where patients wanted to know who staff were. As a result of this, the ward has ordered a board which will have a photograph and position of each staff member on the ward.

Although the area was a busy specialist area, a clear balance was achieved on the ward between ensuring the fundamentals of care were met and that specific orthopaedic needs were also managed.

Patients and relatives felt that they were communicated with effectively in a manner sensitive to their needs and we observed an excellent standard of personalised communication and information, which included family and carer involvement.

We recognised a clearly organised and customer focussed multi-professional staff team with defined roles and responsibilities. The role of the Nurse Co-ordinator was particularly effective. This role was integral to the Orthopaedic Centre, being involved in organising admissions and discharges and working clinically with patients. Patients had clear plans of care and a full understanding of their journey through the centre.

A key element of maintaining a quick efficient service was the staff use of the staff information/safety board containing essential information at a glance. It was the role of the ward coordinator to ensure the board was up-to-date and the board within the trolley bay was prepared the evening before in readiness for patient admissions the following morning.

Patients were encouraged to regain as much independence as their medical condition could allow and there is a multi disciplinary team approach which focuses on rapid rehabilitation; aimed at discharging patients from the ward to their home or other suitable community environment, in accordance with the wishes of patients and their families.

5. Findings

Quality of the Patient Experience

Overall we found that patients thought the quality of their experience whilst on this ward was excellent. Generally, feedback was very positive in relation to staff attitude and the way in which care was provided and patients felt that their dignity and privacy was respected during their stay.

During our inspection we spoke to a number of patients and relatives, providing them with an opportunity to complete a patient, relative and carer feedback questionnaire in an attempt to obtain patient's and relatives views of the service provided within the Charles Radcliffe ward.

Twenty seven (27) patient, relative and carer questionnaires were completed by patients and relatives and returned to us during the inspection. Our review of the questionnaire responses found that twenty five (25) patients and relatives state they strongly agree, or agree that staff were polite to them.

When asked about their care, patients were satisfied overall with the way in which care was provided and felt they were listened to and involved in decisions about their care. This included planning for and working towards their goal of being discharged from the ward.

Patients felt that staff were very discreet when providing personal care which could be very intimate. Patients told us that in these circumstances the curtains around the beds were always fully closed.

Patients were very complimentary about the staff and their attitude, commenting that they were very pleasant and had time for them. Patients also appreciated being called by their preferred name.

Patients told us they felt comfortable and able to rest both during the day and night and informed us that they could have as many pillows and blankets as they wanted to make sure they felt comfortable.

In general, patients were satisfied with the food and meal choices available. However, the correct choice did not always arrive. Some patients felt the food could be better, particularly if ordering from a specialised meal plan such as dairy free. Some patients who had been on the ward for a period of time felt the menu options became repetitive.

Patients felt the pre-operative information provided was "excellent" including the provision of preparation classes run by the occupational therapists and comprehensive written information and advice.

During the inspection a small number of patients and their relatives stated to us that they were waiting for a procedure and that they would appreciate more information with regard to when during that day the procedure would actually take place. However in all instances patients and relatives were complimentary about the overall patient experience and service they had received.

Our conversations with patients and their relatives highlighted that some were concerned about the parking available at the hospital. Parking at the hospital was limited to four hours which was of particular concern to relatives visiting patients. On further investigation ward staff confirmed to us that it was possible to extend parking if needed, however relatives we spoke to were unaware of this.

Recommendation

The Health Board is advised to consider providing information relating to the availability of parking at the hospital with the pre-operation information packs given to patients.

During the inspection patients and relatives were offered the opportunity to feedback their opinions of the service provided in the form of a questionnaire. A sample of comments provided, which patients and relatives gave us their permission to include in this report, are detailed below:

"This hospital very very helpful explain everything to them (family) and put people at their ease "

"Found them (staff) excellent on the CAVOC ward"

"Staff very careful, this is reassuring. Communication between staff is very good"

"Care is excellent"

"Staff extremely kind to me"

Delivery of the Fundamentals of Care

We found that staff were committed to protecting the privacy and dignity of all patients and had measures in place to ensure that this happened. We observed a number of very positive interactions between staff, relatives and patients during the inspection and staff displayed a good rapport with all patients.

Although the area was a busy specialist area, a clear balance was achieved on the ward between ensuring the fundamentals of care¹ for patients were met as well as their specific orthopaedic needs.

Communication and Information

People must receive full information about their care in a language and manner sensitive to their needs

Overall patients and relatives felt that they were communicated with effectively in a manner sensitive to their needs. We observed an excellent standard of personalised communication and information which included family and carer involvement.

We recognised a clearly organised and patient focussed multi-professional staff team with defined roles and responsibilities. The role of the Nurse Co-ordinator was particularly effective. This role was integral to the centre, being involved in organising admissions and discharges and working clinically with patients. Patients had clear plans of care and a full understanding of their journey through the centre.

Patients and relatives who spoke to us felt they had received good pre admission information from the Charles Radcliffe ward. We observed this to be good practice and reviewed examples of the detailed pre-operative information which included hospital information, procedure information, and subsequent patient care plan and rehabilitation information.

Patients and relatives felt that they were listened to by the ward team. They told us they were well informed about their condition and current care plan. Patients and families felt they had involvement in care planning and treatment choices and felt that they understood the care and treatment being provided.

¹ The Fundamentals of Care is a Welsh Government initiative included in the plan for Wales as part of “Improving Health and Care Services” which provides guidance on the quality of care service users may expect from health providers in Wales.

We observed that staff communicated discreetly and appropriately and displayed good communication with patients.

We observed on the ward that there was excellent cross discipline communication between all nursing, medical and reception staff. The skill mix of the nursing staff on the ward was used effectively to provide a nurse-led patient-focused approach clearly inclusive of meeting the fundamentals of care and specialist services. Patients and relatives told us that they were made to feel particularly at ease in the reception area.

Focus on communication was evident from the beginning of the patient journey within the department. Reception staff had access to a good range of translation facilities through switchboard contact numbers, a hearing loop was available, and staff were aware of any other staff members on the ward who could communicate in other languages, for example welsh speaking nurses.

Examination of a sample of patient records at the inspection demonstrated that patients were referred promptly to specialist services including a pain management team and physiotherapy services. Patient records also contained detailed notes of ongoing review by the specialist services.

Patients told us they were able to access their personal records when requested and that nursing staff would explain anything they did not understand. Patients felt nursing staff were approachable and that staff took time to listen and respond to any questions or concerns they had.

An example of this regarded a number of patients who needed to be moved to another area of the ward for a number of days. Conversation with a patient indicated that the move to another area of the ward had initially made them feel anxious. The patient told us that staff noticed they were anxious about the planned move and took time to explain the reasons for the move, the amount of time they would need to be moved for, and reassured them. They told us this had made the move become meaningful and less distressing for them.

Respecting People

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

We observed the positive attitude of the staff and staff showed an awareness of the need to protect the privacy and dignity of all patients throughout the inspection. We observed consistently respectful interactions between staff, patients and relatives. Patients who agreed to speak with us were very complimentary of staff and felt they were spoken to in a calm and courteous manner.

Patients reported that they were very happy with the way that staff approached and spoke to them. They were very complimentary of all the staff on the ward and told us staff were very knowledgeable and caring.

Relatives we spoke to in the reception waiting area were informed and updated of their relative's care, and felt staff had provided good information and regular updates whilst they waited.

During treatment, it was evident on the ward that the staff did their utmost to maintain patient dignity and privacy. Where care and treatment was taking place, bedside curtains were fully closed and patient privacy was maintained. Staff were very discreet when administering care and had a very respectful attitude, always introducing themselves to patients, addressing patients by their preferred names, and checking patients were content for them to carry out care. Staff also spoke to patients in a very discreet and courteous manner.

Ward areas were clearly marked and ward staff worked to ensure transparency and openness with the public, displaying up-to-date ward information on care indicators on a notice board to inform patients of the ward performance. Information displayed included safety crosses² for pressure area care, hospital acquired infections, and falls.

We observed a good level of cleanliness and general housekeeping. Bathroom facilities were modern, clean, in good working order, and visibly free from any clutter. There was no inappropriate clutter in the ward area and all sluice and storage cupboard areas were very well organised enabling staff to easily locate anything they required. We noted the Transforming Care principles had been implemented and were used effectively in all store cupboards and most store rooms.

We observed a handover of patients during a staff shift changeover. The handover was undertaken away from patients at a nursing station so that conversations could not be overheard by patients. Following the main ward handover smaller team handovers were undertaken in staff rooms, providing more specific patient information to individual teams and staff. Staff were knowledgeable about the needs of individual patients and discussed them in a respectful way.

Promoting Independence

² Safety crosses are colour coded crosses seen on wards to make highly visible any incidence of avoidable adverse events.

The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.

Patients told us that they were encouraged to regain as much independence as their medical condition could allow following their operations. We observed that there was a multi disciplinary team approach which focused on rapid rehabilitation. This aimed to discharge patients from the ward to their home or other suitable community environment, in accordance with the wishes of patients and their families.

We observed good access to physiotherapy services within the department, allowing for active encouragement of early movement and mobilisation post operatively. Patients reported they were able to wash themselves and maintain personal care routines, with the right level of support from the staff.

Patients also told us that they are encouraged by staff to maintain their independence and to become mobile at the earliest opportunity following surgery to assist their rehabilitation towards their planned discharge from the ward to their home or other suitable environment.

A large day room was available for the use of patients and their relatives to watch television and the room had a number of reading books available. We observed patients were also offered the opportunity to eat their meals with family members in the day room. Patients informed us they were able to purchase magazines and newspapers from a trolley which came around once a day.

We found that the ward used up-to-date practices for the prevention of Deep Vein Thrombosis (DVT) encouraging independent movement of all patients post operatively. Where possible, patients who were able to were sitting in their chairs or in their beds in accordance with their preference.

Some Health Care Support Workers were knowledgeable about dementia care from their experience in previous Wards. However, not all Health Care Support Workers had received specific training in dementia care.

Relationships

People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.

Patients told us that they felt involved in their care planning, and we observed good relationships between the staff and patients and between other staff members.

The ward has structured visiting hours in place, although staff told us these arrangements were flexible and they can accommodate the needs of individual patients and their relatives.

There is a patient day room available for patients to spend time with their families. Families are also able to participate in daily routines with their loved ones. We observed patients spending time in the day room with their visitors watching the television and eating meals.

Rest, Sleep and Activity

Consideration is given to people's environment and comfort so that they may rest and sleep.

Conversations with patients revealed that they felt able to rest as they wished through the day or night.

We found that there was an adequate stock of pillows, blankets, and linen and staff told us that they did not encounter any shortages of supply. Patients reported they were comfortable and staff would bring extra pillows if they wanted them.

Patients we spoke to did not report any concerns or problems and were able to rest throughout the day or night. Staff reported that at night patients could have a disturbed sleep if they had recently had an operation, however staff were particularly vigilant and paid attention to individual patient need in relation to sleep and rest.

Ensuring Comfort, Alleviating Pain

People must be helped to be as comfortable and pain free as their circumstances allow.

Conversations with patients indicated that they felt their post operative pain was well managed and that they were as comfortable as possible. Our examination of a sample of patient records indicated that outcomes from pain intervention were clearly recorded and monitored by staff.

Nursing records contained detailed notes of pain measurement and monitoring, including the actions taken and regular review. Conversations with a number of staff confirmed that they felt that the ward has good access to the pain management team. Patient records indicated that the response of the specialist pain management team following initial referral was prompt.

Examination of a sample of patient records at the inspection demonstrated that in all cases patients had up-to-date pain scores, which included evidence of regular review of the effectiveness of prescribed pain relief to ensure satisfactory management of patient's pain.

Staff were observed being attentive to the individual needs of the patients. Pain scores were recorded where appropriate dependent on the needs of the individual patients. Patients we spoke to reported that when they experienced pain staff would ensure they received pain relief quickly and as a result their pain had reduced.

Personal Hygiene, Appearance and Foot Care

People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.

We found that patients had a choice over the care and support they received. Patients told us they received assistance in accordance with their needs and wishes and we observed staff offering appropriate assistance and encouragement to patients.

Patients on the ward appeared generally well cared for and were washed, clean, and depending on a patient's own preference, were shaven. Some patients were wearing their own clothing and ward staff said they encouraged this.

Patients told us that they were able to shower or have a bowl brought to their bedside to wash from, depending on their choice, and assistance was available to wash their hair and cut their nails.

Eating and Drinking

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

Overall, the nutritional needs of patients were met. However, we have made a recommendation in relation to this standard regarding the provision of hand washing facilities or hand wipes to patients prior to a mealtime.

Examination of a sample of patient records demonstrated that the nutritional needs of patients were assessed. The dietary and fluid intake for patients who had been assessed as being at risk (because of poor dietary intake or recent weight loss) was monitored through the use of the All Wales Food Charts. We observed staff completing All Wales Food Charts being updated by the ward staff immediately following meal times.

We found that patients were able to drink independently and had ready access to fluids. We observed that patient water jugs were replenished regularly throughout the day and on request. Patients told us that the ward staff always checked water jugs were within reach and reminded them that hot drinks were

also available regularly on request. Patients requiring assistance to drink were observed being helped.

We observed the catering staff taking a pro-active approach to the needs of patients, offering alternative meal choices where possible, to encourage patients to eat and drink.

Ward staff were observed regularly encouraging patients to eat and interaction between ward staff and patients was good at mealtimes. Patients were observed being given appropriate assistance to eat. However, we observed patients were not offered hand wipes or the opportunity to wash their hands prior to meal times.

Recommendation

The Health Board is advised to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the fundamentals of care.

Oral Health and Hygiene

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

We found that appropriate attention was paid to mouth care.

Conversations with Health Care Support Workers (HCSW) on the ward confirmed that they were knowledgeable about the procedures for providing mouth care to patients and most of the HCSW on the ward had received appropriate training to provide mouth care to patients.

Patients appeared to have their oral hygiene and mouth care maintained and patient feedback indicated there were no problems with this. Patients reported that they were able to clean their teeth and dentures as regularly as they wanted to.

Toothbrushes were available to patients, and we observed patients were provided with suitable containers on the ward to store their dentures.

Patients on the ward have access to dental services if required and one patient we spoke to informed us that they were aware they had been referred to the dentist who would be visiting them on the ward.

Toilet Needs

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

Patients told us that they were able to use their toilet method of choice and reported they did not have to wait too long for assistance to get to, and from toilet facilities.

Our examination of a sample of patient records demonstrated that the continence needs of patients were being assessed on admission. Staff reported the ward had a stock of various continence pads but that there was minimal requirement for their use as staff encouraged early mobilisation post operatively to commodes or toilet facilities.

We found that the toilet and shower facilities on the ward were visibly clean. Clean commodes had green strips attached to them to indicate they had been cleaned and were available for use.

We found toilet facilities to be uncluttered, clean and all had emergency assistance buzzers within easy reach of patients.

Preventing Pressure Sores

People must be helped to look after their skin and every effort made to prevent them developing pressure sores.

We found evidence that staff were using a pressure area assessment tool to assist with identifying those patients who may be at risk of developing pressure damage. Scrutiny of a sample of patients demonstrated that pressure area assessments were up to date and regularly evaluated

Examination of a sample of patient records demonstrated that the condition of patients skin was assessed using a pressure area assessment tool. Patients had an individualised risk assessment undertaken on admission and pressure area documentation included evidence of regular evaluation. We found that all pressure area assessments were up-to-date and evaluated to reduce the likelihood of pressure damage.

We observed that the ward had a notice board in a communal area which included safety crosses³ indicating instances of pressure ulcers on the Charles Radcliffe ward. The ward used the safety crosses as a way of communicating with the public the ward's performance on the incidence of pressure ulcers.

³ Safety crosses are colour coded crosses seen on wards to make highly visible any incidence of avoidable adverse events.

Quality of Staffing Management and Leadership

Overall we found that the ward team met the required standards of nursing care and staff understood the policies, procedures and guidelines. We observed that the ward was well run with due care and attention to professional standards of care.

The guiding principles for nurse staffing, issued by the Chief Nursing Officer for Wales, state that on a surgical ward during the day there should be no more than seven patients allocated to each registered nurse. Staffing on the day of our inspection was adequate and staff we spoke to confirmed they felt the staffing level and skill mix was appropriate to meet the needs of the patients. Senior nursing staff were fully aware of the escalation policy in place on the ward to request additional staff when needed and the policy was found to be effective.

We observed that the ward environment consisted of three distinct sections and at all times we observed good availability of staff, which were constantly present within all areas, ensuring continuous provision of patient care and observation.

The centre had a dedicated co-ordinator role on each shift. This role was part of the ward nursing team and was integral to the organisation of the delivery of care. At times when required, the co-ordinator would provide direct care if their skills and experience were required to support certain aspects of direct care within the team. The co-ordinator provided a dedicated oversight role to the organisation of planned admissions and discharges and the overall running of the delivery of care in the centre. The co-ordinator role was observed to be a means of providing efficient organisation, leadership and management of both patient flow and the delivery of quality care.

The senior nurse explained that the centre worked to a philosophy which focused all staff on patient contact directed time, with staff expected to only use the desk areas for the purpose of use of the computer. The greater majority of patient care, including documentation, happened within the patient bay areas. Staff reported they felt able to freely raise concerns with the ward sister/nurse in charge and there was a very open culture evident on the ward supported by strong clinical leadership. We observed senior nurses were visible throughout the inspection and formed an integral part of the team.

Conversations with staff revealed that nursing staff felt empowered to escalate problems to the senior nurses. Staff we spoke to understood the clinical policies, procedures and guidelines in place which are designed to achieve successful delivery of care and treatment. Staff informed us that they had access to various training modules for these via online learning tools.

Staff we spoke to had a good understanding of the procedures for complaints and provided examples of how they communicated with relatives who had questions or concerns about patients care. Relatives were encouraged at all times to raise any concerns with staff, who were empowered by senior staff to provide information.

We observed that staff communication on the ward and during handover was excellent. Staff used a board containing essential information about patients to provide an overview of the care provided during the day and the patients current condition. The board contained reference to patient names, but no other personal information. The co-ordinator took full responsibility for the updating of this board.

We found that the ward was well organised, and the environment was calm, with a friendly atmosphere. All staff appeared happy in their work and this was evident to patients. Conversations with staff highlighted examples of how the staff had made changes to the service it provides to patients as a result of the ward listening to feedback provided by patients about their experience while on the ward. An example of this was patient feedback indicated that patients wanted to know who the staff team were. As a result of this, the ward has ordered a board which will have a photograph and position of each staff member on the ward. The board will be located in a prominent position at the entrance to the ward where it can be viewed by patients, relatives and visitors.

Patients we spoke to were very complimentary about the level of communication by staff. One patient explained that they had received an unexpected diagnosis during their stay on the ward. They told us that staff had provided a full explanation of their condition and enabled them to feel fully involved in their treatment and management.

Delivery of a Safe and Effective Service

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Overall, we were satisfied that there is attention paid by the ward staff to delivering a safe and effective service to patients. We have made one recommendation in this area regarding safe medicines management.

Quality and Safety

We noted a key element of maintaining a quick efficient service was the staff use of the staff information/safety board containing essential information at a glance. It was the role of the ward co-ordinator to ensure the board was up-to-date and the board within the trolley bay was prepared the evening before in readiness for patient admissions the following morning.

We found clinical incidents were investigated in a timely manner by a senior nurse manager and monthly reports provided to the safety board. The ward then ensured learning from any incidents is fed back to the nursing team to prevent reoccurrence in the future.

Conversations with staff indicated that staff were aware of the relevant clinical procedures and policies and there was a folder of these available for reference on the ward. Additionally policies, procedures and guidelines are available on the Heath Board's intranet and modules of training for staff was available via e-learning on the computer.

Environment

Overall, the environment was clean, modern, bright, and did not contain any inappropriate clutter. Facilities for patients such as toilets and showers were good. The trolley bay area was observed to be a challenging environment for staff due to the limited space available. Two of the trolley bays at one end of the ward had limited space around them. However, feedback from patients did not suggest this was a concern as they were not in the trolley bay for a long period of time. We found the storage rooms to be exceptionally well organised which enabled staff to find anything they required quickly.

Cleanliness and Hand Hygiene

We did not undertake a cleanliness spot check inspection. However, our general observations of cleanliness practice concluded that the ward was consistently clean throughout the inspection. All sluices, medicine rooms and storage rooms were found to be well ordered with the principles of Transforming Care used to identify cupboard contents. All commodes were

found to be suitably cleaned and had green tape attached to them to indicate they had been cleaned and were ready for use.

Patient safety

We found all patients had access to working call bells and observed that staff responded promptly to patient call bells. Patients we spoke to all confirmed they did not have to wait long for nursing staff to respond to them using call bells when they requested assistance.

We observed that all staff were very presentable and wore uniforms in accordance with the All-Wales dress code and that staff present on the ward were wearing name badges, or other forms of official identification.

We observed one patient was not wearing an identification wristband and the patient told us that this was because they had removed it. We escalated this to the nurse in charge of the ward during the inspection and the nurse in charge ensured that the patient was provided with a new wristband immediately.

Medicines Management

Staff were able to access the Health Board's policies for safe storage, prescription and the administration and dispensing of drugs which were stored in a folder in the nurses office. The ward also has a dedicated pharmacist.

Throughout the inspection we found that the medication room door was continuously locked and access to the medication room was secure and limited to authorised personnel only. Once in the medication room the location of medication was easily identifiable as there were photographs on the front of cupboards displaying the medication contained within them.

We observed during a medication round that the nurse dispensing medication to patients did not consistently check patients' wrist bands as a form of identification. The nurse appeared aware of who each individual patient was, but to ensure safe medicines management, patient identification should always be confirmed both verbally and via wristband identification.

We found the trolley used to dispense medicines including pain relief medications on the ward was a dressing's trolley with open shelves. The nurse undertaking the administration of medication had the trolley within close proximity at all times. However, there is a risk if the nurse is distracted or called away to an emergency that the trolley could not be quickly secured and that drugs could easily be taken by unauthorised persons.

Recommendation

The Health Board is advised of the need to ensure safe medicines management during the medication round.

6. Next Steps

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

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Llandough Hospital

Ward/ Department: CAVOC Unit Charles Radcliffe Ward

Date of inspection: 30th June and 1st July 2014

Finding and Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience			
<i>The Health Board is advised to consider providing information relating to the availability of parking at the hospital with the pre-operation information packs given to patients.</i>			
Delivery of the Fundamentals of Care			
<i>The Health Board is advised to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the fundamentals of care.</i>			

Finding and Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of Staffing Management and Leadership			
We have not made any recommendations in relation to this standard.			
Delivery of a Safe and Effective Service			
<i>The Health Board is advised of the need to ensure safe medicines management during the medication round.</i>			

Health Board Representative:

Name (print):

Title:

Signature:

Date: