

**Dignity and Essential Care
Inspection (unannounced)**
Powys teaching Health Board,
**Llandrindod Wells County
War Memorial Hospital,**
Clywedog Ward & Elan Ward

6th and 7th November 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection on Clywedog Ward and Elan Ward at Llandrindod Wells County War Memorial hospital, part of Powys teaching Local Health Board on the 6th and 7th November 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 ward/unit/department 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, 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. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Powys teaching Local Health Board (Powys tLHB) provides primary and secondary healthcare to the population of Powys. Powys is the most sparsely populated county in Wales, yet it covers the largest landmass and extends from as far north as Llanymynech near Oswestry, down to Ystradgynlais which is near Swansea.

Llandrindod Wells County War Memorial hospital is situated in Mid Powys and provides minor injuries, outpatient clinics, day surgery, 1 'Elderly Mentally Ill (EMI) assessment ward and 1 older adult inpatient ward to the surrounding Powys population. There is also a small maternity provision and a dialysis unit on site.

This inspection visit focussed primarily on the EMI assessment unit – Clywedog ward. Although this is a provision for Powys patients, this service itself is provided by Aneurin Bevan University Health Board (Aneurin Bevan UHB) in hospital buildings owned by Powys tLHB. We also visited Elan Ward, a day surgery unit on the same hospital site as Clywedog ward. Elan ward is a service directly provided by Powys tLHB and staff are employed by Powys tLHB, however surgical services are provided by Hereford, Robert Jones and Agnes Hunt Hospital Oswestry and Welsh NHS providers.

Our reasons for doing this were because we wanted to get a sense of how two neighbouring units, located on the same site but run by different Health Boards meet the needs of patients from the same locality and whether the wards work together at all in the day to day nursing provision.

4. Summary

CLYWEDOG WARD

We found a staff team who were focussed and committed to providing conscientious patient support and offering meaningful activities to help improve independence and to promote patient comfort during their time spent on the ward. The ward was being refurbished whilst we were present and there was significant noise from the building works; however, the four patients who were on the ward did not seem to be distressed by this.

Overall we found that staff were delivering high levels of care across the fundamentals of care areas (which are included later in this report), with particular focus on strong communication and promoting patients to be as independent as possible.

We observed staff placing a strong emphasis on taking time to communicate with their patients. We also saw from the comprehensive care planning used by the ward team that this was an important aspect of care.

We saw staff behaving respectfully and with kindness towards the patients in their care. We also received some positive comments from patients who told us that staff were nice.

We saw staff working hard as a team to support and promote independence in their patients. Staff had access to a wide variety of resources which they could use to increase patient independence with activities of daily living.

We saw that staff encourage family and friends to remain actively involved provided this is in the best interests of the patient.

Staff used the various communal spaces to help maintain a quiet and calm environment for patients. There was a single room which was used for patients who needed the highest level of support and input from staff in relation to their mood and behaviour.

Pain management was not a core problem for the patient group we saw on Clywedog ward. Staff were familiar with pain monitoring tools which they used if pain did become a problem.

We saw patients dressed in their own clothes and we found that staff were thoughtful and offered a high level of considerate support to help patients maintain their personal hygiene, also encouraging them to take pride in their appearance.

Patients are encouraged to eat in the dining room. Staff encourage visitors if their presence at mealtimes is positive for patients. Staff support patients closely at mealtimes and offer drinks throughout the day and we felt that overall, nutrition was well managed.

Patients had their oral health needs assessed and staff could refer to a dentist based on site if this was necessary.

We saw that the toilet facilities were in need of updating and also noted that there were long alarm cords in one toilet and none in the other. We acknowledge that the current refurbishment work will address this.

We saw that there was a range of pressure relieving equipment available. The ward was displaying information indicating that they had a low incidence of pressure sores developing in the patients they had looked after.

We saw an experienced and committed staff team who were proud of delivering patient focussed and individualised care. We identified that due to retirement the team could change (and reduce) substantially over the coming 2-3 years. We were not confident that any forward planning in relation to workforce needs had taken place to address this before it becomes an issue affecting service delivery at Clywedog.

We identified a number of concerns surrounding the isolation of Clywedog unit and the low level of medical availability and lack of clear onsite back up and support that staff can access in the event of a patient emergency. We found that whilst there were clear procedures regarding actual administration of medication, the systems for storage and maintaining up to date stocks were poor and did not adequately minimise risk to patients.

ELAN WARD

We received some exceptionally complimentary feedback from patients about the service received from the team on Elan ward and also about the efficiency of the day surgery pathway they received at the hospital.

Some aspects of the fundamentals of care are not relevant for patients undergoing day surgery and only staying a short time. However, where they were relevant, we saw staff delivering high levels of care. Unfortunately, the ward environment does not enable staff to maintain patient privacy and dignity at all times as the post operative ward area is also the corridor to access the adjacent dialysis unit.

On this day surgery ward, the focus of communication is to provide enough advice and information for patients to be confident to be discharged home a short time after having surgery.

We found that for certain aspects of the day surgery patient care staff are able to offer patients full privacy and dignity, however we were extremely concerned that the post operative care was being provided in what is essentially a corridor through to the dialysis unit and at certain times of the day, a busy patient thoroughfare.

Patients are given as much information pre and post operatively as possible to enable them to be fit for discharge and confident enough to care for themselves at home.

There were no particular visiting times but we saw a regular stream of relatives and friends bringing and collecting patients from the ward. There is the added stream of patients who walk through the ward to get to the dialysis unit next door.

The ward is busy with patients being taken to and from theatre. Staff have put procedures in place to try and minimise the additional noise from patients and other visitors to the adjoining dialysis unit.

Staff were monitoring post operative pain and the ward had stocks of medication to relieve post operative pain and also stocks of pain relief medication dispensed for patients to take home.

On this occasion, personal hygiene, appearance and foot care provision were not explored on Elan ward.

There are limited requirements for food and drink on Elan ward therefore we did not explore this in any depth. Patients on Elan ward are nil by mouth before

surgery and are offered a hot drink and snack before they are discharged home.

We did not explore oral hygiene on Elan ward.

Patients on Elan ward spend only a minimal amount of time there. As there are no overnight stays on the ward we did not inspect continence care on this occasion. We did not explore the prevention of pressure sores on Elan ward.

We saw an enthusiastic and flexible staff team with strong leadership and support from the onsite team leader. We felt that the service provided was managerially complex and demanding and we questioned whether the grade of the onsite team leader reflected the autonomy of the work that was being done.

We did not focus on risk management whilst on Elan ward but we did briefly look at medication storage. We found that stocks were kept very tidy and all records were clear and up to date. We also saw that the health board were trying to create resilience across their 2 Powys day surgery sites by having standard policies and procedures enabling staff to work at either unit.

5. Findings

Quality of the Patient Experience

Conclusion

CLYWEDOG WARD

We found a staff team who were focussed and committed to providing close patient support and offering meaningful activities to help improve independence and promote patient comfort during their time spent on the ward. The ward was being refurbished whilst we were present and there was significant noise from the building works; however, the four patients who were on the ward did not seem to be distressed by this.

The ward area appeared clean and tidy, although in need of modernisation and repainting to make it a more dementia-friendly environment. The patient rooms were functional spaces, either single, double or triple, and had little evidence of any personalisation. The space did not lend itself easily to any personalisation either.

Recommendation

The ward team should consider how patient rooms could be personalised, so that individual areas are more homely.

We were able to speak informally to two patients on Clywedog ward and we used our standardised questionnaire to prompt the discussions where possible. We were given some positive feedback from these discussions; patients told us that staff were nice and that food was good and hot but did comment that there was not much choice.

Staff seemed to know the individual patients and their respective likes and dislikes very well. We could see from the interaction we observed between them that they had built good relationships with patients.

For the time of our inspection, there were only four patients present on the ward, although there was a patient admission on the second day which increased the numbers to five. There was one room closed due to the refurbishment work, therefore patient numbers had been limited but the ward team gave us conflicting information about the actual number of patient spaces the ward had been reduced by. We were unclear from our conversations about whether the ward could only accept a maximum of 7 or 8 patients (instead of the usual 10) for the duration of the building work. Whilst we were present on

the ward, there was significant noise disruption from the works, but patients were encouraged to spend time at the opposite end of the ward and did not seem to be concerned by the noise. If the patient numbers increased to 7 or 8 during this work, there would however be less space for patients in the two day rooms and staff would have less time for the high level of one to one support which we saw them providing during our inspection.

Recommendation

The Health Board are to provide HIW with copies of the decision making process and related risk assessments for the number of beds they chose to keep open during the refurbishment work.

ELAN WARD

We received some exceptionally complimentary feedback from patients about the service received from the team on Elan ward and also about the efficiency of the day surgery care they received at the hospital.

We spoke to a number of patients and relatives who were available and willing to speak to us during the short time we spent on Elan ward. Patients told us that the time between seeing the Doctor in clinic to being brought to the ward for their operation was short and they also liked it that they saw the same nursing staff in clinic, again at pre assessment appointments and then working on the ward.

We saw that staff were flexible and on the first day of our visit they had fitted a patient in for urgent surgery and had adjusted their working hours so that they could care for the patient post operatively. This flexibility of approach meant that there could be unforeseen delay for some patients who may be waiting for their pre operative assessments which are also undertaken by the staff covering the post operative ward. We spoke to one patient who had experienced this and they had not been kept informed about the reason for the delay, nor given any options to come back to the ward at another time.

Recommendation

The ward are to put signs up in the waiting room advising patients that there are possibilities of delay if urgent cases are fitted in. Ward staff are also to be reminded of the need to keep patients up to date about when they can be expected to be seen.

Delivery of the Fundamentals of Care

Overarching Conclusion

CLYWEDOG WARD

Overall we found that staff were delivering high levels of care across the fundamentals of care areas, with particular focus on strong communication and promoting patient independence.

ELAN WARD

Some aspects of the fundamentals of care are not relevant for patients undergoing day surgery and only staying a short time. However, where they were relevant, we saw staff delivering high levels of care. Unfortunately, the environment does not enable staff to maintain patient privacy and dignity at all times as the post operative ward area is also the corridor to access the adjacent dialysis unit.

Communication and information

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

Conclusion

CLYWEDOG WARD

We observed staff placing a strong emphasis on taking time to communicate with their patients. We also saw from the comprehensive care planning used by the ward team that this was an important aspect of care.

Clywedog ward has a maximum of 10 places for assessment of EMI patients. During our inspection there were only 4 patients on the ward (increasing to 5 during the second day) and therefore a higher than normal ratio of staff providing their care. Our observations pointed to a team who gave time to communicating with patients. We observed close, patient support being delivered.

The ward was in the process of being refurbished and we were told by the ward manager that this was going to be used as an opportunity to improve the environment to make it easier for patients with confusion to understand their surroundings. For example ensuring that floor coverings are the same colour

throughout and painting doors in certain colours. Adapting the surroundings in such a way is consistent with current best practice initiatives for caring for patients with confusion and dementia.¹

The ward team on Clywedog is supported 5 days a week by an Occupational Therapist, we observed this staff member working proactively alongside staff and patients on the ward and we were told that she would be instrumental in supporting staff to find solutions if there were patients on Clywedog ward with particular communication needs.

ELAN WARD

On the day surgery ward, the focus of communication is to provide enough advice and information for patients to be confident to be discharged home a short time after having surgery.

Elan ward provides day surgery to patients who have been assessed as being suitable to receive treatment in a community hospital setting. Generally it caters for adults over 18 who are assessed as being at the lowest risk of having post operative issues. The focus of communication on the ward is providing patients with enough information and confidence that they can be discharged home whilst remaining safe post surgery.

Elan ward staff look after patients for their entire journey through day surgery – from their initial clinic appointment, through to surgery itself and then discharge home. We were told by the patients we spoke to that they found the service provided by Elan ward staff to be excellent and one example of this was the telephone follow up that staff provide to all patients the day after their operation. They use this as an opportunity to check on the condition of the patient and to provide further post operative advice and guidance.

We noted that there were Welsh and English speaking members of staff.

¹ For example: 'Is Your Ward Dementia Friendly' The King's Fund, 2014

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.

Conclusion

CLYWEDOG WARD

We saw staff behaving respectfully and showing kindness towards the patients in their care. We also received some positive comments from patients who told us that staff were nice.

Clywedog ward is small with space for 10 patients in a combination of single, double or triple rooms. At the time of our inspection, some beds were closed as refurbishment of the ward was taking place.

There were medical staff present on the day of our inspection and we saw staff helping patients back to their own rooms or to a private space so that conversations and any assessments could take place as privately as possible.

There are two toilets on the ward for patient use, one male and one female. The female toilet also contains the bath and so to make the best possible use of resources, the ward have designated male or female bath days, swapping the use of the toilets so that there is no need for mixed sex use. We noted that there was no alternative signage for use on these days which could add to confusion for some of the patients.

Recommendation

Provide staff with alternative signage to display on doors to rooms which are necessarily multi use.

ELAN WARD

We were extremely concerned that the post operative care area of Elan ward is essentially a corridor through to the dialysis unit next door. At certain times of the day, it is a busy patient thoroughfare.

Patients attend Elan ward for pre operative assessments which are carried out in the privacy of an office / clinic room on the ward. Certain procedures (such as colposcopy) carried out on the ward are also done in private treatment rooms.

The ward area comprises of five trolleys facing each other. Patients who are attending the hospital for kidney dialysis must walk through the ward, past the beds, as this is the only access to the dialysis unit.

Whilst patients are recovering post operatively, the staff keep them in full view at all times and do not screen patients off. The staff told us that having a constant view of all recovering patients was vital for safety reasons due to the potential for rapid and sudden deterioration post surgery. As a result, the staff told us of some occasions whereby the privacy of patients recovering from operations had been directly compromised by unwanted contact from people passing through the unit next door. The ward management have requested that patients accessing the dialysis unit do not talk to recovering surgical patients as they pass through the ward, however we did not feel this sufficiently addressed the issue.

Recommendation

The Health Board must undertake a review of the ward area on Elan with a focus on patient privacy, dignity and confidentiality. There may also be infection control considerations relating to proximity to a dialysis water supply, which must also be explored. HIW request a copy of the result of this review and the subsequent action plan which is produced to rectify the issues we identified.

Promoting independence

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

Conclusion

CLYWEDOG WARD

We saw staff working hard as a team to support and promote independence in the patients they were caring for. Staff had access to a wide variety of resources which they could use to increase patient independence with activities of daily living.

During our visit there were only four patients on the ward and we saw that the resulting ratio of staff to patients enabled patients to receive a high level of staff support and they all seemed comfortable and relaxed in their surroundings.

For the duration of our visit, we saw patients dressed in their own clothes and engaged in different activities with staff. One member of staff was using trays of different objects to encourage touch and object recognition; another was supporting a patient to read a newspaper.

There was a large day room with a variety of comfortable seating which had been arranged thoughtfully so that a number of patients could sit and do different things. We also saw a variety of newspapers, magazines, a television and a bag of knitting, all accessible to patients. Meals were served in the ward dining room; this was also large and spacious with an area of tables and chairs plus a more comfortable seating area.

Care plans demonstrated that staff were good at identifying individual needs and tailoring the care they provided to maximise and improve patient independence. We saw that staff were using the 'This is Me'² initiative to help them understand their patients as individuals.

ELAN WARD

Patients are given as much information pre and post operatively as possible to enable them to be fit for discharge and confident enough to care for themselves at home.

Patients are assessed very carefully for their suitability to receive day surgery on Elan ward and only those considered to be at low risk of complications and with good levels of support and independence at home are offered surgery there.

We saw post operative patients being encouraged to be up and mobilising as soon as possible after surgery. Staff were closely observing and supporting patients during their short time on the ward and we saw them taking time to give information and advice to help patients return to independent living as safely and quickly as possible post surgery.

²'This is Me' is a simple and practical tool, launched by the Alzheimers Society, that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

Relationships

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

Conclusion

CLYWEDOG WARD

We saw that staff encourage family and friends to remain actively involved provided this is in the best interests of the patient.

Visiting times on the ward are open and flexible so that family and friends can visit as often as possible. There was one room on the ward which was suitable for relatives / friends to stay overnight if needed and staff confirmed that these facilities had been used a number of times. It had an ensuite facility and space for a reclining chair or additional bed. It was in the process of being refurbished during our visit, therefore we could not see the room set up for use.

If patients do not have any visitors, the nursing staff and ward Occupational Therapist have access to a range of activities and resources to encourage as much meaningful interaction as possible.

ELAN WARD

There were no particular visiting times but we saw a regular stream of relatives and friends bringing and collecting patients from the ward. There is the added stream of patients who walk through the ward to get to the dialysis unit next door.

As the ward is short stay surgery only, relatives or friends collect patients from the ward once they are ready for discharge home. We saw nursing staff giving basic post operative advice to patients and their relative or friend at the point of discharge from the ward.

There is a dialysis unit adjoining Elan ward which can only be accessed by walking through Elan ward. Staff told us that to provide safe post operative care they keep patients in full view and do not screen them off with curtains around the beds. They told us that this had resulted in occasions when patients had been seen by people they ordinarily would not have chosen to be aware of their surgery.

Recommendation

To reconsider the set up of the ward and adjoining dialysis unit so that patient choice to keep their treatment on Elan ward private can be respected.

Rest, sleep and activity

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

Conclusion

CLYWEDOG WARD

Staff used the various communal spaces to help maintain a quiet and calm environment for patients. There was a single room which was used for patients who needed the highest level of support and input from staff in relation to their mood and behaviour.

Staff told us that normal day to day routines took account of enabling quiet times when possible. The ratio of staff to patients meant that patients could be taken out into the local town or for a short walk outside, although whilst we were present on the ward we did not directly see any evidence of this.

There is a television and a radio on the ward but staff told us that they allow patients to bring their own in if they wanted.

At the time of inspection, the team on Clywedog ward was made up of a number of staff who had worked in dementia care for many years and were evidently experienced and confident in supporting patients with confusion and dementia to remain as calm and engaged as possible, therefore minimising any disruption to other patients.

Patient bedrooms are either single, double or triple and relatively small with little personal space. The two large day rooms are set away from sleeping areas and patients can use them at any time for quiet / alternative space if needed.

There is an attractively landscaped enclosed garden next to the ward; staff told us that patients really enjoyed being out there when weather permits.

During our visit, there were extreme levels of noise coming from the building work which was taking place to refurbish the ward. We were told that the

noisiest drilling work was taking place whilst we were there and that work would not be as noisy once that particular task was done. We found the noise intense and it made concentration difficult, however, the patients did not appear to be distressed by it. The ward manager did not have copies of risk assessments or a schedule of building works available for us to see.

Recommendation

The Health Board should ensure that ward managers are provided with risk assessments and a written schedule of building works.

ELAN WARD

The ward is busy with patients being taken to and from theatre throughout the day. There is additional noise from patients and other visitors walking through Elan ward to get to the adjoining dialysis unit and staff have put procedures in place to try and minimise this disruption.

The ward is busy with constant activity. We saw that staff had access to plenty of linen and blankets to keep patients comfortable whilst recovering from their surgery.

The ward manager had agreed that any deliveries of goods to the adjoining dialysis unit would only take place before the ward opened at 8am or after it closed at 6pm. As this is presently the only access through to the dialysis unit, there has been no adequate solution identified which can minimise the noise associated with the necessary thoroughfare of patients.

Recommendation

As previously mentioned, the passage of patients through Elan ward to the dialysis unit adds noise, the impact of which must also be considered in the review of the ward.

Ensuring comfort, alleviating pain

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

Conclusion

CLYWEDOG WARD

Pain management was not a core problem for the patient group we saw on Clywedog ward. However, staff were familiar with pain monitoring tools which they used if pain did become a problem.

The patients on Clywedog ward were receiving support and in depth assessment of confusion and dementia. Their main problems related to mood, cognition and the effect of these on their ability to function in everyday life. Staff were observed providing high levels of emotional support and support to increase independent living skills. The care plans we saw indicated that it is the emotional and cognitive elements of care which receive the highest priority but we saw that staff were checking for pain and acting to resolve any pain that patients did report or display.

ELAN WARD

Staff were monitoring post operative pain and the ward had stocks of medication to relieve post operative pain. There were also stocks of pain relief medication dispensed for patients to take home.

Whilst we were observing on the ward we saw that patients were recovering from surgery and they appeared to be comfortable and not in pain. Staff were monitoring levels of comfort and pain and using documentation to record and support their observations.

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.

Conclusion

CLYWEDOG WARD

We saw patients dressed in their own clothes and we found that staff were thoughtful and offered a high level of considerate support to help

patients maintain their personal hygiene, also encouraging them to take pride in their appearance.

By the time of arrival to Clywedog ward, at around 11am, all patients were up and dressed and engaged in different activities.

There is currently no washing machine on the ward and therefore families are responsible for laundering clothes. Each patient has a washing basket where dirty clothing is stored until families collect it. The ward manager told us that they had not had any patients without a friend or relative able to wash their clothes for them. However, they were planning to have a washing machine installed on the ward as part of the refurbishment so that they could provide clean clothes where this was necessary. There were ample stocks of hospital linen available and the ward has a daily delivery of clean linen.

There are only two toilets on the ward and the only bath on the ward is in the female toilet. The ward has designated male or female bathing days which means that the room does not have mixed sex use.

Staff told us that they can access chiropody services for patients by referring them to the Powys tLHB chiropody service who then visits on an appointment basis.

We saw staff offering to blow dry and curl female patient's hair to help maintain their personal appearance. If patients need to have their hair cut, we were told that they are supported by staff to visit a hairdresser in the nearby town.

ELAN WARD

On this occasion, personal hygiene, appearance and foot care provision were not explored on Elan ward.

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.

Conclusion

CLYWEDOG WARD

Patients are encouraged to eat in the dining room. Staff encourage visitors if their presence at mealtimes is positive for patients. Staff

support patients closely at mealtimes and offer drinks throughout the day and we felt that overall, nutrition was well managed.

Food is delivered to the ward on a trolley from the main hospital kitchen and then staff serve patients their choice from this. Ward staff told us that patients are given a choice about where to eat but they are encouraged, if possible, to eat in the ward dining room. This was where we saw all patients eat their meal during our visit. The dining room was clean and functional and tables had been laid with cutlery and paper napkins before food was served. We saw that patients were offered a choice from two hot main meals with vegetables or salad. Patients were not asked how much they would like and during the mealtime we observed, all patients finished their food but despite there being food left on the trolley, they were not offered second helpings.

Recommendation

Patients should be offered more food if they have finished their meal and more is available.

The visiting times on the ward are flexible and the ward staff encourage visitors as often as is beneficial and in the best interests of the patients. Mealtimes on the ward are not necessarily protected as staff told us that it may be better for patients to have company and support from relatives and friends while they eat.

Patients on Clywedog ward are not routinely given individual jugs of water; the ward staff told us that this is because they often need prompting to drink and access to a jug full of water may not always be appropriate given their condition. We saw patients being offered drinks and having hot drinks regularly throughout the day.

We saw nutritional screening tools and food charts in use where patients had weight loss or poor intake but these were not routinely used. Staff told us that they supported patients very closely to eat and drink throughout the day. They told us that they found that this approach met the needs of patients and enabled them to maintain and improve nutritional intake.

ELAN WARD

There are limited requirements for food and drink on Elan ward therefore we did not explore this in any depth. Patients on Elan ward are nil by mouth before surgery and are offered a hot drink and snack before they are discharged home.

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

Conclusion

CLYWEDOG WARD

Patients had their oral health needs assessed and staff could refer to a dentist based on site if this was necessary.

There was a stock of toothbrushes available and pots for safe storage and cleaning of dentures. Staff told us that there are dental services available on the main hospital site which they can refer Clywedog ward patients to if necessary.

We saw from patient records that staff were assessing oral health care needs and documenting their findings. They encouraged patients to be as independent as possible in looking after their own oral hygiene but provided support as necessary.

ELAN WARD

On this occasion, we did not explore oral hygiene on Elan ward.

Toilet needs

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

Conclusion

CLYWEDOG WARD

We saw that the toilet facilities were in need of updating and also noted that there were long alarm cords in one toilet and none in the other. We acknowledge that the refurbishment work will address this.

There is one male and one female toilet on the ward which staff told us would be updated as part of the current ward refurbishment works. The ward manager told us that the changes to these rooms would also make them easier for patients with confusion and dementia to use independently; they were planning to use the same colour flooring throughout the ward and planning to paint doors

in colours which could assist people with dementia to find rooms such as toilet and bathrooms.

Patient notes contained continence assessments and we saw a stock of different types of continence pads available. Commodes were stored appropriately and had been labelled with details of the last time they had been cleaned.

The staff told us that they could request support from a specialist continence nurse if this was required at any point.

ELAN WARD

Patients on Elan ward spend only a minimal amount of time there. There are no overnight stays on the ward. Apart from their short recovery time, patients are generally self caring, although staff provide support as needed.

There are toilets available for patients and we noted that there was one disabled single toilet and another toilet with one male and one female cubicle. We felt that this was not appropriate considering that the unit provides a variety of surgery, including some gynaecological procedures. Staff explained to us that if there are male and female patients expected, they change the signage so that the disabled toilet also becomes the female toilet and the double cubicles become male. We found the signage confusing, however we were reassured that patients would be directed to the toilet facilities by staff who understand this system.

Preventing pressure sores

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

Conclusion

CLYWEDOG WARD

We saw that there was a range of pressure relieving equipment available. The ward was displaying information indicating that they had a low incidence of pressure sores developing in the patients they had looked after.

We looked in a sample of patient notes and saw that staff were assessing an individual's risk of developing pressure damage and were then using pressure relieving equipment to counteract any risks they identified.

The ward was displaying information for staff, patients and any visitors to see and we noted from this that there was a low incidence of pressure damage in the patients they had looked after on Clywedog.

The deputy ward manager audited their standards of providing pressure area care on a monthly basis.

ELAN WARD

On this occasion, we did not explore the prevention of pressure sores on Elan ward.

Quality of Staffing, Management and Leadership

Overarching conclusion

CLYWEDOG WARD

We saw an experienced and committed staff team who were proud of delivering patient focussed and individualised care. We identified that due to retirement the team could change (and reduce) substantially over the coming 2-3 years. We were not confident that any forward planning in relation to workforce needs had taken place to address this before it becomes an issue affecting service delivery at Clywedog.

ELAN WARD

We saw an enthusiastic and flexible staff team with strong leadership and support from the onsite team leader. We felt that the service provided was managerially complex and demanding and we questioned whether the grade of the onsite team leader reflected the autonomy of the work that was being done.

Staffing levels and skill mix and professional accountability

CLYWEDOG WARD

For the 10 beds available on Clywedog ward, the ward manager sets the staffing level at 2 qualified plus 2 unqualified nursing staff for the day shift and 1 qualified plus 1 unqualified nurse for the night shift. He also told us that he plans to introduce a twilight shift to provide extra support during the late night and early hours of the morning which can sometimes be busy. The staff we spoke to told us that they felt the number of staff was sufficient to meet the needs of the patients in their care.

Other than Clywedog ward staff themselves, the majority of whom are also registered as bank nurses, the ward has no list of additional bank staff available in the event of short term need. When extra staff are needed, the existing team take on extra hours via the bank. Clywedog ward is a service provide by Aneurin Bevan Health Board, therefore despite there being other wards on the same hospital site, these are staffed by Powys Health Board and do not provide any additional staffing resilience to Clywedog ward. The ward manager also told us that they had not had success in using agency staff to cover the ward and previously when they had been used the hospital location had meant agency staff were unavailable to start until mid morning to allow for travelling time.

We were told that half of the current number of qualified nursing staff are due to retire during the next two years. The ward staff were not aware of any forward planning done by the health board to determine how the ward could be maintained. They were also not aware of any ongoing discussions which may be taking place to address this.

We were made aware that some of the unqualified nursing staff on the ward were keen to undertake nursing training and would like to develop their role on Clywedog ward but that there is no support available for them to do this.

Recommendation

The Health Board is to provide HIW with information on their future workforce planning relating to Clywedog ward.

We saw clear levels of accountability amongst the staff and noted that qualified staff were supporting healthcare support workers to develop and take on additional responsibilities. Where this was happening we noted that qualified nurses were countersigning any entries into notes which were made by the healthcare support workers.

On the ward itself, we saw clear leadership from the ward managers and we were told that staff are expected to attend team meetings which are held at various times of the day so that staff on all shifts can attend.

We were also told that the ward is regularly visited by Aneurin Bevan Health Board's senior nurses for mental health. The staff told us that there used to be a senior nurse working within Powys Health Board who had oversight of the ward but they were unaware of whether this arrangement still existed.

ELAN WARD

Elan ward is a busy day surgery unit and the staff who cover the ward undertake pre operative assessments, provide peri-operative care and recovery and then post operative care on the ward. The whole team are managed day to day by one band 6 nurse, who is supported by other more senior staff based at other Powys hospital sites. The location, complexity and demand for the service is high and continuing to grow, and we felt that the band 6 grade did not reflect the work that was being done, nor the autonomy of the unit (due to location) from other sites.

Recommendation

The Health Board to undertake a review of the clinical grade taking responsibility for the day to day running of the unit.

Effective systems for the organisation of clinical care

CLYWEDOG WARD

Clywedog ward caters for up to 10 older patients who are undergoing an EMI inpatient assessment. Our observations of interaction between staff and patients indicated that staff knew the individual patients very well. They spoke confidently about their needs and whilst we were there we saw that they spent a significant proportion of their time providing direct support to the patients. We saw from the patient notes we looked at that comprehensive care planning was evidently a key priority for Clywedog ward staff; care plans were extremely detailed, personalised and individual. Dependant on the needs that had been assessed, staff would undertake intentional rounding ³but in general, the ward routines were flexible to meet the needs of individual patients.

There were set times for meals and set times for medication administration rounds, although again there was flexibility in and around these in accordance with needs.

Doctors are only present on the ward for 1.5 days out of 7. Outside of this time, Clywedog staff have to access telephone support from specialist and senior nurses off site, or must dial 999 for an ambulance. We heard that medical staff from Clywedog were willing to provide a psychiatric opinion for patients on other wards within the hospital (on the 1.5 days they were there) but medical staff on other wards were not willing to give medical opinions to patients on Clywedog ward at times when this might be needed.

³ **Intentional rounding** is a structured process where nurses on wards in acute and community hospitals and care home staff carry out regular checks with individual patients at set intervals, typically hourly. During these checks, they carry out scheduled or required tasks.

Recommendation

Powys tLHB and Aneurin Bevan Health Board must determine a working protocol for the provision of medical opinion / psychiatric opinion which takes account of the isolation of the services.

ELAN WARD

We saw from the short time we spent observing on the post operative ward that there were routines for providing safe post operative observation which included monitoring blood pressure, pulse and temperature at certain times following return to the ward. Patients were all offered a drink and snack prior to being discharged home again. If patients were not stable enough, the ward staff told us that they liaise as early as possible with the nearest district general hospital for ambulance transfer of the patient. Should this become necessary, patients are not required to go through A&E as they are allocated a bed on a ward within the receiving hospital unit.

Training and development

CLYWEDOG WARD

We spoke to 3 members of staff about training and also looked at the training record which contained details of each staff member, the training they had done and what they were due to complete.

The ward clerk has responsibility for maintaining the training log and unfortunately at the time we requested to look at it, she was not working on the ward. There was some difficulty in accessing the information, which was held electronically, although after a time it was made available to us. The ward clerk evidently has a key part in the team on Clywedog ward and provides much appreciated support to the ward managers; however they should be able to easily access training information at all times and take greater ownership of the important details it contains.

Recommendation

Key documents such as training records to be made easily accessible to all staff who need them.

The training record showed that the team had attended various training courses, some of which had been e-learning modules but there had also been physical attendance at training days. The staff we spoke to were complimentary

about the training days they had attended and told us that they had found them beneficial.

ELAN WARD

The staff on Elan ward are all experienced theatre or surgical nursing staff who have also worked at other hospitals with busy surgical units. All staff were also trained to Immediate Life support level. Other than this, we did not explore training records or requirements for the ward.

Handling of complaints and concerns

CLYWEDOG WARD

There were no ongoing complaints or concerns at the time of our inspection visit to Clywedog ward. The ward manager also told us that in the last 7 years (but not recently) there had been only one complaint.

We saw a number of thank you cards and letters which had been written to staff and were displayed on the ward noticeboard.

The staff we spoke to were very familiar with safeguarding principles and the procedures they would need to follow in the event of any concerns arising.

ELAN WARD

There were no ongoing complaints or concerns at the time of our inspection visit to Elan ward.

We received some highly complimentary feedback about the efficiency of the service received on Elan ward from patients who felt that seeing the same nursing team from clinic to post operative care instilled confidence in them.

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.

Overarching Conclusion

CLYWEDOG WARD

We identified a number of concerns surrounding the isolation of Clywedog unit and the low level of medical availability and lack of clear onsite back up and support that staff can access in the event of a patient emergency. We found that whilst there were clear procedures regarding actual administration of medication, the systems for storage and maintaining up to date stocks were poor and did not adequately minimise risk to patients.

ELAN WARD

We did not focus on risk management whilst on Elan ward but we did briefly look at medication storage. We found that stocks were kept very tidy and all records were clear and up to date. We also saw that the health board were trying to create resilience across their 2 Powys day surgery sites by having standard policies and procedures enabling staff to work at either unit.

Risk management

CLYWEDOG WARD

Conclusion

Staff were aware of the Datix system and told us that they use it to report incidents. At a ward level staff document within the relevant patient notes that a Datix report has been submitted but do not keep any other central record of completed Datix reports or brief details of the incident. We were also told by staff that the IT system rarely allows them to print a copy of the report they have completed. The ward manager told us that they receive feedback and a response to the Datix if it has been a particularly significant incident; otherwise they hear nothing more on the matter. The ward staff we spoke to did not seem to be aware of any particular follow ups as a result of Datix reporting.

Recommendation

The ward manager should ensure that he and ward staff receive any analysis that is done at Health Board level from the Datix reports submitted by Clywedog ward.

ELAN WARD

On this occasion, Risk management was not explored on Elan ward.

Policies, procedures and clinical guidelines

CLYWEDOG WARD

Conclusion

Powys tLHB have commissioned Aneurin Bevan Health Board to provide mental health care in mid Powys therefore, Clywedog ward staff work on a Powys hospital site but are in fact Aneurin Bevan staff.

We were told that in a patient emergency, staff on Clywedog ward sound an emergency alarm which rings in the neighbouring medical ward. The staff on the neighbouring medical ward ring to see if they can be of assistance (such as providing the Cardiac arrest trolley) but cannot always provide help if there is no doctor available on the medical ward. Elsewhere in the hospital there is a team who responds to on-site patient emergencies during the day time but this service does not cover Clywedog ward. This situation was a source of confusion for Clywedog ward staff, also leaving them isolated during their day to day work looking after Powys patients. We asked the ward manager if we could see the protocol which the neighbouring medical ward follow during patient emergencies on Clywedog ward but he was not aware of anything formal and written which could be shown to us.

Recommendation

Powys tLHB and Aneurin Bevan HB are to carefully consider the emergency response and back up that Clywedog ward patients (Powys individuals) and staff need and develop a protocol which properly sets out what staff on site can do to support each other.

ELAN WARD

Conclusion

There is a day surgery unit at another Powys hospital site and we were told that the documentation, routines and equipment are standardised across both units which means that staff can work at either and staff shortages can be covered by using this whole team of day surgery staff.

Patient safety

CLYWEDOG WARD

Conclusion

We could see from patient documentation that patients are monitored very closely and their care is very carefully planned and co-ordinated to give the highest level of support and reduction of risk possible. The staff use audit systems to record and monitor the incidence of pressure sores and patient falls on the ward and all the evidence we saw indicated very low incidence of both. The deputy ward manager takes lead responsibility for completing this monitoring and was highly knowledgeable about these systems when we spoke to him. Other ward staff were not consistently familiar with the audits that are done, nor the results of these which can give valuable information about areas for improvement.

Recommendation

Improve communication with all staff about the ongoing audits and the reasons for doing them plus the results of them once available.

As mentioned previously within the report but also a concern in terms of patient safety is the current confusion around what support is available to Clywedog staff in the event of a patient emergency. We were also concerned that the ward only has doctors present for 1.5 days each week. Outside of these 1.5 days, Clywedog ward staff must manage by calling 999 or by calling for support from elsewhere on site, which they may or may not get.

Recommendation

Clarify medical cover arrangements and emergency protocols so that staff have more on site support.

We also saw that the emergency resuscitation bag and equipment is kept behind a locked door on the ward. In the event of it being needed, staff would first have to get the keys to unlock the door before they could begin using the equipment.

Recommendation

Ensure that emergency equipment is within easy reach for staff should it be needed.

ELAN WARD

Conclusion

On this occasion, Patient Safety on Elan ward was not explored.

Medicines management

Ward routine and approach

CLYWEDOG WARD

On Clywedog ward we were told that two members of staff always administer medication to patients. There is always 1 qualified nurse involved in this but the second nurse may then be either qualified or unqualified, we were told however, that the preference is for 2 qualified nurses to undertake this task. The ward manager explained to us that ensuring medication is taken is an integral part of the support they give patients on the ward and therefore time is taken over this task. One nurse always stays with the patient to help and check that the medication has actually been taken. We observed 2 nurses undertaking the medication administration round as had been described above to us.

ELAN WARD

On this occasion, the ward routine and approach to medicines management was not explored.

Storage of drugs

CLYWEDOG WARD

Medication for day to day use was stored in a trolley and we saw that this was locked and also secured to a wall in the dining room on the ward when not in use.

In the ward office, we saw that there was also a medication fridge and locked cupboard where controlled drugs were stored. The cupboard was also used by a community mental health team to store some of the medication that their patients had been prescribed. We found 7 out of date items in the fridge and further out of date items in the cupboard. When we talked to the staff about this, it seemed that there was no system for checking the contents of the fridge to ensure they were discarded if no longer needed, nor out of date items replaced if considered necessary.

Recommendation

The ward manager is to establish a system for checking medication stored by the ward in all cupboards, trolleys and fridges, ensuring that out of date medication is safely discarded and replaced as required.

In the medication cupboard, items left there by the community team could easily have been confused with ward items and some of these were also out of date and had not been discarded.

Recommendation

The ward manager is to ensure there is a written protocol which the community team must follow to ensure that the medication they leave in the ward cupboard is kept tidy, away from Clywedog ward stock and again, discarded appropriately as needed.

There was a box in the fridge which contained items which would be used to treat a patient who had low blood sugar. One of these was being incorrectly stored as it should not be kept in a fridge and other items were out of date.

Recommendation

The ward manager must ensure that emergency medications are stored appropriately and a system for checking them regularly must be put in place.

ELAN WARD

We looked very briefly at medication storage on the ward and saw that the medication cupboard was well stocked and very tidy. All controlled drug records appeared to be in order and were being appropriately checked regularly. A pharmacist visits the ward weekly to check medication and stock up on all necessary items. O2 administration and use of specialist equipment for ophthalmology and gynaecology were found to be checked and maintained to required standard. Patients are discharged home with some medication to control pain and other post operative symptoms and stocks of this were also seen.

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 within Clywedog Ward and Elan Ward at Llandrindod Wells County War Memorial Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Llandrindod Wells County War Memorial

Ward/ Department: Clywedog Ward and Elan Ward

Date of Inspection: 6th and 7th November 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
8.	CLYWEDOG WARD <i>The ward team should consider how patient rooms could be personalised, so that individual areas are more homely.</i>			
9.	CLYWEDOG WARD <i>The Health Board are to provide HIW with</i>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<i>copies of the decision making process and related risk assessments for the number of beds they chose to keep open during the refurbishment work.</i>			
9.	<p>ELAN WARD</p> <p><i>The ward are to put signs up in the waiting room advising patients that there are possibilities of delay if urgent cases are fitted in. Ward staff are also to be reminded of the need to keep patients up to date about when they can be expected to be seen.</i></p>			
Delivery of the Fundamentals of Care				
12	<p>CLYWEDOG WARD</p> <p><i>Provide staff with alternative signage to display on doors to rooms which are necessarily multi use.</i></p>			
12.	<p>ELAN WARD</p> <p><i>The Health Board must undertake a review of the ward area on Elan with a focus on patient privacy, dignity and confidentiality. There may also be infection control</i></p>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<i>considerations relating to proximity to a dialysis water supply, which must also be explored. HIW request a copy of the result of this review and the subsequent action plan which is produced to rectify the issues we identified</i>			
16.	ELAN WARD <i>To reconsider the set up of the ward and adjoining dialysis unit so that patient choice to keep their treatment on Elan ward private can be respected.</i>			
17.	CLYWEDOG WARD <i>The Health Board should ensure that ward managers are provided with risk assessments and a written schedule of building works.</i>			
17.	ELAN WARD <i>As previously mentioned, the passage of patients through Elan ward to the dialysis unit adds noise, the impact of which must also be considered in the review of the</i>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<i>ward.</i>			
20.	CLYWEDOG WARD <i>Patients should be offered more food if they have finished their meal and more is available.</i>			
Quality of Staffing Management and Leadership				
25.	CLYWEDOG WARD <i>The Health Board is to provide HIW with information on their future workforce planning relating to Clywedog ward.</i>			
26.	ELAN WARD <i>The Health Board to undertake a review of the clinical grade taking responsibility for the day to day running of the unit.</i>			
27.	CLYWEDOG WARD <i>Powys tLHB and Aneurin Bevan Health Board must determine a working protocol</i>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<i>for the provision of medical opinion / psychiatric opinion which takes account of the isolation of the services.</i>			
27.	CLYWEDOG WARD <i>Key documents such as training records to be made easily accessible to all staff who need them.</i>			
Delivery of a Safe and Effective Service				
30.	CLYWEDOG WARD <i>The ward manager should ensure that he and ward staff receive any analysis that is done at Health Board level from the Datix reports submitted by Clywedog ward.</i>			
30.	<i>Powys tLHB and Aneurin Bevan HB are to carefully consider the emergency response and back up that Clywedog ward patients (Powys individuals) and staff need and develop a protocol which properly sets out what staff on site can do</i>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<i>to support each other.</i>			
31.	CLYWEDOG WARD <i>Improve communication with all staff about the ongoing audits and the reasons for doing them plus the results of them once available.</i>			
31.	CLYWEDOG WARD <i>Clarify medical cover arrangements and emergency protocols so that staff have more on site support.</i>			
32.	CLYWEDOG WARD <i>Ensure that emergency equipment is within easy reach for staff should it be needed.</i>			
33.	CLYWEDOG WARD <i>The ward manager is to establish a system for checking medication stored by the ward in all cupboards, trolleys and fridges,</i>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<i>ensuring that out of date medication is safely discarded and replaced as required.</i>			
33.	CLYWEDOG WARD <i>The ward manager is to ensure there is a written protocol which the community team must follow to ensure that the medication they leave in the ward cupboard is kept tidy, away from Clywedog ward stock and again, discarded appropriately as needed.</i>			
33.	CLYWEDOG WARD <i>The ward manager must ensure that emergency medications are stored appropriately and a system for checking them regularly must be put in place</i>			

Health Board Representative:

Name (print):

Title:

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Signature:

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Date:

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