

Hospital Inspection (Unannounced)

Ysbyty Glan Clwyd, Betsi
Cadwaladr University Health
Board, Ward 1 and Ward 2B

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	16
	Quality of management and leadership	23
4.	What next?	27
5.	How we inspect hospitals	28
	Appendix A – Summary of concerns resolved during the inspection	29
	Appendix B – Immediate improvement plan	30
	Appendix C – Improvement plan	31

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Ysbyty Glan Clwyd within Betsi Cadwaladr University Health Board on 4, 5, 6 July 2017. The following hospital sites and wards were visited during this inspection:

Ysbyty Glan Clwyd

- Ward 1
- Ward 2B

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients were happy with the care received
- Patients appeared well care for
- Attention to hydration and nutrition
- Care provided in a discreet way
- Good staff engagement with patients during care giving
- Good general and specific risk assessments
- Good infection control processes
- Staff open and engaging.

This is what we recommend the service could improve:

- Staffing levels (Ward 1)
- Staff support and supervision (Ward 1)
- Staff training (Ward 1)
- Consistency of record keeping
- Make environment more dementia friendly
- The use of the activity room
- Staff engagement with patients.

3. What we found

Background of the service

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham). The Health Board has a workforce of approximately 16,500.

There are three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community based teams. The Health Board also coordinates the work of 109 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

Ysbyty Glan Clwyd (Glan Clwyd Hospital) is the district general hospital for the central area of North Wales. It was built in 1980 and it is situated in rural surroundings at Bodelwyddan, a small community that lies 4 miles south of Rhyl. The hospital serves a population of approximately 195,000. The acute hospital service has a total of 684 beds, with a full range of specialties. Glan Clwyd Hospital has a total of 294 beds, with a full range of specialities.

Ward 1 is a 24 bed care of the elderly unit.

Ward 2B is a 14 bed care of the elderly unit. The ward shares some facilities with an adjoining ward, (Ward 2A) which is a specialist Ear, Nose and Throat (ENT) surgical unit and Maxillo-facial surgical unit.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received on both wards. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We found that patients were able to move freely around the ward areas. We saw staff attending to patients who required one to one support in a calm and reassuring manner. The environment on both wards was clean and tidy. However, Ward 2B, which was awaiting refurbishment, was a busier environment and appeared somewhat cluttered at certain times during the inspection. Ward 2B shared some facilities with an adjoining ward, (Ward 2A) which was an Ear, Nose and Throat (ENT) surgical unit. This added to the busy feel within Ward 2B with increased staff, visitor and patient traffic.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. We also spoke to a number of patients during the inspection. Patient comments included the following:

"Always very helpful. Come whenever needed."

"Always somebody cleaning."

"Very clean and tidy."

"Very good. Help out whenever needed and easy to get their attention."

Staying healthy

We found that patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, due to memory problems, we found that relatives were being

consulted and encouraged to make decisions around care provision in accordance with the health and care standards.

Both wards promoted protected meal times. This ensured that patients were not unduly disturbed during meal times so as to ensure adequate nutritional and fluid intake. However, where deemed appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals. Relatives were also encouraged to participate in other aspects of patient care and a 'Carers' Passport' ¹ scheme was in operation on the wards.

We observed mealtimes and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

Specific attention was being given to patients' oral health in order to enhance well being.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities.

There was an activities room located in the corridor between the two wards containing items such as games, puzzles and books to stimulate and occupy patients. However, some patients we spoke with were unaware of this facility.

A dementia care support worker was employed and this had enhanced one to one engagement with patients. We were told that at times of staffing difficulty the dementia support worker also carried out some health care support worker duties such as personal care in order to assist with patient safety and care.

¹ This is a way of identifying relatives of patients who are regarded as their main carers so that they too can be supported and enabled to visit at almost any time to assist with feeding, dressing or just keeping patients company.

We saw little evidence of activities taking place on the wards and suggested that more could be done to stimulate patients and in particular those patients on close observation or receiving one to one support.

The 'Butterfly' scheme was in operation on both wards whereby butterfly symbols were used to identify patients with a diagnosis of dementia or cognitive impairment who required additional support or a different approach to the provision of care. However, we found its application to be inconsistent across the two wards. We also found that the butterfly symbol was not being used routinely on patients' care notes to identify those with a diagnosis of dementia or cognitive impairment so that staff could apply Butterfly techniques when attending to or communicating with patients.

We found that more could be done to improve signs on both wards to make the environment more dementia friendly and to encourage independence.

Improvement needed

The health board should encourage the use of the activities room and ensure all patients are aware of its existence.

The health board should continue their recruitment in order that the special skills of the dementia support worker can be wholly focussed on the care and support of patient with dementia.

The health board should ensure that more activities are provided to stimulate patients and in particular those patients on close observation or receiving one to one support.

The health board should ensure that the 'Butterfly' scheme is implemented consistently across all wards and that the butterfly symbol is used routinely to clearly identify those patients with a diagnosis of dementia or cognitive impairment so that staff use appropriate techniques when attending to or communicating with patients.

The health board should improve signs on both wards to make the environment more dementia friendly and to encourage independence.

Dignified care

We found that patients were treated with dignity, respect and compassion by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients appeared well cared for with staff paying specific attention to people's appearance and clothing. Patient hygiene daily logs were being used to assist with this.

The environment on both wards was visibly clean, adding to the sense of patients' well being.

There was a mix of Welsh and English speaking staff working on the wards. This allowed patients to discuss their care and support needs care in the language of their choice.

Patient information

Health promotion information for patients and their families/carers was displayed and available on the wards. There was a formal complaints procedure in place which was compliant with 'Putting Things Right'². Information about how to make a complaint was posted on the wards and in other public areas within the hospital.

A Patient Status at A Glance board (PSAG) was located on both wards. The PSAG board on Ward 1 was electronic whilst the one on Ward 2B was in the form of a whiteboard. The electronic PSAG board on Ward 1 meant that patient information was maintained in a confidential manner. However, the PSAG board on Ward 2B was a handwritten whiteboard, which listed the names of patients and made reference to other sensitive information. The health board should consider reviewing how information is recorded on the whiteboard in Ward 2B in order to maintain patient confidentiality.

² Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

We suggested that the provision of a staff identification board explaining the significance of different coloured uniforms would greatly assist patients and visitors to identify 'who was who' and what their roles were on the wards.

Improvement needed

The health board should consider reviewing how information is recorded on the whiteboard in Ward 2B in order to maintain patient confidentiality.

The health board should consider providing staff identification boards on both wards to assist patients and visitors in identifying 'who was who' and what their roles are on the wards.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

As previously mentioned, some of the staff were Welsh speaking thus ensuring that patients were able to receive care in a language of their choice.

Timely care

We found that there were generally good assessment and care planning processes in place on both wards. However, we found that clearer guidance was required for staff around the assessment of patients who are re-admitted onto the wards to ensure that any changes in their care needs are identified.

The ward teams worked well with other members of the multi-disciplinary healthcare team to provide patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician and speech and language therapist.

We found that there was a mix of patients receiving care on the wards. There were individuals with acute physical health care needs and patients with varying levels of cognitive impairment. Although not the case at the time of inspection, staff told us that they sometimes find it difficult to effectively meet the varying care demands stemming from the mix of patients and that some patients' care needs would be better met within more specialist dementia care facilities. The

health board should continue to monitor the mix of patients on both wards to ensure that patients are admitted into the most appropriate facility and that their' needs can be fully met. The health board should also ensure that all staff have access to training in order to support them in providing care to people with cognitive impairment.

Improvement needed

The health board should provide clearer guidance to staff around the assessment of patients who are re-admitted onto the wards to ensure that any changes in their care needs are identified.

The health board should continue to monitor the mix of patients on both wards to ensure that patients are admitted into the most appropriate facility and that their' needs can be fully met.

The health board should ensure that all staff have access to training in order to support them in providing care to people with cognitive impairment.

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wished to be cared for with the use of 'What Matters to Me' and 'This is Me' assessment documentation. However, we found the use of these documents to be inconsistent.

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients also told us that staff assisted and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk and assisting them to eat and drink independently.

We also saw that patients were supported to change out of their nightwear during the day in order to maintain dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

We found that there were adequate discharge planning systems in place with patients being assessed by other professionals such as psychiatric liaison nurse, physiotherapists, occupational therapists and social workers prior to leaving the hospital. However, we found that there were delays in some patients being discharged. These delays were, in the main, due to a lack of suitable social care provision.

Improvement needed

The health board should take measures to ensure that the 'What Matters to Me' and 'This is Me' documentation is used in a consistent way across both wards.

People's rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example doors to single rooms were closed and curtains were used around individual bed areas when care was being delivered.

Deprivation of Liberty Safeguards (DoLS) referrals were made as required. However, we found that, in the majority of cases, patients were discharged from the wards before a formal DoLS assessment could be undertaken.

During the inspection, the doors leading into Ward 1 were locked. This meant that patients and visitors wishing to enter and leave the wards had to ask a member of staff to unlock the doors using a swipe-card. This could be regarded as a restriction on people's liberty. This was discussed with the Ward Manger, Matron and Assistant Director of Nursing who explained that the locking of the doors was dependant on a risk assessment of patients accommodated and that there was a three tier system in operation whereby the doors could be unlocked if there were no patients at risk of walking out of the ward unaccompanied, unlocked by the use of a green button if there was a minimal risk of patients walking out unaccompanied or fully locked and only able to be opened with a swipe-card if there was a high risk of patients walking out of the ward unaccompanied. However, we did not see a written protocol relating to this and suggest that such a protocol be drawn up and shared with staff.

Improvement needed

The health board should draw up a clear protocol on the use of locked doors on Ward 1 and ensure that this protocol is shared with all staff.

Listening and learning from feedback

Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face to face discussions with staff.

There were good systems in place for managing complaints and we were told by staff that the number of complaints received about the service on both wards were few and far between. As previously mentioned, Putting Things Right posters were available on both wards and in other public areas throughout the hospital.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the staff teams on both wards were committed to providing patients with safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The wards were clean and arrangements were in place to reduce cross infection.

There were robust medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Ward 2B was very warm during the inspection. This was due to outside temperatures being quite high at the time of the inspection and no air conditioning available.

Safe care

Managing risk and promoting health and safety

We found both wards to be adequately maintained and systems were in place to report environmental hazards that required attention and repair. Ward 1 had recently been refurbished and Ward 2B was due to close within the next six months in order to be refurbished.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients and staff.

Ward 2B was very warm during the inspection. This was due to outside temperatures being quite high at the time of the inspection and no air conditioning on the ward.

Improvement needed

The health board must continue to monitor the temperature on ward 2B and take corrective action to ensure the comfort of patients, visitors and staff.

Preventing pressure and tissue damage

We saw that staff assessed patients regarding their risk of developing pressure damage to their skin. We were also able to confirm that staff were taking appropriate action to prevent patients developing pressure and tissue damage.

We looked at a sample of care records on both wards and confirmed that written risk assessments had been completed using a recognised nursing assessment tool. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure damage. Suitable pressure relieving equipment was available and being used to help prevent patients developing pressure damage.

The monitoring records we saw showed that patients had been assisted or encouraged to move their position whilst in bed, or in an armchair, regularly. We also saw staff assisting and encouraging patients to move around the ward environment. Both of these nursing interventions are known to help to reduce patients developing pressure ulcers.

Falls prevention

From examination of a sample of individual care files on both wards, we found that appropriate assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response.

From the records looked at, we could see that there had been an increase in the number of falls sustained by patients on Ward 1 over the past month. It was not possible to establish whether this was linked to staffing levels. The health board must continue to monitor the occurrence of falls and take appropriate measures to reduce the risks.

Improvement needed

The health board must continue to monitor the occurrence of falls on Ward 1 and take appropriate measures to reduce the risks.

Infection prevention and control

There was a comprehensive infection control policy in place and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. We saw that recent hand washing audits had been undertaken with a positive outcome score of 100 per cent. These together with other audit results were posted on notice boards within both wards for patients, visitors and staff to see.

Staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce cross infection.

We witnessed staff meticulously cleaning equipment between patient use which reduced the risk of cross infection and greatly contributed to the clean environment within both wards.

Nutrition and hydration

We saw that patients' eating and drinking needs had been assessed. We also saw staff assisting patients to eat and drink in a dignified and unhurried manner.

We saw that drinks were readily available and within reach of patients. However, the health board should consider providing a range of cups and beakers e.g double handed beakers, to assist those patients who are physically frail or those with cognitive impairment in maintain their independence.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake. However, we found that the use of nutritional and fluid intake and output charts was inconsistent across both wards.

Patients' weights were being monitored regularly to assess whether they were well nourished and the effectiveness of care.

We observed lunchtime meals being served. The meals appeared well presented and appetising. Patients told us that the food was very good.

Improvement needed

The health board must take steps to ensure the consistent use of intake and output charts across both wards.

Medicines management

We observed medication being administered to patients and found the process to be in line with the health board's policy. We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication without becoming anxious or distressed.

A pharmacist visited the ward on a daily basis to undertake medication audits and to offer guidance and support to staff.

None of the patients in receipt of care at the time of the inspection were self-medicating. Patients should be assessed as to their ability to take responsibility for their own medication. This would encourage independence and would maintain and enhance skills prior to safe discharge from hospital.

An electronic medication storage and dispensing machine was in use on Ward 1.

Improvement needed

The health board should ensure that patients are assessed as to their ability to take responsibility for their own medication.

Safeguarding children and adults at risk

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues on either ward at the time of the inspection.

Effective care

Safe and clinically effective care

There was good evidence of multi disciplinary working between the nursing and medical staff.

We found that there was an effective handover process in place between staff shifts. This meant that there was a mechanism in place for sharing relevant care and safety information about all patients. Care was being taken to ensure that any notes taken by staff during the handover session were destroyed after each shift.

Within the sample of patients' care records viewed; we saw a number of completed patient assessment tools based upon best practice professional guidelines and national initiatives. This was with a view to helping staff provide safe and effective care. Examples we saw included those in relation to preventing pressure sores and ensuring adequate nutrition. The dementia care pathway was being used to ensure that the needs of patients with a diagnosis of dementia or with cognitive impairment were being addressed. However, we did not see any formal assessment tool in use for patients who were unable to verbally express discomfort or pain i.e. Abbey pain scale.

We also saw that care bundles, linked to the National Early Warning Scores (NEWS)³ system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness or sepsis. However, we found the NEWS scoring on Ward 1 to be inconsistent, with no written documentation to support decisions around why care bundles had not been set in place or why the scores had not been escalated.

Additional staff were rostered in order to provide close supervision to patients with a diagnosis of dementia or cognitive impairment in one bay on Ward 1. During the inspection visit we found that an agency nurse had been brought in

³ NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

to provide this additional support. Members of the inspection team were concerned about the poor interaction between the agency staff member and patients, with the staff member seen using their mobile phone and appearing to be falling asleep at times. This was brought to the attention of the deputy ward manager who took immediate steps to address the matter. The issue was also discussed with the matron and Assistant Director of Nursing who agreed to pursue the matter further with the agency concerned. This is referred to further in Appendix A of this report.

Improvement needed

The health board should ensure that an appropriate assessment tool is used when patients are unable to verbally express discomfort or pain.

The health board should ensure that the NEWS scoring system is used in a consistent way and that written documentation supports decisions around why care bundles are not set in place or why the scores are not been escalated.

Information governance and communications technology

There was a robust information governance framework in place and staff were generally aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We were told that work was underway on developing an electronic records management system for use across the health board.

Record keeping

We viewed a sample of patient care notes and found them to be generally well maintained. However, we did find that some of the care notes were very bulky which made them difficult to navigate.

As previously mentioned patients' social history and preferences were identified and recorded within 'This is Me' and 'What Matters to Me' booklets. However, we found that some work was required to ensure consistency in respect of the use of these documents. We also found that the recording of patients' capacity to make decisions was inconsistent.

We found that the Ward Managers and Matron conducted monthly audits of care records to ensure accuracy and adherence to health board policies and procedures. The Assistant Director of Nursing routinely reviewed care records during her walkabouts to ensure compliance against required standards. However, we were informed by one staff member that not all staff record information accurately. This matter was brought to the attention of the Assistant Director of Nursing during the inspection who agreed to increase the auditing and monitoring of patient records in the area concerned to gain assurance that quality standards were met.

We found that patient information was kept out of sight on both wards to maintain confidentiality.

Improvement needed

The health board should consider ways of streamlining patients' notes to make them easier to navigate.

The health board must take measures to ensure that patients' capacity to make decisions is recorded consistently.

The health board must review the auditing process to ensure that information is accurately recorded within patients' care notes.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Overall, we found good management and leadership with staff generally commenting positively on the support that they received from the ward manager, particularly on Ward 2B. However, the management on Ward 1 was hampered by the staffing shortages and the ward manager being drawn away from administrative and managerial responsibilities to provide cover on the floor.

Staff told us that they were generally treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Governance, leadership and accountability

The health board had drawn up a quality improvement strategy designed to drive up standards and improve outcomes for patients across all services, a copy of which was made available to us during the inspection visit.

We found that there were well defined systems and processes in place to ensure that the health board focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Early morning multi-disciplinary meetings take place on a daily basis and are attended by the concerns team. All clinical incidents, near misses and complaints that have arisen in the 24 hour period preceding the meeting are discussed and allocated to the appropriate health professional for review. However, we were told by some staff on Ward 1 that senior management do not always respond effectively when concerns are raised and that there is often a lack of response when matters are taken forward. The

health board must ensure that the systems in place for staff to raise concerns or to express their views on the services provided are effective and that staff are kept informed of actions taken.

The matron and the Assistant Director of Nursing were visible on the wards during the inspection visit and we were told that they regularly attend the wards in order to conduct various audits. We also saw members of the management team attending the wards in order to establish bed vacancies and to see whether additional staff were required. However, some of the staff we spoke with told us that this was not always the case and that they rarely see or have an opportunity to talk with members of the management team.

Improvement needed

The health board must ensure that the systems in place for staff to raise concerns or to express their views on the services provided are effective and that staff are kept informed of actions taken.

The health board should continue with their efforts to ensure that members of the management team are visible on the wards and that they make themselves available to patients, visitors and staff.

Staff and resources

Workforce

We found friendly, professional staff teams who demonstrated a commitment to providing high quality care to patients, despite the challenges they faced in order to meet patients' complex, changing needs. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

We viewed copies of the staff rota which showed us that there was a good skill mix of staff on duty each shift. The number of staff on duty could vary from shift to shift and took account of those patients who required one to one assistance or supervision.

We were told that there were registered nurses' vacancies on Ward 1, resulting in existing staff working additional shifts and the use of agency staff to cover shortages. We were told that this had resulted in the reduction in the number of patients accommodated on Ward 1.

We were informed that the health board were actively recruiting nursing staff. However recruitment remains challenging within the national context of nurse shortages, necessitating initiatives reaching overseas to secure registered nurses.

We distributed questionnaires to staff in order to gather information about their experience of working on the wards. We received thirteen completed questionnaires. Staff comments were generally positive about the quality of the service and the support that they received.

Staff confirmed they were able to access training which had helped them to do their jobs effectively. A list of upcoming training events were posted on notice boards on both wards. We were shown copies of staff training records which confirmed that the majority of staff on Ward 2B had undertaken training on 'mandatory' subjects such as Moving and Handling, Health and Safety, Fire Safety and Infection Control together with additional condition specific training such as dementia awareness. However, staff on Ward 1 told us that it was often difficult to access training opportunities due to staffing shortages. We advised that steps must be taken to ensure that all staff have undertaken training in all mandatory subjects and are given sufficient opportunity to attend other training courses that would improve the service provided and benefit career development.

We found that there were good formal and informal staff supervision, support and appraisal processes in place on Ward 2B. However, staffing shortages on Ward 1 meant that formal support, supervision and appraisal processes had lapsed of late. This was partly due to the ward manager and her deputies having to cover staffing shortfalls by working hands-on on the ward. The health board must continue to monitor the staffing levels on Ward 1 and take steps to ensure that the ward is adequately staffed at all times and ensure that the ward manager is given sufficient time and necessary support in order to fulfil their administrative and managerial responsibilities.

In general, nursing and care staff members told us that they felt well supported, respected and valued by the ward managers and matron despite the underlying staffing shortages. However, some staff told us that they would value senior managers seeking their opinions and being more involved in decision making processes.

The cleaning staff told us they felt valued, supported and very much a part of the ward team. However, the health board should review the shift handover process to include the housekeeper so that they are made party to information

about patients' dietary needs. This is vitally important given their role in preparing and serving food.

It was positive that, throughout the inspection and at the feedback session, the staff on both wards were receptive to our views, findings and recommendations.

Improvement needed

The health board must make every reasonable effort to ensure that all wards are adequately staffed at all times. To this end the Health Board must make every effort, working with NHS Shared Services to speed up the recruitment process.

The health board must ensure that staff are given sufficient time in order to attend training.

The health board must continue to monitor the staffing levels on Ward 1 and take steps to ensure that the ward is adequately staffed at all times and ensure that the ward manager is given sufficient time and necessary support in order to fulfil their administrative and managerial responsibilities.

The health board should review the shift handover process to include the housekeeper so that they are made party to information about patients' dietary needs.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found an agency staff member using their mobile phone and falling asleep when undertaking one to one care in the close observation bay on ward 1.	This meant that patients were not being adequately monitored which increased the risk of harm.	We raised this concern with the deputy ward manager, matron and Assistant Director of Nursing.	The deputy ward manager discussed the matter with the staff member concerned. The matron and Assistant Director of Nursing agreed to refer the matter to the agency to be dealt with under their internal disciplinary process.

Appendix B – Immediate improvement plan

Hospital: Ysbyty Glan Clwyd
Ward/department: Ward 1 and Ward 2B
Date of inspection: 4, 5, 6 July 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate improvements were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Ysbyty Glan Clwyd
Ward/department: Ward 1 and Ward 2B
Date of inspection: 4, 5, 6, July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board should encourage the use of the activities room and ensure that all patients are aware of its existence.	1.1 Health promotion, protection and improvement	Establish a daily rota to ensure optimal and protected use of the activity room on a daily basis.	Team Leader for Dementia Support Workers	30/10/2017
The health board should continue their recruitment in order that the special skills of the dementia support worker can be wholly focussed on the care and support of patient with dementia.		Dementia Support worker (DSW) establishment to be increased by 5	Matron Care of the Elderly	31/12/2017
		Increase the Health Care Support Worker (HCSW) establishment to enable the specialist skills of the	Head of Nursing - Medicine	30/11/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		dementia support worker to be wholly focused on the care and support of dementia patients.		
The health board should ensure that more activities are provided to stimulate older patients and in particular those patients on close observation or receiving one to one support.		Shift leads to identify patients requiring bedside activities at handover and report to the DSW Team Leader at the daily early morning Site Safety Huddle.	Matrons - Care of the Elderly	31/12/2017
The health board should ensure that the 'Butterfly' scheme is implemented consistently across all wards and that the butterfly symbol is used routinely to clearly identify those patients with a diagnosis of dementia or cognitive impairment so that staff use appropriate techniques when attending to or communicating with patients.		DSW to support activities at the bedside to include vintage sing-a-longs, bingo, puzzles, meal companions and other effective and engaging multisensory activities.	Matron – Care of the Elderly	31/12/2017
		Identify a lead Matron to work collaboratively with the multi-disciplinary team and Corporate Services to ensure local and national dementia standards and recommendation compliance.	Matron – Care of the Elderly	Complete
		All wards and clinical areas to identify Butterfly Scheme Champions to work	Lead Dementia nurse	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		with the Lead Dementia Nurse and champion use of butterfly symbol in their area		
The health board should improve signs on both wards to make the environment more dementia friendly and to encourage independence.		<p>Upgrade ward 1 in line with dementia friendly ward environmental audits and Kings Fund recommendations.</p> <p>Implement recommendations of environmental risk assessments audits in line with Well Organised Ward (WOW) work plan.</p> <p>Review the colouring of wall back boards and handrails against national guidance and address if required.</p>	Divisional General Manager - Medicine	30/03/2018
The health board should consider reviewing how information is recorded on the whiteboard in Ward 2B in order to maintain patient confidentiality.	4.2 Patient Information	Review alternatives to whiteboard provision and develop guidance on whiteboards and maintaining confidentiality of sensitive information	Head of Nursing – Medicine with Information Governance advice	30/11/2017
The health board should consider providing staff		Business case submitted for boards	Secondary Care	30/03/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>identification boards on both wards to assist patients and visitors in identifying ‘who was who’ and what their roles are on the wards.</p>		<p>which identify the Ward Sister /Charge Nurse are to be placed at ward entrance</p> <p>Bedside information files to be made available for patients and families displaying “who’s who?”</p> <p>Additional visual displays to be displayed at key points on hospital sites</p>	Nurse Director	
<p>The health board should provide clearer guidance to staff around the assessment of patients who are re-admitted onto the wards to ensure that any changes in their care needs are identified.</p>	5.1 Timely access	<p>Ward managers to convey the importance of re-assessing all patients requiring re-admission (with the exception of re-admissions within 24 hours)</p>	Ward Managers	Complete
<p>The health board should continue to monitor the mix of patients on both wards to ensure that patients are admitted into the most appropriate facility and that their’ needs can be fully met.</p>		<p>Glan Clwyd Hospital Redevelopment plans identify specialist areas for the current speciality beds on ward 2A and 2B. The expected split of ward specialities is considered within the next phase of the redevelopment project.</p>	Hospital Director	30/06/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should take measures to ensure that the 'What Matters to Me' and 'This is Me' documentation is used in a consistent way across both wards.	6.1 Planning Care to promote independence	Revised "What Matter to Me" documentation at printers. For relaunch in January 2018.	Assistant Directors of NUrsing	30/01/2018
		Bi-monthly 'What Matters to Me' and 'This is Me' ward based educational sessions to support choice, partnership working, and clarity regarding roles and responsibilities	StepDown Manager	30/10/2017
The health board should draw up a clear protocol on the use of locked doors on Ward 1 and ensure that this protocol is shared with all staff.	6.2 Peoples rights	Development of key communication signs informing the public of risk assessments undertaken by the wards to ensure the safety of patients. Advise to include measures taken to enter the leave the ward area.	Head of Nursing	30/09/2017
Delivery of safe and effective care				
The health board must continue to monitor the temperature on ward 2B and take corrective action to ensure the comfort of patients, visitors and staff.	2.1 Managing risk and promoting health and safety	Recorded temperature checks of the environment on Ward 2 will continue to ensure the comfort of patients and families. Appropriate action will continue to be taken to ensure the comfort of patient such as cooling	Head of Estates Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		drinks, ice lollies and fans and provision of portable air conditioning units.		
The health board must continue to monitor the occurrence of falls on Ward 1 and take appropriate measures to reduce the risks.	2.3 Falls Prevention	<p>Harm Dashboards now available for all wards. Each ward has a trajectory for improvement</p> <p>SafeCare implementation enables safety of ward staffing to be compared in real time against a number of 'redflags'.</p> <p>SafeCare will be rolled out across the Health Board by March 2019 but is already in place across Glan Clwyd Hospital</p>	Matron – Care of the Elderly	Complete
The health board must take steps to ensure the consistent use of intake and output charts across both wards.	2.5 Nutrition and Hydration	<p>Weekly Ward audit to monitor compliance until 100% compliant with All Wales Food Charts and Fluid Balance Charts</p> <p>Monthly audits thereafter</p>	Clinical Governance Lead Nurse	Complete
		Ward managers to reinforce the		Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>importance of intake output charts</p> <p>Identify a governance lead to take forward weekly Fluid Balance ward based education to be facilitated by practice development nurses.</p>	<p>Ward Managers</p> <p>Clinical Governance Lead Nurse</p>	<p>Complete</p>
<p>The health board should ensure that patients are assessed as to their ability to take responsibility for their own medication.</p>	<p>2.6 Medicines Management</p>	<p>Ensure the consistent use of patient symbols in line with health board policy</p> <p>Policy developed and in place. Initial implementation into Womens services with a plan to roll out to Elderly Care.</p>	<p>Matron – Care of the Elderly</p>	<p>Complete</p>
<p>The health board should ensure that an appropriate assessment tool is used when patients are unable to verbally express discomfort or pain.</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>Review of current practice and consider use of recognised pain assessment tools for cognitively impaired.</p> <p>Ward based education in relation to best practice and alternative pain assessment tools to be developed and in place.</p>	<p>Pain Assessment and Treatment Team.</p>	<p>30/12/2017</p>
<p>The health board should ensure that the NEWS scoring system is used in a consistent way and</p>		<p>Develop and implement an audit programme looking at the cardiac arrest</p>	<p>Resus Team</p>	<p>30/11/2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
that written documentation supports decisions around why care bundles are not set in place or why the scores are not been escalated.		calls and the use and documentation of NEWS escalation		
		Compliance to NEWS escalation and associated documentation to be a standard agenda item at monthly service governance meeting.	Clinical Governance Lead Nurse	Complete
		Remind staff through ward managers/charge nurse meetings of the organisational learning to highlight the need to document the NEWS escalation	Heads of Nursing Matrons Clinical Governance Lead Nurse	Complete Complete
		Service governance meetings Terms of Reference and agenda to be re-drafted to ensure fit for purpose. Lessons learnt to be escalated to Quality Safety and Patient experience meeting.	Clinical Governance Lead Nurse	Complete
The health board should consider ways of streamlining patients' notes to make them easier to navigate.	3.5 Record keeping	Introduce the use of coloured dividers to enable methodical and safe filing of documentation. This will include a Safeguarding divider to allow the filing of	Divisional General Managers	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		documentation associated with DoLS, MCA, and Protection of Vulnerable Adult (POVA).		
The health board must take measures to ensure that patients' capacity to make decisions is recorded consistently.		Consistency with the documentation of a mental capacity assessment during patients medical examination	Clinical Directors	31/01/2018
		<p>Implement the Mandatory Training Review Group plan for Level 1 and Level 2 training in the Mental Capacity Act. Training to specifically include the importance of consistent documentation.</p> <p>Circulate to all areas the DoLS quick reference guides <i>“Could your patient be deprived of their liberty”</i> <i>“Deprivation of liberty flowchart – The DoLS Process”</i></p>	Corporate Safeguarding Manager	30/06/2018 Complete
The health board must review the auditing process to ensure that information is accurately recorded within patients' care notes.		Review the current audit programme findings to ensure that case note audit is appropriately built into audit cycle of business	Director of Therapies	31/12/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The health board must ensure that the systems in place for staff to raise concerns or to express their views on the services provided are effective and that staff are kept informed of actions taken.</p>	<p>Governance, Leadership and Accountability</p>	<p>Create a specific patient safety alert to encourage staff to use the reporting datix system</p> <p>Raise awareness of 'safehaven' process with ward teams via Matron, and Ward Manager meetings and leadership walkabouts</p> <p>Refine the Hospital Management Team walkabouts with safety prompts</p>	<p>Executive Director of Nursing</p> <p>Heads of Nursing</p> <p>Assistant Director of Nursing</p>	<p>30/09/2017</p> <p>30/09/2017</p>
<p>The health board must make every reasonable effort to ensure that all wards are adequately staffed at all times. To this end the Health Board must make every effort, working with NHS Shared Services to speed up the recruitment process.</p>	<p>7.1 Workforce</p>	<p>Dementia Support worker (DSW) establishment to be increased by 5.</p> <p>Implement <i>SafeCare</i> to support safe staffing principles and enable acuity based staffing both in real time and as part of planning and establishment setting.</p> <p>Continue with local, national and international recruitment programmes.</p>	<p>Matron – Care of the Elderly</p> <p>E-rostering Manager</p>	<p>30/12/2017</p> <p>Complete</p> <p>In place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board should continue with their efforts to ensure that members of the management team are visible on the wards and that they make themselves available to patients, visitors and staff.</p> <p>The health board should ensure that all staff have access to training in order to support them in providing care to people with cognitive impairment.</p>		Strengthen the Leadership Walkabouts across all areas of the Health Board	Board Secretary	Complete
		Refine the Hospital Management Team walkabouts with safety prompts	Assistant Director of Nursing	30/09/2017
		Implement Open Visiting Policy to enabling the management team to be available to patients, visitors and staff	Associate Director of Nursing Professional Regulation	Complete
		Implement the Mandatory Training plan for Level 1 and Level 2 in the Mental Capacity Act. All staff will have Level 1 training; all clinical staff will have Level 2 training. Training to specifically include the importance of consistent documentation.	Corporate Safeguarding	30/06/2018
		Increase the number of Dementia Support Workers which will increase awareness of cognitive impairment.	Matron – Care of the Elderly	30/12/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The Health Board must ensure that staff are given sufficient time in order to attend training.</p>		<p>Personal and Development Review to be completed for all staff to Identify personal and professional training needs through appraisal process (PADR).</p> <p>PADR rates to be monitored at Divisional and Board level</p>	<p>Ward Manager</p>	<p>30/03/2018</p> <p>In place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must continue to monitor the staffing levels on Ward 1 and take steps to ensure that the ward is adequately staffed at all times and ensure that the ward manager is given sufficient time and necessary support in order to fulfil their administrative and managerial responsibilities.</p>		<p>Implement <i>SafeCare</i> to support safe staffing principles and enable acuity based staffing both in real time and as part of planning and establishment setting.</p>	<p>E-roster Manager</p>	<p>Complete</p>
		<p>Continue with local, national and international recruitment programmes</p> <p>Work with Shared Services to speed up recruitment</p>	<p>Associate Director of Nursing Professional Regulation</p>	<p>In place</p>
<p>The health board should review the shift handover process to include the housekeeper so that they are made party to information about patients' dietary needs.</p>		<p>House keeper to be included in shift handover process</p>	<p>Matron – Care of the Elderly</p>	<p>Complete</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Alison Griffiths

Job role: Assistant Director of Nursing, Glan Clwyd Hospital

Date: 13 September 2017