

**Dignity and Essential Care  
Inspection (unannounced)**  
Cardiff and Vale University  
Health Board: **Barry Hospital**  
Sam Davies Ward (Older  
persons acute and  
intermediate services)

5 & 6 August 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection on Sam Davies Ward (older persons acute and intermediate services) within Barry Hospital, part of the Cardiff and Vale University Health Board on 5 and 6 August 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

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

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

The Directorate of Clinical Gerontology, previously the Older Persons Acute and Intermediate Care Directorate, sits within the Medicine Clinical Board of Cardiff and Vale UHB. The directorate comprises nine wards and three day hospitals located across 5 separate hospital sites.

Barry Community Hospital was opened in 1995 and offers Vale of Glamorgan residents a variety of primary and secondary care services, including: outpatients, minor injuries, radiology, rehabilitation wards, mental health services for older people wards, therapies, dental, GP and out of hours services.

Sam Davies Ward is a 23 bedded rehabilitation ward. The ward has two respite beds, which are for patients who meet the criteria for NHS continuing healthcare, and receives patient referrals from community professional staff as well as other hospital sites.

## 4. Summary

During the course of this inspection we observed that staff were professional, friendly and respectful in their approach to all aspects of patient care provision, which was undertaken in a discreet and sensitive way. Patients informed us that their experience of the service was positive. They also provided us with good reports regarding the quality of the care and the attitudes of the staff.

Generally, patients and relatives felt that staff provided them with enough information about care and treatment in a manner which was sensitive to their needs. We also observed that staff took time to listen and actively respond to questions raised by patients and their relatives.

We observed how staff spoke with patients and relatives in accordance with the standard required by the 'Fundamentals of Care'; staff demonstrating that they had a good rapport with all patients.

We observed many examples of friendly, but respectful, interactions between staff and patients whilst assisting with mobilising around the ward.

We found patients were encouraged to be as independent as possible, with staff assisting them to mobilise in the ward area with appropriate walking aids and offering moral as well as physical support. However, the health board has been advised of the need to increase opportunities for encouraging and promoting patient self management for certain identified health care conditions, in preparation for safe discharge.

We found that relatives were involved in patient care planning. This is regarded as good practice, especially in instances when patients have identified communication difficulties or short term memory loss.

We saw that consideration was given to patients' environment and comfort so that they could rest and sleep.

Overall, patients were helped to be as pain-free as their condition and circumstances allowed; patients we spoke with did not display any signs of discomfort and stated that they were comfortable. However, when we looked at a sample of patient documentation, there were pain score charts available, but it was difficult to find a written record of how staff had assessed the effectiveness of prescribed medication.

Patients had some choice and influence over the care and support they received, with staff offering appropriate assistance and/or encouragement to all patients in relation to their personal hygiene.

Patients who were able to drink independently had ready access to fluids. Their water jug was replenished regularly throughout the day, and on request. The water jugs were found to be within easy reach of patients and hot drinks were also available regularly on request. We also observed staff assisting patients who were not able to drink independently.

It was evident that patients were supported to maintain healthy, comfortable mouths and pain-free teeth and gums, enabling them to eat well and prevent related problems.

Overall, we found toilet facilities to be clean and tidy with all having emergency assistance buzzers within easy reach of patients. Nurse call bells were being answered in a timely manner and no patients indicated that they were distressed as a result of having to wait for assistance.

We found evidence that staff were using a pressure area assessment tool to assist with identifying those patients who may be at risk of developing pressure ulcers/skin damage. Patients' records we reviewed contained individualised risk assessments in relation to this aspect of care from the point of admission.

Patients can be confident that the service is well run. The nurse in charge was able to provide comprehensive information about the service provided and how this related to patient need. The ward team were supported by strong clinical leadership provided by senior managers and an open, positive culture was evident on the ward

Overall, we were satisfied that there was attention paid by the ward staff to delivering a safe service to patients. The ward environment was clean, fresh and standards of hygiene appeared to be satisfactory. Conversations with patients indicated that they were satisfied with the cleanliness in their area.

Scrutiny of a sample of patient records revealed that some nursing notes did not contain patient risk assessments or individualised care plans. Where there were care plans, detail was general and not based on individual needs in accordance with required NHS standards. Some of the patient records examined also showed limited evidence of care planning or goal setting and where risks to discharge were highlighted, there was limited evidence of an action plan to overcome issues and progress towards discharge.

## 5. Findings

### *Quality of the Patient Experience*

**During the course of this inspection we observed that staff were professional, friendly and respectful in their approach to all aspects of patient care provision, which was undertaken in a discreet and sensitive way. Patients informed us that their experience of the service was positive. They also provided us with good reports regarding the quality of the care and the attitudes of the staff.**

During our inspection we spoke to a number of patients and relatives and offered them the opportunity to complete a feedback questionnaire. When asked about their care, respondents were generally satisfied with the way in which care was provided, the quantity and quality of food and drink, access to toilets and the responsiveness of staff. All patients we spoke to agreed that the ward was exceptionally clean and tidy; ward areas being cleaned throughout the day to a high standard.

Patients and relatives told us that staff were polite and friendly and that communication was good. They also confirmed that they felt able to ask questions about aspects of their care and treatment and always received a truthful response from staff. Patients further informed us that they felt the ward staff all worked well together and were always available to help them.

Patients stated that the response to nurse call bells was good during the day and night. We noted that very few call bells were heard during our time on the ward and when they were used by patients to request assistance, the response was immediate.

The ward had a pleasant, light and airy day room which was available for patients to use throughout the day, as well as during mealtimes.

Conversations with patients revealed that the ability to purchase daily newspapers and magazines would improve their experience within the ward environment.

We observed that the ward team consistently used privacy signs when patients were being provided with care and support. Nursing staff always ensured that curtains were drawn around patients' beds when care was being given. In addition, we heard patients being spoken to discreetly, with staff ensuring that conversations regarding personal care and medical conditions could not be overheard.

We found that staff spoke with patients and other members of the ward team in a calm, professional and courteous manner, with patients being called by their preferred name.

There was no evidence that the ward had communication aids such as the loop system for people with hearing problems and staff told us that relatives were encouraged to help patients on occasions, due to their limited ability to communicate.

A number of patients told us that their care had been discussed with them and we saw evidence of this in the patients' notes.

Conversations with patients indicated that food was generally good and on the day of this inspection, it looked appetising. We saw that all staff, irrespective of their grade, assisted with ensuring food was served to patients in a timely manner. Although the 'Protected Mealtimes'<sup>1</sup> approach was in place, relatives were able to visit to assist their relative to eat and drink in accordance with their wishes. Patients were observed eating meals sitting in, or by, their beds, or with a group of patients in the communal dining room, dependent on the individual patient wishes.

Patients looked cared for and well groomed, stating that although they were encouraged to be as independent as possible, assistance was offered by staff in a sensitive and dignified manner as and when required.

Conversations with patients within the ward demonstrated that there was overwhelming support and gratitude for the care and support provided by staff, at all grades, from patients and relatives. This was confirmed through scrutiny of a variety of correspondence received by the ward team and displayed on the 'Thank You' notice board.

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<sup>1</sup> This is a period of time over lunch and evening meals, when all activities on a hospital ward stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help. Protected mealtimes also prevent unnecessary interruptions to patients' mealtimes.

## *Delivery of the Fundamentals of Care*

**Generally patients and relatives felt that staff provided them with enough information about care and treatment in a manner which was sensitive to their needs. We also observed that staff took time to listen and actively respond to questions raised by patients and their relatives.**

### **Communication and information**

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

**We observed how staff spoke with patients and relatives in accordance with the standard required by the ‘Fundamentals of Care’; staff demonstrating that they had a good rapport with all patients.**

Conversations with staff and patients highlighted the efforts made to provide patients with information about their care in a language and manner which was sensitive to their needs. We also found that medical and nursing staff spoke with patients in a considerate, unhurried manner.

We were told by staff that on occasions when patient communication/language difficulties are identified, they involve relatives and friends in discussing preferences when planning care. Staff had access to a good range of translation facilities through switchboard contact numbers and they were also aware of other colleagues within the hospital who could communicate with patients in other languages, such as Welsh. There was no evidence that the ward had communication aids such as the loop system for people with hearing problems.

### ***Recommendation***

***The health board is advised to consider alternative methods of communication so that patients can receive full information in a manner sensitive to their needs.***

There was evidence of good communication between the ward team and other healthcare professionals. In addition, in response to identified patient needs, appropriate referrals had been made to other professionals such as dieticians and diabetic and pain specialist nurses.

Of the sample of care files examined, we found that none had comprehensive care plans for every risk identified in relation to the delivery of patients' care. In one set of patient records we found that there was no apparent care plan or

goal setting evident, although some risks had been highlighted in relation to mobility. However, we found no action plan to address the identified risks.

We also noted that there was limited written evidence in patient records to determine if a patient's treatment or condition had been reviewed with patients themselves, or with relatives or carers. This meant that neither permanent nor bank staff were provided with a clear guide as to how to provide care and support to each patient in accordance with their needs, wishes and preferences. However patients and relatives told us that staff listened to them. Patients and families felt they had involvement in care planning and treatment choices and felt that they understood the care and treatment being provided.

We noted that there were two sets of nursing patient notes for each patient. One kept at the bedside and one at the nurse station. Different documents were filed in each set of notes. It was therefore difficult to navigate one set of documentation without reference to the other, making the system cumbersome. This also created the potential for some patient information to be overlooked. Discussion with nursing and medical staff indicated that they manage this risk by ensuring that they review both sets of documentation together. We observed a care planning meeting with the consent of the attending patient, relatives and ward staff and noted that staff referred to both sets of documentation when they discussed the patient's progress and next steps in their care.

### ***Recommendation***

***The health board should ensure that patient documentation provides clear evidence of the needs of each individual, their care interventions and the evaluation and effectiveness of treatment.***

We observed at times some ward staff discussing patients with the medical team using personal details. Efforts were made to maintain patient confidentiality and discretion with staff ensuring that discussions were undertaken in the meeting room and behind closed doors.

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

### **Respecting people**

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

**We observed many examples of friendly, but respectful interactions between staff and patients whilst assisting with mobilising around the ward.**

During the inspection we observed the efforts being made by staff to protect patients' basic human rights in relation to dignity, privacy and choice. We also found that the care provided on the ward took into account patients' abilities and wishes in this regard. There was evidence that staff preserved privacy and dignity by closing doors and curtains and using do not disturb pegs on curtains before undertaking any personal care. We did not observe any staff entering, other than to assist with care, when the curtains were closed. Staff stated that confidentiality was maintained by discussing any personal matters by speaking discreetly behind bed curtains.

We noted that people were called by their preferred name and were encouraged to make decisions i.e. what they would like to eat or drink, whether they wanted to go back to bed or wanted a shower or bath. Staff were seen to demonstrate patience and understanding towards the patients in their care.

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

Directions to the ward within the hospital were clearly marked, which made it easy to locate the area.

Conversations with patients and staff demonstrated that the ward team placed an emphasis on sharing information with patients, their relatives and the public in an open and transparent way. This was partly achieved through the display of written information about ward performance, such as hospital associated infections, patient falls and pressure ulcers, on noticeboards and on Safety crosses<sup>2</sup>.

We observed a good level of cleanliness and general housekeeping. Bathroom facilities were modern, very clean, in good working order, and visibly free from any clutter or communal items. The ward sluice and storage cupboard areas were very well organised which enabled staff to easily locate anything they

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<sup>2</sup> Safety crosses are colour coded charts seen on wards to help identify the origins of pressure damage to skin and also to highlight when a healthcare associated pressure ulcer deteriorates.

required. We noted transforming care<sup>3</sup> principles had been implemented and were used effectively in all store cupboards and most store rooms to ensure that stock was well organised. This also assisted staff to find items quickly.

### **Promoting independence**

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

**We found that patients were encouraged to be as independent as possible, with staff assisting them to mobilise in the ward area with appropriate walking aids and offering moral as well as physical support. However, the health board has been advised of the need to increase opportunities for encouraging and promoting patient self management for certain identified health care conditions, in preparation for safe discharge.**

We saw patients receiving therapy from the physiotherapist during the inspection and observed that the patients were enabled to sit on their bed or in chairs by the side of the bed at various times of the day, in accordance with their wishes.

However, examination of a sample of patient records showed that there was a greater focus on assessing and managing a number of patients with colostomy care and diabetes, as opposed to actively promoting and encouraging self management. This means that the patients concerned were not being provided with the opportunity to move towards a higher level of independence and self management in preparation for a more rapid rehabilitation and discharge from the ward.

### ***Recommendation***

***The health board is advised of the need to increase opportunities for encouraging and promoting patient self management of identified health care conditions in preparation for safe discharge.***

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<sup>3</sup> The Transforming Care programme of work has allowed nurses to spend more time at the bedside; has improved ward environments and contributed to a significant reduction in pressure ulcers.

There was evidence of the 'This is Me'<sup>4</sup> initiative information on the ward; however, there was an inconsistent approach to the use of this approach in delivering care to patients.

### ***Recommendation***

***The health board is advised of the need to ensure that staff are confident and competent in the use of the 'This is Me' element of patient care.***

We found that patients were not able to obtain daily newspapers, other current reading material, toiletries or confectionery as there was no means of purchasing these items. Patients who spoke with us suggested that the availability of a mobile shop would be welcomed and improve their experience during their stay on the ward.

A large day room was available for the use of patients and their relatives to watch television and the room had a number of reading books. During mealtimes the day room was used as a dining room and patients were encouraged to have their meals here and maintain some of the usual dining experience they would have outside of hospital.

### **Relationships**

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

**We found that relatives were involved in patient care planning. This is regarded as good practice, especially in instances when patients have identified communication difficulties or short term memory loss.**

Although the ward had structured visiting times, staff indicated that there was some flexibility when required. Observation throughout the two day inspection served to verify that a relative was able to remain with their family member in accordance with their needs and wishes.

Patients enjoyed being cared for by the motivated ward team. This is because they told us that there were excellent relationships between them, their relatives and the staff.

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<sup>4</sup> This is Me is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interest.

### **Rest, sleep and activity**

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

**We saw that consideration was given to the patients' environment and comfort so that they could rest and sleep.**

There were adequate amounts of pillows and blankets available and we observed staff asking if patients were comfortable. The linen cupboard was well stocked and staff stated that they had adequate supply of linen and pillows.

Patients who agreed to speak with us did not report any concerns or problems and said that they were able to rest throughout the day or night.

### **Ensuring comfort, alleviating pain**

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

**Overall, patients were helped to be as pain-free as their condition and circumstances allowed; patients we spoke with did not display any signs of discomfort and stated that they were comfortable. However, when we looked at a sample of patient documentation, there were pain score charts available, but it was difficult to find a written record of how staff had assessed the effectiveness of prescribed medication.**

We found that recorded assessments of patients' pain were inconsistent, and pain scoring was not in an easy to interpret, consistent format. This may result in patients' needs not being fully met.

Additionally, scrutiny of care records did not indicate whether patients (who experienced chronic pain) had been referred to the chronic pain management team for assessment and advice concerning their ongoing pain management needs.

### ***Recommendation***

***The health board is advised of the need to ensure that there are suitable ward systems and processes in place with regard to the management of patients' pain.***

## **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.*

**Patients had some choice and influence over the care and support they received, with staff offering appropriate assistance and/or encouragement to all patients in relation to their personal hygiene.**

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

We observed appropriate assistance and or encouragement being provided to promote good personal hygiene and staff were seen asking patients if they would like to have a wash or a shower.

Patients told us that they were encouraged to be as independent as possible with washing and dressing. Assistance was given if required, and we observed staff asking a patient if they would like assistance with washing their hair. Patients were seen to be clean and well groomed on the 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.*

**Patients who were able to drink independently had ready access to fluids. Their water jug was replenished regularly throughout the day, and on request. The water jugs were found to be within easy reach of patients and hot drinks were also available regularly on request. We also observed staff assisting patients who were not able to drink independently.**

We found that the ward had Protected Mealtimes arrangements in place. This means that staff are able to assist and support patients to eat their meals with minimum interruption and in an unhurried way. Staff told us that relatives were encouraged to visit the ward at mealtimes and assist their family member to eat and drink. This was evident during the inspection.

We observed good interaction between nursing staff and patients at mealtimes. Patients were observed being given appropriate assistance to eat and staff were observed regularly gently encouraging patients. However, we observed patients were not offered hand wipes or wash bowls prior to eating their meals.

### ***Recommendation***

***The health board must ensure patients are offered hand wipes or the ability to wash their hands prior to mealtimes.***

Examination of a sample of documentation found that staff were not consistently recording the dietary and fluid intake in relation to those patients who had been assessed as being at risk (because of poor dietary intake or recent weight loss). Healthcare support workers who spoke with us said that such recording was their responsibility, however they did not always have time to complete the food and fluid charts as required. This may place patients at unnecessary risk.

### ***Recommendation***

***The health board should ensure that All Wales fluid charts are fully completed in accordance with the All Wales Nutrition Care Pathway<sup>5</sup> for food and fluid provision for hospital inpatients.***

### **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.*

**It was evident that patients were supported to maintain healthy, comfortable mouths and pain-free teeth and gums, enabling them to eat well and prevent related problems.**

Appropriate attention was paid to mouth care. This is because Health Care Support Workers (HCSWs) we spoke to were aware of what they needed to do to support patients in relation to this element of care. Staff also told us that they had received appropriate and regular training to provide mouth care.

We were told that there was a stock of toothbrushes and toothpaste available for those patients who required them.

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<sup>5</sup> All Wales Hospital Nutrition Care pathway is a protocol which provides technical guidance for caterers, dieticians and nursing staff responsible for meeting the nutritional needs of patients who are capable of eating and drinking.

We did not observe any issues of concern in relation to patients' oral health and hygiene.

### **Toilet needs**

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

**Overall, we found toilet facilities to be clean and tidy with all having emergency assistance buzzers within easy reach of patients. Nurse call bells were being answered in a timely manner and no patients indicated that they were distressed as a result of having to wait for assistance.**

All commodes were clean; however they did not have green strips attached to them to indicate they had been cleaned and were available for patient use.

### ***Recommendation***

***The health board is advised to ensure that staff follow the agreed procedure to indicate that commodes are clean and ready for patient use in accordance with relevant guidance.***

Nurse call bells were being answered in a timely manner, and no patients indicated that they were distressed as a result of having to wait for assistance.

Patients, who were able, were encouraged and supported to mobilise to the toilets. Those who required a commode were treated with dignity and respect, ensuring their privacy was maintained at all times.

There was evidence of continence pads in the store room and staff told us that they used their professional judgement when deciding on which pads to use. However, the patient records we reviewed did not contain any continence assessments or evidence of referrals to the specialist continence nurse. This may mean that continence needs are not being met appropriately.

## ***Recommendation***

***The health board should ensure that the All Wales Continence Bundle<sup>6</sup> is used consistently and evaluated to ensure that patients' continence needs are being met.***

### **Preventing pressure sores**

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

**We found evidence that staff were using a pressure area assessment tool to assist with identifying those patients who may be at risk of developing pressure ulcers/skin damage. The patient records we reviewed contained individualised risk assessments in relation to this aspect of care from the point of admission.**

Where necessary, SKIN<sup>7</sup> bundles and charts were adopted. These had been completed and reviewed as required. There was evidence of pressure area care and monitoring being undertaken during intentional rounding<sup>8</sup> and all pressure area assessments we reviewed were generally up to date and contained evidence of regular monitoring and evaluation.

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<sup>6</sup> The All Wales Continence Bundle provides nurses with tools to identify the immediate and longer term continence needs and support patients require.

<sup>7</sup> If a patient is deemed to be at risk of developing a pressure ulcer, the SKIN bundle requires nurses to record the actions they are taking every two hours to reduce the likelihood of damage to patients' skin.

<sup>8</sup> Intentional rounding is a process which requires health care professionals to carry out regular checks with individual patients regarding their care, at set intervals.

## *Quality of Staffing, Management and Leadership*

**Patients can be confident that the service is well run. The nurse in charge was able to provide comprehensive information about the service provided and how this related to patient need. The ward team were supported by strong clinical leadership provided by senior managers and an open, positive culture was evident on the ward**

The guiding principles for nurse staffing levels issued by the Chief Nursing Officer for Wales state that there should be no more than seven patients allocated to each registered nurse within medical or surgical wards during the day. The nurse in charge of the ward confirmed that staffing levels during our inspection were adequate and staff we spoke to confirmed they felt the staffing level and combination of registered nurses/healthcare support workers was appropriate to meet the needs of the patients. We observed that staff were always visible within the patient bay areas and that buzzer calls for assistance were responded to promptly by staff.

Senior staff were fully aware of the escalation policy in place on the ward which enables them to request additional staff in response to identified changes to patients' needs.

We found that the ward team provided care and support to patients in a calm and efficient way throughout the inspection. We also found that there was a range of processes and established systems in place to ensure patient care was delivered efficiently. During the inspection, the nurse in charge of the ward was able to provide us with comprehensive information about the service provided within the ward and how this related to patient needs.

An open and positive culture was evident on the ward. This was verified through discussions with staff who told us that they felt able to freely raise concerns about patient care with the ward sister/nurse in charge. We were informed that the ward team were supported by strong clinical leadership provided by senior managers. We also found that the team worked well together.

Discussion with the nurse in charge indicated that staff were provided with training in subjects including dignity, dementia, abuse and family involvement, We were also told by the nurse in charge that there was an over reliance on e-learning and this was further supported by other staff confirming to us that they were not aware of any training offered in a non electronic format. We observed that the ward had a number of patients with dementia and the nurse in charge agreed that it would be beneficial for more staff to undertake specific training as

staff are caring for an increasing number of patients with delirium, dementia and confusion.

***Recommendation***

***The health board is advised of the need to ensure that staff are competent and confident to meet the identified needs of all patients at all times.***

Staff had a good understanding of the procedures associated with the handling and management of complaints and provided examples of how the team communicated with relatives who had concerns. We were also told that relatives were encouraged to raise any concerns with staff who were empowered by senior staff to openly provide information.

We observed the domestic and ward hostess staff working as part of the ward team. All were well informed about individual patients' needs including special requirements and fluid and nutritional requirements.

## ***Delivery of a Safe and Effective Service***

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

**Overall, we were satisfied that there was attention paid by the ward staff to delivering a safe service to patients. The ward environment was clean, fresh and standards of hygiene appeared to be satisfactory.**

**Conversations with patients indicated that they were satisfied with the cleanliness in their area.**

### **Patient safety**

We found that there were sufficient sharps boxes for the disposal of needles, syringes and other patient related equipment. None of the boxes seen were over filled which meant that sharp objects posed no risk to staff.

We observed during the inspection that nursing and care staff were dressed in accordance with the All-Wales dress code. However, some staff were not wearing clear visible means of identification.

### ***Recommendation***

***The health board must ensure compliance with the All-Wales dress code<sup>9</sup> principle 5, which requires all staff to wear identification at all times which is clearly visible.***

The emergency resuscitation trolley had been maintained and checked as required to ensure that patient equipment was ready for use as and when needed.

Conversations with staff demonstrated that they were familiar with current ward policies and guidelines. We explored whether staff had an understanding of the

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<sup>9</sup> An All Wales NHS Dress Code has been developed by the Welsh Assembly Government to encompass the principles of inspiring confidence, preventing infection and for the health and safety of the workforce. It applies to everyone whether they are working in a clinical or non-clinical area.

legislation and processes associated with safeguarding (otherwise known as that protection of vulnerable adults) and the Deprivation of Liberty Standards (DoLS)<sup>10</sup>. Staff told us that they would be able to identify any potential situations where a patient may need to be deprived of their liberty for safety reasons, but would refer to the nurse in charge in order to escalate any specific issues in this regard.

We noted that there could be a possible breach to confidentiality because we saw patient information regarding dietary information being recorded on a white board in the main thoroughfare of the ward. It would be best practice to record initials or patient identification numbers rather than names.

### ***Recommendation***

***The health board is advised to ensure that patient confidentiality is respected as far as possible, especially in hospital wards, public areas and reception areas.***

### **Medicines management**

The ward treatment room was well organised and was only accessible by authorised staff. All cupboards were labelled clearly. We viewed the controlled drugs record book and found the recording of administration and stock level to be correct. Controlled drugs were stored in a locked cupboard, in accordance with current and relevant guidance, and there was evidence that stock levels were being checked by staff on a daily basis. Medication was administered by nurses wearing red tabards<sup>11</sup> so that they would not be disturbed. We observed patients wearing identification wrist bands which were checked prior to administering any medication. Drugs trolleys were not left unattended at any time and there was no evidence of drugs being left for patients to take later. Medication administration charts had been completed appropriately.

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<sup>10</sup> When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation called The Deprivation of Liberty Safeguards (DoLS) has to be followed to ensure that people are not unlawfully deprived of their liberty.

<sup>11</sup> The red tabard is worn over the registered nurse's uniform during every drug round. It helps to improve the safety of medicines administration and enables the nurse to concentrate without distraction whilst informing other members of staff the exact job being carried out

## **Record keeping**

The nurse in charge explained the DATIX<sup>12</sup> system for recording clinical incidents and was clearly familiar with its use. Discussion indicated that some incidents were resolved quickly at ward level, whereas other incidents needed to be discussed with other health board colleagues as resolution was considered to be more complex.

There was evidence of the use of overarching principles associated with the 1000 Lives Initiative<sup>13</sup> being implemented on the ward and there was documented evidence of the use of appropriate “care bundles”<sup>14</sup>.

## **Care planning**

During the course of this inspection, we examined four patients’ case notes. This involved scrutiny of both medical and nursing notes and observations of the care given. We also spoke with the patients concerned and the staff who were providing their care and support in order to obtain a complete view of how services were being delivered.

Consequently, we found that not all nursing notes contained patient risk assessments or individualised care plans. Where there were care plans, the information recorded was general in nature and not based on individualised needs.

We also found that a number of care entries that detailed generalised care i.e. ‘full wash given’ and were not signed, dated nor had the time of entry been included. There was also limited evidence that staff had recorded all of the actions and care that they had undertaken. We observed much more care given in practice on the ward than what was actually recorded within the patient records. We discussed this with some staff who explained that this was because if they were short of time, patient care would be prioritised before

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<sup>12</sup> DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

<sup>13</sup> The *1000 Lives Campaign* aims to improve patient safety and increase healthcare quality across Wales.

<sup>14</sup> Care bundles relates to the consistent use of approaches to patient care which are then recorded on a series of forms. The approach aims to improve standards of care and patient outcomes.

record keeping. Whilst this is a logical prioritisation, care records need to be fully completed in a timely manner, and reflect all care given.

In one set of patient's records we found limited evidence of care planning or goal setting. Where risks to rehabilitation towards discharge were highlighted, such as mobility, there was no action plan to overcome this risk and continue progression towards discharge.

### ***Recommendation***

***The health board must ensure patient documentation reflects the care and treatment given and that care plans are individualised and goal focussed.***

### **Diabetes management**

The "Think Glucose"<sup>15</sup> initiative was not evident on the ward although staff stated that there were protocols available for diabetic care.

We looked at the care of a diabetic patient and found that there was a food chart to monitor and record intake of nutrition. We were told that staff monitored blood sugar readings. There was no evidence of the DAFNE<sup>16</sup> / DAFYDD<sup>17</sup> concepts being promoted.

We saw that patients were not encouraged and supported to self manage their diabetes even though a patient had stated that they were previously well informed and experienced with regard to the management of their condition.

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<sup>15</sup> 'Think Glucose' is a national initiative led by the NHS Institute for Innovation and Improvement. It aims to improve inpatient diabetes care including effective use of the inpatient diabetes specialist team.

<sup>16</sup> DAFNE (Dose Adjustment For Normal Eating) is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

<sup>17</sup> DAFYDD (Dose Adjustment For Your Daily Diet) is an education programme for people with Type 1 diabetes.

***Recommendation***

***The health board is advised of the need to ensure that staff is confident and competent in providing care and support to patients with diabetes.***

## 6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and this 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 Sam Davies Ward at Barry 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:** Barry Hospital

**Ward/ Department:** Sam Davies Ward (older persons acute and intermediate services)

**Date of Inspection:** Tuesday 5 and Wednesday 6 August 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of the Patient Experience</b>			
	We have not made any recommendations in relation to the above theme.			
	<b>Delivery of the Fundamentals of Care</b>			
8.	The health board is advised to consider alternative methods of communication so that patients can receive full information in a manner sensitive to their needs			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
9.	The health board should ensure that patient documentation provides clear evidence of the needs of each individual, their care interventions and the evaluation and effectiveness of treatment.			
11.	The health board is advised of the need to increase opportunities for encouraging and promoting patient self management of identified health care conditions in preparation for safe discharge.			
12.	The health board is advised of the need to ensure that staff are confident and competent in the use of the 'This is Me' element of patient care.			
13.	The health board is advised of the need to ensure that there are suitable ward systems and processes in place with regard to the management of patients' pain.			
15.	The health board must ensure patients are			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	offered hand wipes or the ability to wash their hands prior to mealtimes.			
15.	The health board should ensure that All Wales fluid charts are fully completed in accordance with the All Wales Nutrition Care Pathway for food and fluid provision for hospital inpatients.			
16.	The health board is advised to ensure that staff follow the agreed procedure to indicate that commodes are clean and ready for patient use in accordance with relevant guidance.			
17.	The health board should ensure that the All Wales Continence Bundle is used consistently and evaluated to ensure that patients' continence needs are being met.			
<b>Quality of Staffing Management and Leadership</b>				
19.	The health board is advised of the need to			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	ensure that staff are competent and confident to meet the identified needs of all patients at all times.			
<b>Delivery of a Safe and Effective Service</b>				
20.	The health board must ensure compliance with the All-Wales dress code principle 5, which requires all staff to wear identification at all times which is clearly visible.			
21.	The health board is advised to ensure that patient confidentiality is respected as far as possible, especially in hospital wards, public areas and reception areas.			
23.	The health board must ensure patient documentation reflects the care and treatment given and that care plans are individualised and goal focussed.			
24.	The health board is advised of the need to ensure that staff is confident and competent			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	in providing care and support to patients with diabetes.			

**Health Board Representative:**

**Name (print):** .....

**Title:** .....

**Signature:** .....

**Date:** .....