

## **Powys Teaching Health Board**

## **Unannounced Dignity and Essential Care Inspection**

**Date of visit 16 and 17 January 2012**

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## Introduction

1.1 Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way<sup>1</sup>. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect. Dignity is also one of the five United Nations Principles for Older People, and is a key principle underpinning both the Welsh Government’s Strategy for Older People and the National Service Framework for Older People in Wales. In 2007, the Welsh Government launched its ‘Dignity in Care Programme for Wales,’ an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

1.2 Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 Healthcare Inspectorate Wales (HIW) commenced a programme of unannounced ‘Dignity and Essential Care Inspections’ to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW’s Dignity and Respect Spot Checks which took place during 2009 and 2010<sup>2</sup>.

1.3 The ‘Dignity and Essential Care Inspections’ review the way a patient’s dignity is maintained on a hospital ward and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations. More information on how the inspections are carried out is available at Appendix A of this report.

1.4 The inspections capture a ‘snapshot’ of the care patients receive on hospital wards, which may point to wider issues about the quality and safety of essential care and dignity.

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<sup>1</sup>Inhuman treatment’ means treatment causing severe mental or physical harm, and ‘degrading treatment’ means treatment that is grossly humiliating and undignified.

<sup>2</sup> For more information on the 2009-2010 Dignity and Respect Spot Checks, please visit <http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

1.5 On 16 and 17 January 2012, HIW undertook an unannounced Dignity and Essential Care Inspection at Brecon War Memorial Hospital.

### **Brecon War Memorial Hospital**

1.6 Brecon War Memorial Hospital, part of Powys Teaching Health Board, is one of ten community hospitals based in Powys.

1.7 At our inspection in January 2012 we visited two wards: Epynt Ward which specialises in Rehabilitation and Palliative Care and Y Bannau Ward which is a General Practice Medical Ward.

## **2. Findings**

2.1 This chapter sets out the findings from our visit.

### **Epynt Ward (Rehabilitation and Palliative Care)**

2.2 Overall the ward was led in an efficient manner which resulted in a very calm environment.

#### **Ward environment**

2.3 The ward had a spacious and well maintained layout which consisted of single patient rooms with one double room. There were no issues raised by patients regarding the layout of the ward.

2.4 Patient room doors were closed when treatment was being provided; whilst ward staff appeared very aware that a closed door meant care in progress, we identified that there were no means to indicate that treatment was in progress behind the closed doors. Signs on the doors or the possibility of curtains being drawn across doorways of patient rooms and in bathrooms are possible solutions.

2.5 We did not identify any issues regarding clutter on the ward as store rooms were being used appropriately to store medical supplies and equipment.

2.6 We were pleased to see that patients have access to a dining area and staff were encouraging patients to use it. However the dining area was being under utilised; we were informed that due to there being no emergency call bell in the room, patients could not be in there without a member of staff, so after they had finished their lunch they went back to their rooms. The area was also used for staff meetings on Tuesdays and Thursdays, therefore a room that could be used for potential patient socialisation on a ward where the majority of rooms were single rooms could only be used by patients five lunch times a week.

2.7 During our time on the ward we identified that not all staff were wearing name badges as a means to identify themselves.

### **Staff attitude / behaviour / ability to carry out dignified care**

2.8 We observed staff being very supportive, caring and courteous towards patients on the ward. It was also clear that they were aware of the need for discretion in communications about personal information.

### **Management of patients with dementia**

2.9 The ward has good links with Crug Ward, which is another ward based at Brecon War Memorial Hospital which specialises in older people's mental health care. These links were proving useful when assessing and planning interventions to assist in the care and management of patients on Epynt Ward with confusion or dementia.

### **Care planning and provision**

2.10 Patient assessments were being completed and reviewed, however these assessments were not always seen to be translated into subsequent plans of care. Also care plans were not always sufficiently detailed which would make it difficult for temporary staff to provide care and also for the ward to evidence the care that was being delivered to patients.

### **Records management**

2.11 Compliance with records management procedures on the ward was good. We also reviewed a number of patient records who were identified as 'Do Not Attempt Resuscitation' (DNAR). All of the patient records we viewed had the appropriate form, however one of the forms on a patient record was incomplete. This issue was raised with a member of staff immediately who then made the appropriate updates to the form.

## **Fluid and nutrition**

2.12 Nutritional assessments were completed for each patient which were detailed in patient bedside charts, however as previously mentioned these assessments were not always translated into the patients' care plans.

2.13 Patients who were mobile were being assisted to the dining area by staff and patients who required assistance to eat were helped by members of staff. Also we observed that clear and accurate records of fluids post meal time were being made.

2.14 Patients we spoke to on the ward informed us that they have ready access to water which is changed regularly by staff.

## **Personal care and hygiene**

2.15 Patients were dressed in their own clothing which created a sense of normality and independence for patients on the ward.

2.16 We also saw evidence of good oral hygiene assessments for patients.

2.17 We were informed by a number of staff on the ward that patients are encouraged to take responsibility for as much of their own personal care and hygiene as possible, which helps to promote independence.

2.18 Patients on the ward appeared well cared for in terms of hygiene and personal care and during our visit we observed two patients being taken to the hairdresser at the day hospital.

2.19 We did not observe patient hand washing being encouraged by staff prior to meal times and from discussions with patients the perception was that hand washing was not proactively encouraged by staff.

## Toilet needs

2.20 We observed patients being assisted to the toilet by staff throughout the day.

2.21 We were informed that the Euron Product Chart (EPC) was being used to assess the type of Euron incontinence pad required for patients who required them. However we found the use of the EPC to be inconsistent and its use was not always evident for all patient records.

2.22 We could not find any evidence to show that comprehensive continence assessments were taking place on the ward even where continence problems were identified as an issue on initial patient assessments.

2.23 We were informed that commodes were being cleaned by staff after every use; however there was no evidence to indicate this as we were advised that the only time that a sticker or tape was added (to indicate that the commode had been cleaned) was after the routine night time cleaning procedures took place.

## Buzzers

2.24 All buzzers were positioned within reach of patients and were also in place in all patient toilets / bathrooms. All patients we spoke to informed us that staff answered the buzzer calls promptly and whilst on the ward we observed buzzers being answered quickly.

2.25 We also observed prompt responses to bedside pressure mats which are used to notify staff when a patient at risk of falling has got up from their chair or moved out of their bed.

## Communication

2.26 We saw evidence of a number of communication aids available for patients on the ward including Braille, Welsh translation and pictorial signs on the doors, as well as the large clocks in each of the patient rooms. We were also informed that fluent

Welsh speaking staff were available on the ward. However, there was no loop system<sup>3</sup> available on the ward and also staff knowledge of the communication aids available for patients was inconsistent.

## **Medicines and pain management**

2.27 Pain management was not identified as an issue from the discussions with patients. However we did not see any evidence of pain assessment tools (measurement of patients' pain intensity) in use on the ward on the day of the visit.

## **Pressure sores**

2.28 Compliance with intentional rounding<sup>4</sup> and SKIN bundles<sup>5</sup> was seen as excellent and there were no grade three or four pressures sores on the ward. Also, all staff members that we spoke to were aware of how to care for pressure sores and to minimise the risk of potential pressure damage.

## **Discharge planning**

2.29 We saw evidence of organised discharge planning which included input from the patient, their relatives and the Multi-Disciplinary team. The patients we spoke to who were due for discharge were all aware of what was planned as they had been involved in the discussions.

## **Activities**

2.30 There were limited activities available for patients on the ward. We were informed that volunteers previously visited the ward to carry out activities with patients but that these had not been reinstated since the ward had moved back to refurbished premises.

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<sup>3</sup> Hearing Loop system is a special type of sound system for use by people with hearing aids.

<sup>4</sup> Formal checklist used when checking on patients which happens every 1-2 hours and is carried out by the responsible nursing staff.

<sup>5</sup> A simple holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage.

2.31 There is a day room available with a television and radio; however this room is not appropriate as an activity room as it is too small and would be very hard to use to engage in any sort of activity with patients.

## **Y Bannau Ward (General Practice Medical)**

2.32 Overall Y Bannau ward was a calm and focussed ward which was well managed.

### **Ward environment**

2.33 The ward was visibly clean, however aspects of it could have been better organised; for example the storage of patient belongings and also some of the ward supplies were stored haphazardly.

2.34 As with Epynt Ward we were pleased to see that there was a dining area available for patients and that patients were being encouraged to use it during meal times. However the dining area was located next to a storage area and was also exposed to the main entrance to the ward which reduced its effectiveness in providing a dignified dining area for patients. Despite this almost all patients were using the dining area for lunch on the day of our visit.

2.35 Dignity curtains were being used across doorways of bathrooms / toilet areas to maintain patient privacy and dignity when in use which was noteworthy practice. However we did not observe any signs to inform others that treatment was being provided behind closed curtains / doors on the ward.

### **Staff attitude / behaviour / ability to carry out dignified care**

2.36 Staff were polite, courteous and sensitive to patients. We noted that the awareness of the importance of maintaining dignity was clearly a priority for staff on the ward.

## **Management of patients with confusion**

2.37 There was good dementia-related care on the ward which included an awareness of the needs of patients and how best to observe and care for them.

2.38 As with the Epynt Ward, Y Bannau Ward has forged good links with the adjacent Crug Ward which is a ward for older patients with a mental health problem. We were informed that ward staff as well as the Liaison Nurse from Crug Ward provides specialist advice to staff on Y Bannau Ward. The Mental Health Liaison Nurse on Crug Ward was also providing dementia training to staff and the wards were working together to formulate an assessment tool for patients with dementia who were admitted to the general wards.

## **Care planning and provision**

2.39 Assessments were being carried out for patients on the ward and these were documented in patient records. However, the needs identified in these assessments and any additional nursing records were not always being highlighted in patient care plans; for example where issues were referenced in medical records (e.g. patient at risk of falls) they were not subsequently being translated into the action plan for falls prevention in the nursing plan. Therefore no referral to falls prevention appeared to be actioned as part of the nursing care plan.

## **Records management**

2.40 The organisation of patient records was disjointed and made it difficult to get a clear outline of each patient's current admission to hospital. This could be an issue for new members of staff or temporary members of staff on the ward attempting to quickly ascertain a patient's history, current status and care needs.

## **Fluid and nutrition**

2.41 As previously stated, patients were encouraged to use the dining area to eat their meals. We observed patients being assisted to the dining area and were informed by patients that staff help them to eat and drink if they require assistance.

2.42 The patients we spoke to also informed us that they have access to fresh water which is changed regularly.

## **Personal care and hygiene**

2.43 As with Epynt Ward, patients were dressed in their own clothing which created a sense of normality and independence for patients on the ward.

2.44 We were informed that patients have their own toiletries and attend to their own oral hygiene unless they require assistance. There were patient oral assessment tools available on the ward.

2.45 Patient hygiene needs are given much focus on the ward. From our observations and patient comments it was evident that patients' personal hygiene needs were being met on the ward. However, we did not observe patients being proactively encouraged by staff to wash their hands prior to their meals.

## **Toilet needs**

2.46 Patients were encouraged to use the toilets as opposed to commodes and whilst we were on the ward we observed patients being assisted to walk to and from the toilet by members of staff.

## **Buzzers**

2.47 Each patient on the ward had access to a buzzer which was within their reach. There were also buzzers available in the bathroom / toilets on the ward.

2.48 The patients we spoke to on the ward informed us that staff respond to buzzers in a timely manner and this was observed whilst we were there.

### **Communication**

2.49 We were informed that the ward has good links with the audiology department and there were talking books available in the day room. However there was no hearing loop available on the ward.

2.50 It was not clear from the health records we reviewed that patients and relatives are systematically being involved in care planning.

### **Medicines and pain management**

2.51 Patients we spoke to on the ward did not have any issues with pain management and we saw evidence of patient pain assessments, however these assessments were not evident in all patient records.

### **Pressure sores**

2.52 Pressure sore assessments were being carried out and mattresses are provided when any risks are identified. There was also clear use of daily SKIN bundles on the ward.

### **Discharge planning**

2.53 No issues were identified regarding discharge planning on the ward. The patients we spoke to who were due to leave the ward in the near future informed us that staff had talked to them about what would happen once they left the ward.

## Activities

2.54 There was a day room on the ward which contained some books, games, a CD player and a television; however there was a lack of any structured activities for the patients to participate in during their stay on the ward.

2.55 Staff on the ward told us that patients are encouraged to go off the ward to take part in activities or family events such as family birthdays.

2.56 We were informed by patients that there was no newspaper round. Staff told us that they would provide patients with newspapers magazines from the hospital shop; however none of the patients we spoke to were aware of this.

## Issues identified on previous Dignity and Respect inspection

2.57 HIW visited Brecon War Memorial Hospital on 23 and 24 October 2009 to carry out an unannounced Dignity and Respect spot check. During this spot check we visited Y Bannau Ward (now called Epynt ward) and Crug ward. Our findings for this visit can be found on our website<sup>6</sup>.

2.58 After reporting our findings to the Health Board, action plans were produced detailing arrangements the Health Board intended to put in place to resolve the issues we had identified.

2.59 During this visit (January 2012), we followed up the key aspects of the 2009 action plans to ensure that agreed actions had been taken forward.

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<sup>6</sup> <http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

## Y Bannau Ward

2.60 During our visit to Y Bannau ward (now known as Epynt ward) we were pleased to see that various actions had been completed. We identified appropriate signage around the ward for people with sensory impairment including large print signs with pictures and Braille.

2.61 We also noted that the rate of Vulnerable Adult training was very good with only two of the 27 staff not having had the training, due to them being on maternity leave.

2.62 However, we did identify a number of issues that did not appear to be in place.

2.63 When speaking to staff on the day of the inspection, it became apparent that there were inconsistencies in staff knowledge about the communication aids available to assist patients with a sensory impairment. In our 2009 report we said that:

*'Audio books are available but other resources to support patients with sensory impairments are lacking, seeming to depend on individual staff approaches.....Staff were unaware of the loop system in the hospital meaning that some patients may not be benefiting from having their hearing aids appropriately set. Braille facilities and information in large print are available on request but not immediately to hand.'*

2.64 Therefore in this report we make a further recommendation for the Health Board to put arrangements in place to ensure that patients with a sensory impairment can communicate effectively and are not feeling isolated or confused due to a lack of appropriate communication.

2.65 We also stated in our 2009 report that:

*‘Evidence in patient records to indicate the level of involvement of patients and carers in care planning is inconsistent. We understand that relatives and / or carers are invited to multi-disciplinary team meetings but their involvement in decision making was not clear from the records.’*

2.66 On the day of our most recent visit it was still not clear from the care plans reviewed that patients and relatives are systematically being involved in care planning. Therefore in this report we make a further recommendation to ensure that patients and where appropriate, relatives are systematically involved in care planning and this is evident in the patient health records.

## **Crug Ward**

2.67 During our visit to Crug Ward we were please to see that the majority of actions had been completed. However, there are still a small number of actions which are outstanding:

2.68 During our 2009 visit we noted that the ward was too hot. On the day of our most recent visit we observed the temperature to be fine but we were informed by staff that the temperature of the ward remains an issue. Staff also told us that the Health Board is looking into this issue and possibly getting a new heating system fitted. Therefore a further recommendation is made for the Health Board to update HIW about what action is being taken.

2.69 In the 2009 report we stated that resources to support patients with a sensory impairment were lacking. We also said that staff were unaware of the loop system in the hospital meaning that some patients may not be benefiting from having their hearing aids appropriately set. During our most recent visit, staff talked to us about some of the caring ways they support patients with a sensory impairment, however the majority of these staff were unaware that there was a portable loop system on the ward. Therefore in this report we make a further recommendation for the Health

Board to ensure that patients with a sensory impairment are able to communicate effectively on the ward and are therefore not left feeling isolated or confused.

2.70 In the 2009 report we stated that name badges were not being worn by all staff making it difficult to identify staff members. At the time we suggested that a display board with staff photographs and names may help. However, during our most recent visit we again noticed that staff were not wearing name badges and were therefore difficult to identify. The staff we spoke to did have their badges in their pocket and explained that the badges can get in the way of care and treatment and potentially catch on patients' skin.

2.71 Whilst we understand that the wearing of name badges can cause a potential risk of catching a patients skin we also feel that it is important that staff are identifiable. Therefore in this report we make a further recommendation that the Health Board finds an appropriate way for staff to be identifiable at all times.

2.72 In our 2009 report we also said that more consideration needed to be given to ensuring that curtains were kept fully closed when personal care or treatment was being undertaken. Whilst we did not observe any care taking place behind curtains at the time of our most recent visit, we were concerned to see that both sets of curtains in the two bedded bay (room five) were not long enough (in width) to cover the whole cubicle. Therefore when the curtains were closed, there was a very large gap that wasn't covered resulting in a significant privacy and dignity issue. Therefore, in this report we make a further recommendation that this issue is resolved immediately to ensure that patients using this bay do not have their dignity compromised.

2.73 Due to there being outstanding actions from the 2009 Dignity and Respect visit, the Health Board is required to provide us with assurance that they will take the required steps to ensure these issues are addressed.



### **3. Recommendations**

3.1 In view of the findings arising from this review we make the following recommendations.

#### **Ward environment**

3.2 The Health Board should ensure that measures are in place across the Health Board to inform others of care and treatment taking place behind closed curtains / doors.

3.3 The Health Board should ensure that patients on Epynt Ward are able to utilise the dining room facilities at all meal times.

3.4 The Health Board must ensure that all staff on the wards are wearing identification badges whilst on duty.

3.5 The Health Board should review storage arrangements on wards to ensure that patient belongings and ward supplies are stored appropriately.

3.6 The Health Board should review the location of the dining area on Y Bannau Ward in an effort to provide greater privacy for patients during meal times.

#### **Care planning and provision**

3.7 The Health Board must ensure that patient needs identified in patient assessments are linked into the patients care plan.

3.8 The Health Board must ensure that all patient care plans are regularly reviewed and updated by staff.

3.9 The Health Board should ensure that clear nursing documentation systems are in place on wards to enable ready access to assessment, care planning and evaluation aspects of records.

## **Records management**

3.10 The Health Board should ensure that all DNAR forms are fully completed and up to date.

## **Personal care and hygiene**

3.11 The Health Board should ensure that patients are provided with the opportunity to wash their hands before meal times.

## **Toilet needs**

3.12 The Health Board should ensure that any patient assessed as having continence issues receives a more detailed assessment and an appropriate care plan is put in place.

3.13 The Health Board should ensure that systems are put in place to evidence every time that a commode is cleaned by staff on wards.

## **Medicines and pain management**

3.14 The Health Board should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is regularly reviewed and evaluated.

## **Communication**

3.15 The Health Board should ensure that systems are in place on the wards to assist patients with sensory impairments to communicate.

## Activities

3.16 The Health Board should consider ways to provide patients with activities and stimulation throughout the hospital stay.



## 4. Conclusion

4.1 Overall we observed staff on both wards being supportive, polite, courteous and sensitive to patient needs. We also witnessed an awareness of the need for discretion in communications about personal information.

4.2 We were pleased to see that both wards has built good links with the adjacent Crug Ward as these links were proving to be useful when assessing and planning interventions in the care and management of patients with dementia or confusion.

4.3 In general, we found that care for patients was being provided well, however a number of issues were highlighted on both wards including insufficient documentation to evidence the care being provided by staff on the wards.

4.4 We also identified that there were limited activities and stimulation for patients on both wards visited. We have made a recommendation for the Health Board to consider ways to ensure that patients are provided with activities and stimulation throughout their hospital stay.



## 5. Next steps

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

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

5.3 Healthcare Inspectorate Wales would like to thank Powys Teaching Health Board, especially the staff on Epynt and Y Bannau wards who were extremely helpful throughout the Inspection.



### Background and Methodology for the Dignity and Essential Care Inspections

In 2009-2010 HIW carried out a number of unannounced 'Dignity and Respect Spot checks' to wards and departments which provided services to older people with mental health problems.

After each of these spot checks, we wrote to the Chief Executive of the relevant Health Board explaining our findings and highlighting areas for improvement. The Health Board then provided HIW with an 'action plan' explaining how they would develop areas we had identified as needing improvement.

For further information on HIW's 2009-2010 unannounced dignity and respect spot checks, please use the following link:

<http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

In 2011, HIW developed a new programme of spot checks to focus on the essential care, safety, dignity and respect that patients receive in hospital.

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

- Patient environment.
- Staff attitude / behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure Sores.
- Fluid and nutrition.

- Personal care and hygiene.
- Toilet needs.
- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

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

## **The Dignity and Essential Care Inspections**

HIW's programme of 'Dignity and Essential Care Inspections' (DECI) commenced in November 2011 with a pilot inspection in the University Hospital of Wales, Cardiff.

The inspection team is made up of a HIW inspector, two practising and experienced nurses and a 'lay' reviewer.

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

<http://www.hiw.org.uk/page.cfm?orgid=477&pid=57445>

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

# The Roles and Responsibilities of Healthcare Inspectorate Wales

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

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

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

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

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

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

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

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

HIW is one of 18 UK organisations who collectively have been designated by the UK Government as the 'National Preventative Mechanism' (NPM) under the Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPACAT) to examine the treatment of people deprived of their liberty and recommendations for improvement.

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

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

		<p><b>26. Workforce training and organisational development</b></p> <p>Organisations and services ensure that their workforce is provided with appropriate support to enable them to:</p> <ul style="list-style-type: none"> <li>a) maintain and develop competencies in order to be developed to their full potential;</li> <li>b) participate in induction and mandatory training programmes;</li> <li>c) have an annual personal appraisal and a personal development plan; enabling them to develop their role;</li> <li>d) demonstrate continuing professional and occupational development; and</li> <li>e) access opportunities to develop collaborative practice and team working.</li> </ul>
<p><b>Management of patients with dementia</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <ul style="list-style-type: none"> <li>a) needs of individuals whatever their identity and background, and uphold their human rights.</li> </ul> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> <li>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</li> </ul>

<p><b>Care planning and provision</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right to freedom of expression (Article 10).</p>	<p><b>7. Safe and clinically effective care</b></p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <p>a) based on agreed best practice and guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;</p> <p>b) that complies with safety and clinical directives in a timely way; and</p> <p>c) which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.</p> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and</p> <p>c) working in partnership with other services and organisations, including social services and the third sector.</p>
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<p><b>Communication</b></p>	<p>Right to freedom of expression (Article 10).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p><b>9. Patient information and consent</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements;</p> <p>b) providing opportunities to discuss and agree options;</p> <p>c) treating their information confidentially;</p> <p>d) obtaining informed consent, in line with best practice guidance; and</p> <p>e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.</p> <p><b>18. Communicating effectively</b></p> <p>Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:</p> <p>b) with patients, service users, carers and staff using a range of media and formats;</p> <p>c) about patients, service users and their carers;</p> <p>e) addressing all language and communication needs.</p>
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<p><b>Fluid &amp; nutrition</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>14. Nutrition</b></p> <p>Organisations and services will comply with legislation and guidance to ensure that:</p> <p>a) patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed;</p> <p>b) any necessary support with eating, drinking or feeding and swallowing is identified and provided.</p> <p>Where food and drink are provided:</p> <p>d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and</p> <p>e) is accessible 24 hours a day.</p>
<p><b>Pressure sores</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>
<p><b>Personal care and hygiene</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p>

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

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

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

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

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