

Dignity and Essential Care Inspection (unannounced)

Powys teaching Health Board,
Brecon War Memorial Hospital,
Epynt Ward

8 & 9 October 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection to Epynt Ward at Brecon War Memorial Hospital, part of **Powys teaching Health Board** (Powys tHB) on the 9th and 10th October 2014.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service

2. Methodology

HIW's dignity and essential care inspections, review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

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

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Powys teaching Health Board (Powys tHB) covers a quarter of the landmass of Wales; it is, however the most sparsely populated Health Board area. Within Powys tHB, there are a total of 10 inpatient facilities providing community and rehabilitation care to patients. The Health Board commissions acute care services from neighbouring Health Boards.

The Health Board is made up of three areas, North Powys, Mid Powys and South Powys. In such a geographically spread area, each of the three areas are reliant on separate district general hospitals. These hospitals are in different health boards.

Epynt ward at Brecon War Memorial hospital is a 15 bedded inpatient ward which caters for a mixture of consultant led patients and GP led patients. Six beds on the ward are used specifically for stroke rehabilitation care and Powys patients are accepted back to Brecon from nearby district general hospital stroke units where their rehabilitation is continued.

13 of the 15 beds are provided in single rooms, most with en suite bathrooms. There is one two bedded room which is smaller than the single rooms and therefore used for more able bodied patients, having less room for mobility equipment such as hoists.

Over the days of this inspection, there was one bed available on Epynt ward with one patient admission expected into this space; by the end of our inspection time, the ward was full with 15 patients.

4. Summary

HIW received positive comments from patients and relatives about the care provided to them on Epynt ward. However, we also received some less positive comments from patients who did not know staff names of any staff and who had found it quiet and lonely on the ward.

The ward environment was spread across a long L-shaped corridor with 13 single rooms and was noticeably quiet.

We saw from the rota and from observations during our visit that there were consistent difficulties in covering the ward with enough staff. Low staffing levels and a large, spacious ward with the majority of patients being cared for in single rooms presented challenges which we felt compromised the delivery of the fundamentals of care in some areas. In terms of the delivery of the fundamentals of care we have made recommendations in 8 of the 11 areas inspected.

We found that the staff team were striving to provide the highest level of care they can on a daily basis. However, against a backdrop of low staffing levels and with no lead nurse in post (at a Health Board level) to promote and prioritise the needs of south Powys, we found that the team were working in circumstances that are stressful and isolated.

We found a ward team who had many tools available to help them ensure that patients could communicate and contribute to their care planning as much as possible, however, we did not find evidence of weekly multidisciplinary goal setting reflected in nursing care plans. We also noted that the layout of the ward and low staffing levels were reducing the opportunities for interaction between staff and patients.

We found that the ward environment was particularly good for promoting and respecting the privacy and dignity of patients. We found that the ward did not have access to a sufficient supply of patient gowns and have previously had to resort to having them sent from other hospitals by post.

Epynt ward works very closely with a multidisciplinary team who are readily available during the week and actively contribute to the rehabilitation of patients. The staff had access to a variety of different aids to promote independence and were familiar with how to use them.

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patients. The staff had access to a variety of different aids to promote independence and were familiar with how to use them.

We found that Epynt ward encouraged visitors and encouraged patients to maintain as much contact as possible with the people most important to them. We found that the ward could feel isolating and lonely for those patients who did not receive any / many visitors.

We found that Epynt ward was quiet and restful. Patients were able to rest whenever they need to and can do this easily as 13 of 15 beds are in single rooms.

We found that the staff on Epynt were regularly monitoring their patients to ensure they were comfortable. On occasion it was difficult for them to respond promptly to buzzers as they were busy providing care to other patients and due to the single room layout, could not provide any immediate reassurance to patients. We noted some distress in patients on two occasions when there was a wait for staff to come and help.

Staff on Epynt ward made sure that patients were washed or helped to wash in the morning. A hairdresser and private laundry service also visited the ward.

We saw that there were initiatives in place to support patients with eating and drinking. However, we also saw that staffing levels fluctuated over the shift and during the evening. Therefore when the nursing staff were busy providing essential care and stabilising patients, despite initiatives to support eating and drinking, they had little time to provide any extra support.

We found that nursing staff were completing assessments on oral health and hygiene for patients but we found that there were three examples where oral health / hygiene needs were not being met.

We found that the layout of the ward and routines of the ward were conducive to the provision of excellent toilet and continence care.

We found that the ward had a firm routine in place to ensure that pressure area care was provided regularly to patients. We also noted that the ward monitored how long it had been since a patient acquired a pressure sore whilst being cared for on Epynt and saw evidence that there had been none recently.

We could not be satisfied that the staffing levels on Epynt reflected the needs and dependency of the patient group. We were also not satisfied that there is sufficiently accessible and visible senior leadership, other than those based on site, to work with ward staff to resolve issues and continually promote current

best practice. With no lead nurse in post (at a Health Board level) to promote and prioritise the needs of south Powys, we found that the team were working in a stressful, isolated position.

We were not satisfied that the staff were supported well enough by maintenance, nor the out of hours management response system to be able to resolve patient safety issues without delay. We found that the staff team were working in an isolated position and were tolerating unacceptable delays in getting environmental problems and staffing issues resolved.

We made one request for immediate action as part of this inspection. We discovered that staff were not correctly and consistently implementing infection control procedures, despite the clinical need for necessary precautions to be in place for the prevention of the spread of infection to other patients on the ward. The Health Board responded promptly to these concerns and details of the actions they took can be found in their response to the action plan.

5. Findings

Quality of the Patient Experience

HIW received positive comments from patients and relatives about the care provided to them on Epynt ward. However, we also received some less positive comments from patients who did not know staff names of any staff and who had found it quiet and lonely on the ward.

The ward environment was spread across a long L-shaped corridor with 13 single rooms and was noticeably quiet.

Epynt ward appeared clean and was tidy and clutter free. There are 13 single rooms and one two bedded room, some rooms are ensuite. The ward is L-shaped, with one corridor of rooms leading off another corridor. There are two small nursing hubs within the ward itself and at the main entrance, a main office where the ward clerk and ward sister are based.

For the majority of the inspection visit, patients stayed in their rooms where all nursing care of a personal nature was provided. Some patients used the communal day room for lunch and this was one of the only occasions during the day when we saw patients moving about the ward.

The two long corridors of the ward were painted white and whilst clean, they appeared sparse and clinical. Some of the patients on Epynt had been there for long stays, some over 4 weeks. For them and for other patients, a more attractive ward environment would be beneficial.

Recommendation

The Health Board is advised to look at appropriate ways of making the ward more homely.

During the course of this inspection, we distributed 20 (HIW) questionnaires to patients, relatives and visitors in an attempt to obtain people's views about the services provided on Epynt ward. 7 of these questionnaires were completed and returned to us. On the day of inspection, we also spoke to a number of patients and relatives who were willing and/or well enough to share their views with us. We received permission from all 7 questionnaire respondents to include any additional comments they made into our report.

All 7 respondents either strongly agreed or agreed that the ward was clean and tidy.

All patients went on to state that they were happy with the nursing and medical care received on Epynt ward. We did however, have conversations with a small number of patients who did not feel they had got to know the team of staff very well and were unable to recall the names of any staff members. We were also told by one patient that it had not been possible to form many meaningful relationships whilst staying on Epynt ward. During the general observations we made during this inspection, HIW twice saw different staff enter the rooms of new patients without introducing themselves by name. From this and the above patient comments, we have concluded that the ward may not be meeting patient needs in this respect and they need to give consideration to attitudes and communication when dealing with patients.

Recommendation

The Health Board should consider the comments HIW received and has made above in relation to the patient / nursing staff relationships and take steps to improve this.

Delivery of the Fundamentals of Care

Overarching Conclusion

HIW found a nursing team striving to provide a good level of care against a backdrop of very low numbers of staff employed to work on the ward. We saw from the rota and from observations during our visit that there were consistently difficulties in covering the ward with enough staff. Low staffing levels and a large, spacious ward with the majority of patients being cared for in single rooms presented challenges which compromised the delivery of the fundamentals of care in some areas. In terms of the fundamentals of care, we have made recommendations in 8 of the 11 areas inspected.

Communication and information

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

Conclusion

We found a ward team who had many tools available to help them ensure that patients could communicate and contribute to their care planning as much as possible, however, we did not find evidence of weekly multidisciplinary goal setting reflected in nursing care plans. We also noted that the layout of the ward and low staffing levels were reducing the opportunities for interaction between staff and patients.

During HIW's inspection visit, Epynt ward had 15 patients and was full. The ward was short of staff and we were told that they had been having substantial difficulties providing staffing cover. Staff were extremely busy providing care to patients, many of whom had complex needs which required intensive nursing support for a range of problems. As a result, we saw that there was not much time for additional interaction between the staff team, nor between staff and patients.

Conversations with staff indicated that they were very familiar with using a variety of different communication aids to help patients and we were given examples of the different aids frequently in use to help patients communicate their needs. We also noticed a sign up near the main ward sister's office which had details of a translation service that staff could access if needed. Some of the ward staff could speak Welsh.

We spoke to some relatives and patients who told us that they were very happy about the care that was provided. Some of them also informed us that they had been given opportunities to actively be a part of decisions about care.

There is a weekly ward round which takes place for the patients whose care was managed by the ward consultant and the other health professionals involved in their care (the multidisciplinary team) also use this to plan and set goals for the coming week. We could not however, find any clear evidence of this goal setting being referred to or informing the nursing care plans.

Recommendation

The Health Board should ensure that nursing staff have the time to develop meaningful care plans which better reflect the multidisciplinary team goals.

Respecting people

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

Conclusion

We found that the ward environment was particularly good for promoting and respecting the privacy and dignity of patients. We found that the ward did not have access to a sufficient supply of patient gowns and have previously had to resort to having them sent from other hospitals by post.

The ward consists of predominantly single rooms; therefore the environment makes it easier for staff to protect the privacy and dignity of patients when providing personal care. HIW noted that staff were ensuring doors were kept closed whilst they were giving care to patients and at other times when doors might be left open, no conversations could be overheard.

HIW were present for the handover from evening staff to night staff which was done by walking from room to room. However, the conversation was quiet and discreetly handled. Patients were not discussed in front of other patients.

We were told by staff that the ward had limited access to gowns for patient use. For example, if for any reason their own clothes were unavailable, inappropriate

or soiled. The staff told us how they had sometimes had to have gowns sent by post to them from other hospitals.

Recommendation

The Health Board must ensure that the ward is provided with adequate supplies of patient gowns so that they are available when necessary for patient care and comfort.

Promoting independence

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

Conclusion

Epynt ward works very closely with a multidisciplinary team who are readily available during the week and actively contribute to the rehabilitation of patients. The staff had access to a variety of different aids to promote independence and were familiar with how to use them.

We noted that the majority of patients on Epynt ward are cared for in single rooms and as a result, few patients were seen about the ward. Patients are encouraged, if appropriate, to eat lunch in the ward day room and during our inspection we saw staff helping patients to make their way to the day room as independently as possible. Once lunchtime was over, all patients returned to their room and during the rest of our visit we saw few other occasions when patients were moving about the ward.

We were told that some of Epynt ward staff have had training on current best practice in the care of confused patients and patients with dementia but so far the ward have not been given the resources to implement any of the current initiatives. We noticed that toilets and bathrooms were signed in the normal way and there was nothing to make these rooms stand out more easily to patients. A positive finding was the clinical and sluice rooms had red marking on and above the doors to make them stand out.

The staff had access to a variety of different aids to help them support patients, encourage independent mobility and promote independent communication.

Recommendation

The Health Board should improve signage on the ward in accordance with best practice.

Relationships

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

Conclusion

We found that Epynt ward encouraged visitors and encouraged patients to maintain as much contact as possible with the people most important to them. We found that the ward could feel isolating and lonely for those patients who did not receive any / many visitors.

The visiting times on the ward were long, allowing for a period during the morning where staff could provide more intensive care but after that opening it up for friends, relatives and others to visit. The ward staff actively encouraged involvement from friends and relatives and we were shown a large area adjacent to two patient rooms where if needed, relatives could be given a bed to sleep and have access to a fridge, microwave and cupboards. Staff also told us that the large en-suite single rooms were spacious enough to accommodate a second bed if relatives / friends wished to stay and they gave some examples of when they had accommodated this request. These occasions tended to be when end of life care was being provided. The examples demonstrated that they were particularly keen to involve and make provisions in the best interests of the patients and their families. There was also a day room where patients could go with visitors and there was a variety of seating available to use.

Although there were protected mealtimes^[1]¹ in place on Epynt ward to minimise disruption, we also saw staff encouraging visitors (on a case by case

¹ **Protected mealtimes.** This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to 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.

basis) who could provide support with eating or if patients were unable to eat, could provide a welcome distraction from the mealtime going on around them.

For those patients who did not receive visitors, we found that Epynt ward could be an isolating place to be. Factors which HIW felt contributed to this were the long corridors, the sparse white painted walls, patients remaining in their single rooms and the pressured team of staff who were busy providing essential care and had little time for other patient interactions.

Recommendation

The Health Board should consider what can be done to improve opportunities for interaction with patients, particularly those who do not receive any visitors.

Rest, sleep and activity

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

Conclusion

We found that Epynt ward was quiet and restful. Patients were able to rest whenever they need to and can do this easily as 13 of 15 beds are in single rooms.

There is a rest period for patients after lunch which is built in to the daily ward routine. Rooms were large and patients seemed to have a number of pillows on their beds in order to make them comfortable. We also noticed that some patients had their own blankets and pillows on their beds. During our inspection the ward was quiet, even during the busiest part of the day. We stayed and observed the handover between evening and night staff and noted that at this point lighting on the ward was dimmed and the night staff were wearing soft soled, quiet shoes.

Each patient room had a television and as the doors to patient rooms could be shut, any noise from these could be minimised. During our inspection we noticed that most patient televisions were off and as previously mentioned, the ward was very quiet.

Ensuring comfort, alleviating pain

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

Conclusion

We found that the staff on Epynt were regularly monitoring their patients to ensure they were comfortable. On occasion it was difficult for them to respond promptly to buzzers as they were busy providing care to other patients and due to the single room layout, could not provide any immediate reassurance to patients. We noted some distress in patients on two occasions when there was a wait for staff to come and help.

We spoke to a number of patients and also looked in depth at four sets of patient records whilst we were inspecting Epynt ward. Patients told us they were comfortable and we also noted pain charts in patient notes which were complete, indicating that staff were monitoring patient pain levels. We observed part of two medication rounds and at this point we saw that nursing staff were asking patients whether they were comfortable or needed any medication to relieve pain. In addition to this, the staff undertake intentional rounding [2]² which means that on a regular basis they can reassess the patients to ensure they are comfortable.

The nursing staff also told us that within Powys tHB they have access to a specialist pain team for advice if they cannot manage a patient's pain. Prior to contacting this specialist team, the nursing staff work closely with the medical consultant and senior grade doctor, or with the GP looking after the patient. They told us that they also seek advice from Macmillan nurses in managing pain for patient's receiving palliative care.

² **Intentional rounding** is a structured process where nurses on wards in acute and community hospitals and care home staff carry out regular checks with individual patients at set intervals, typically hourly. During these checks, they carry out scheduled or required tasks.

We observed that on two occasions there was a short delay of up to 5 minutes in staff answering patient buzzers. At these times we noted that it was because the staff were busy delivering care to someone else. When staff were available, they responded promptly to buzzers sounding and any other patient requests for help that could be heard.

Recommendation

The Health Board must ensure that the staffing levels on the ward are sufficient to enable staff to respond quickly to patient calls for help.

Personal hygiene, appearance and foot care

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

Conclusion

Staff on Epynt ward made sure that patients were washed or helped to wash in the morning. A hairdresser and private laundry service also visited the ward.

We arrived on Epynt ward for our inspection visit mid morning and found that by this time most patients had washed, or been helped to wash and change. Some patients were seen wearing their own clothes; others were seen wearing hospital gowns.

There were large bathrooms available on the ward for use by patients who did not have ensuite facilities in their rooms, these appeared to be very clean and free from clutter.

A hairdresser visits Epynt ward three times each week and patients can use this service, which must be paid for, as often as they like. A private laundry service is also offered to patients and clothing is taken away, washed and returned clean and ironed.

We did not see any evidence of foot care assessments in the nursing notes of patients. This could be particularly important in the care of patients with diabetes.

We noted three occasions when staff did not correctly implement local and national infection control procedures. We were sufficiently concerned about this

that we issued an immediate assurance letter to the Health Board on the 10th October. We were satisfied with the action plan they provided which outlined how they would deal with our findings.

Recommendation

The Health Board is advised to consider the use of foot health assessments, particularly where patients have diabetes.

Eating and drinking

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

Conclusion

We saw that there were initiatives in place to support patients with eating and drinking. However, we also saw that staffing levels fluctuated over the shift and during the evening. Therefore when the nursing staff were busy providing essential care and stabilising patients, despite initiatives to support eating and drinking, they had little time to provide any extra support.

During our inspection we observed one lunchtime meal and one evening meal. The majority of patients sat in the day room to eat lunch but for the evening meal, all patients ate in their own rooms. At lunchtime, we saw that there were a number of staff in the day room helping to serve the meal and give any individual help to patients who might need it. We saw that staff were obviously aware of those patients who needed extra help or encouragement to eat and drink and we also saw that there were different sizes of cutlery available to make it easier for patients to eat independently.

In the evening, all patients were back in their rooms and had their dinner served to them on trays. We were also told by staff that it is the general routine for patients to eat their evening meal in their room and not in the day room. During the meal service we saw that nursing staff were extremely busy providing care to patients and that meals were being served by domestic staff. We saw that staff were busy and not available throughout the mealtime to provide support and encouragement to patients who needed it. We also noted that some of the patients eating in bed did not appear to have been positioned as upright as they could have been to comfortably and safely eat their meal.

We noted that patients each had a jug of water in their room and were told that these were replaced twice daily. We were not clear about whether the amount taken away is monitored so that staff have further evidence of how much patients are managing to drink.

Recommendation

The Health Board must ensure that staffing levels are adequate enough to ensure that patients have sufficient support at each mealtime.

We did not see any evidence, prior to either mealtime, that as part of the ward routine staff encourage or help patients to wash their hands.

Recommendation

The Health Board should ensure that patients are encouraged to wash their hands prior to meals.

Oral health and hygiene

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

Conclusion

We found that nursing staff were completing assessments on oral health and hygiene for patients but we found that there were three examples where oral health / hygiene needs were not being met.

We looked at some patient notes in depth and found that nursing staff had completed an assessment of oral health and hygiene needs for each patient. We also saw that staff had access to plentiful stocks of denture pots, toothbrushes and toothpaste. We were told that night staff were responsible for cleaning all patient dentures each night shift.

Over the course of our inspection, we did note two patients who required some oral care and we did raise this with staff so that this assistance could be provided. We also noted that one patient did not have a jug of water and therefore no access to fluids for some time, when we raised this with staff, water was provided. Of concern is that all three of these patients would not have been able to raise these issues themselves and these matters had gone unnoticed and had not been responded to by staff on the ward until we drew their attention to them.

We noted that staff were extremely busy at all times and seemed to be under pressure with several things to do. The above two findings may provide further indication that the staffing levels are not sufficient for the fundamentals of care to be effectively and consistently delivered for patients on Epynt ward.

Recommendation

The Health Board must ensure that staff are reminded of the need to provide high levels of oral care and also ensure that staffing levels are sufficient to be able to provide regular oral care where this is needed.

Toilet needs

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

Conclusion

We found that the layout of the ward and routines of the ward were conducive to the provision of excellent toilet and continence care.

The facilities on Epynt ward were excellent; many rooms had ensuite facilities and where they didn't there were sufficient toilet facilities available which appeared clean and clutter free.

Each patient had been assessed by a registered nurse to see what their needs were in relation to continence. In each patient room there was a trolley containing all the equipment for that individual patient and a laminated sheet outlining their main needs and requirements in relation to continence. Staff undertook a regular round of the ward during which they helped each patient to use the toilet, or provided appropriate continence care if this was needed. When patients rang their buzzers it did not seem to be because they needed the toilet which indicates that the staff and the ward routine were meeting this need effectively and efficiently.

Preventing pressure sores

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

Conclusion

We found that the ward had a firm routine in place to ensure that pressure area care was provided regularly to patients. We also noted that the ward

monitored how long it had been since a patient acquired a pressure sore whilst being cared for on Epynt and saw evidence that there had been none recently.

The patient records we saw showed that nursing staff were assessing the risk of skin pressure damage for each patient and planning individualised care which would reduce the risks they found.

In addition to the documentation we viewed, we also saw staff undertaking regular rounds of patients on the ward to make them comfortable and relieve any pressure associated with staying in bed for long periods of time. We noted that there was a range of equipment in place to help relieve pressure (such as air mattresses) and we also saw that patients had been regularly repositioned over the course of our visit.

Patients were encouraged to use the day room to eat lunch and were being assisted to walk there if they could. We also saw a variety of different chairs in patient rooms and the communal day room which could be used in accordance with need.

Quality of Staffing, Management and Leadership

We could not be satisfied that the staffing levels on Epynt reflected the needs and dependency of the patient group. We were also not satisfied that there is sufficiently accessible and visible senior leadership, other than those based on site, to work with ward staff to resolve issues and continually promote current best practice. With no lead nurse in post (at a Health Board level) to promote and prioritise the needs of south Powys, we found that the team were working in a stressful, isolated position.

Staffing levels and skill mix and professional accountability

On the day of our inspection, there were two registered nurses working a 12 hour day shift on Epynt ward, two healthcare support workers for the morning shift and two healthcare support workers for the afternoon shift. They were also supported by a Band 6 nursing Sister.

There are 15 beds on Epynt ward and there were 15 patients during our inspection visit. The Chief Nursing Officer agreed nurse staffing levels (WG CNO Office 2014) advise that there should be no more than 7 patients per registered nurse during the day and also advise that the ward sister does not be included when calculating these numbers. The staffing levels on Epynt ward clearly fall below this recommendation and in conjunction with the layout of the ward and the shortfalls highlighted in this report, we conclude that the number of staff is having a negative impact on the care of the patients being nursed there. We noted that the ward employs a total of 11 registered nurses, not all of whom are full time. As a consequence of this, providing sufficient staff cover for the ward is frequently difficult. On the day of our inspection, the Band 6 sister, Band 7 sister and ward clerk all spent a long time trying to secure staff to cover shifts last minute. This meant that valuable clinical time was taken away from highly skilled, senior staff.

We were told that there has been a vacant lead nurse post for South Powys for some time. We heard how the senior sister had been raising concerns about the staffing levels for some time, yet to date, there had been no changes as a result of this. We also found that when the nurse in charge escalated a broken call bell she was required to justify the reason for needing maintenance services. This was despite it being a clear patient safety issue and a matter of professional accountability for a nurse in terms of the Nursing and Midwifery Council guidelines that nurses are required to follow in order to protect their patients. On both of the above issues, HIW consider that senior nurse

representation for South Powys at Health Board level could be instrumental in resolving some of the current issues affecting the delivery of care at ward level.

Recommendation

The Health Board must urgently review minimum staffing levels for each shift to ensure that the needs of the patients can be effectively and safely met and to ensure that they are in line with the minimum level set out by Chief Nursing Officer recommendations. In addition, the nurse:patient ratio and skill mix should reflect the acuity, dependency and layout of the ward.

Recommendation

The Health Board must ensure the senior nursing structure is sufficient to support Epynt ward nurses in developing and complying with relevant professional guidance.

Effective systems for the organisation of clinical care

We observed what seemed to be a very well established daily routine for the provision of care on Epynt ward. Although staffing levels were low, the nursing staff were undertaking rounds of the patients at least every 2 hours and more frequently than this when it was required. We noted that the staff had little time for interaction with patients outside of these times.

There were clear levels of accountability between the registered and non registered nursing staff.

Training and development

Epynt ward had recently become a stroke rehabilitation unit (February 2014) and due to this, the staff had been given some training in the provision of specialist stroke care. This had been designed in house by some of the specialist therapists involved in the Powys Health Board stroke care provision and the training had been accredited by a national stroke organisation. Aside from this, we saw evidence of training certificates for e-learning modules which staff accessed individually. We spoke to some staff members to see if they had had any training in the protection of vulnerable adults but they were unable to recall any. Training records showed that some staff had completed an online protection of vulnerable adult module and we also noted that this was classed as mandatory training.

There were posters advertising a small number of training courses which could be attended in person but there was little else on display to encourage staff training. Staff told us that most of their training is now accessed via computer on an individual basis but we were told that there are problems with access to this. We found a general dissatisfaction from staff around the usefulness of learning in this way and were concerned that the staff we spoke to could not recall the particular topics they had studied via e-learning.

Recommendation

The Health Board must ensure that staff are given access to meaningful training opportunities which develop their competence and continue to stimulate learning. Where online training is used, there needs to be a system of follow up and evaluation of the effectiveness of the learning.

Handling of complaints and concerns

On arrival to Epynt ward, we noticed blank comment forms for patients / relatives / visitors to provide any concerns, complaints or compliments.

The ward sister and senior sister told us that they are keen to have as much involvement with patients and families as possible and they aim to resolve any issues as quickly as they can. They were able to give us an example of having resolved some concerns promptly, avoiding any further action.

We spoke to a small number of relatives and patients and also had feedback through our questionnaires and through these we were told that patients and families were very happy with the care they received on the ward.

There were no ongoing or outstanding complaints at the point of our inspection visit.

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.

We were not satisfied that the staff were supported well enough by maintenance, nor the out of hours management response system to be able to resolve patient safety issues without delay. We found that the staff team were working in an isolated position and were tolerating unacceptable delays in getting environmental problems and staffing issues resolved.

Risk management

Staff were aware of the Datix [3] ³System which is available for recording clinical incidents and near misses. We were told that the staffing levels are a cause for concern for the entire nursing staff team and that on occasion, staff have felt sufficiently concerned about low staff numbers and the resultant potential risk to patients that they have used the Datix [3] system to report this. We were concerned to hear that whilst senior staff have acknowledged the need for additional staff, there has not yet been an increase in the number of staff and the agreed number to cover each shift (the establishment) has not changed.

Recommendation

The Health Board must reassess the staffing needs of the ward to ensure they are sufficient to meet the acuity levels of patients in conjunction with the challenging physical layout.

Policies, procedures and clinical guidelines

Epynt ward became a stroke rehabilitation centre for South Powys in early 2014 and as a result of this we were told that certain policies and procedures had been reviewed to reflect the different care that staff were providing.

³ **DATIX** software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

We noted that the ward provides care to an older adult population and we spent some time discussing the need to ensure that the mental capacity of patients is assessed as soon as possible after admission. There seemed to be some confusion amongst the staff as to who has responsibility for doing these assessments and what, if anything, the nursing staff should be incorporating into their assessments as part of this.

Recommendation

The Health Board must ensure that ward staff are clear about their responsibilities under the Mental Capacity Act and any processes arising from the Deprivation of Liberty Safeguards (DoLS)[4]⁴.

Patient safety

We found that one patient room did not have a working buzzer and had been provided with a hand bell instead. When we tested this we found that no staff member responded at all, despite ringing the bell twice over a 30 minute period. We raised this and the senior sister immediately escalated the issue to maintenance staff. However we became aware through subsequent conversations that the faulty buzzer had not been working for a few days and had already been reported to the estates team but not resolved. During this time, the room had still been used, despite our short test indicating that staff could not hear the hand bell. This presented a clear risk to patient safety and it is a concern that the ward staff had accepted this situation and were not given quicker support to resolve it and make the room safe again.

Recommendation

Patient safety should be the utmost priority and where ward staff request input from maintenance staff to resolve issues affecting patient safety these should be responded to without delay. If this is not possible, ward staff must ensure they take mitigating actions to make the situation sufficiently safe – in this case we found the actions they had taken were not adequate.

⁴ **DoLS.** 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.

Medicines management

Ward routine and approach

During our inspection, we were present for the midday and evening medication rounds and we observed both. We noted that the nurses wore red tabards⁵ whilst involved in the medication round which is a procedure which aims to try and reduce the likelihood of nurses being disturbed when they are administering medication. However in practice, the ward staff told us that they are regularly interrupted despite this initiative as the low staffing complement means that they are often genuinely needed for other demands on the ward.

We saw that at times, the trolley used to take the medication from patient to patient was left unlocked and not in full view of the nurse using it. This practice is not in accordance with local policy or Nursing and Midwifery Council (NMC) guidelines and therefore we raised it at the time and whilst we were present we saw that the trolley was no longer left unlocked or out of full view.

Storage of drugs

Epynt ward has a dedicated medication storage and preparation room, we found that this was kept locked during our inspection visit and could only be accessed with the correct key code. The door to the room also had a red strip on it, marking it out from other doors on the ward – an attempt to make patient and non patient areas clear. We found the fridge within the room left unlocked, but acknowledge that as the room itself was secure, risks in relation to this are minimised. However, In accordance with local policy, staff should ensure that it is kept locked at all times.

We noted that there were some occasions when staff did not check the identity of the patient prior to giving them their prescribed medication. We saw other occasions when patient identity was checked.

⁵ The **Red Tabard** is worn over the registered nurse's uniform during every drug round. The system is designed to improve the safety of medicines administration, enabling the nurse to concentrate without distraction whilst informing other members of staff the exact job being carried out.

Recommendation

The Health Board must remind all staff of the correct procedures to follow regarding the storage and administration of medication to ensure compliance with local policy and Nursing and Midwifery Council (NMC) guidelines.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Epynt Ward at Brecon War Memorial Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

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

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Brecon War Memorial

Ward/ Department: Epynt

Date of Inspection: 9th October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
7.	The Health Board is advised to look at appropriate ways of making the ward a more homely environment.			
8.	The Health Board should consider the comments HIW received and has made above in relation to the patient / nursing staff relationships and take steps to improve this.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Delivery of the Fundamentals of Care				
10	The Health Board should ensure that nursing staff have the time to develop meaningful care plans which better reflect the multidisciplinary team goals.			
11	The Health Board must ensure that the ward are given adequate supplies of patient gowns which are frequently needed for patient care and comfort.			
12	The Health Board should improve signage on the ward in accordance with best practice and increase the resources available to the ward which promote independence.			
13	The Health Board should consider what can be done to improve opportunities for interaction with patients, particularly those who do not receive any visitors.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
15	The Health Board must ensure that the staffing levels on the ward are sufficient to enable staff to respond quickly to patient calls for help.			
16	The Health Board is advised to consider the use of foot health assessments, particularly where patients have diabetes.			
17	The Health Board must ensure that staffing levels are sufficient to enable there to be staff available to provide support at each mealtime.			
17	Patients should be encouraged to wash their hands prior to meals and the Health Board must look at ways to make this possible.			
18	The Health Board must ensure that staff are reminded of the need to provide high levels of oral care and also ensure that staffing levels are sufficient to be able to provide regular			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	oral care where this is needed.			
Quality of Staffing Management and Leadership				
21	The Health Board must urgently review minimum staffing levels for each shift to ensure that the needs of the patients can be effectively and safely met and to ensure that they are in line with the minimum level set out by Chief Nursing Officer recommendations. In addition, the nurse : patient ratio and skill mix should reflect the acuity, dependency and layout of the ward.			
21	The Health Board must ensure the senior nursing structure is sufficient to support Epynt ward nurses in developing and complying with relevant professional guidance.			
22	The Health Board must ensure that staff are given access to meaningful training opportunities which develop their competence and continue to stimulate learning. Where online training is used, there should be a means of ensuring that staff have taken on			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	board key points – particularly where this is being used for mandatory, important training such as the protection of vulnerable adults.			
23	The Health Board must reassess the staffing needs of the ward to ensure they are sufficient to meet the acuity levels of patients in conjunction with the challenging physical layout.			
Delivery of a Safe and Effective Service				
24	The Health Board must ensure that nursing staff are clear about the requirements under the Mental Capacity Act and any processes arising from the Deprivation of Liberty Safeguards (DoLS) and that there are policies which ensure any such assessments are undertaken without delay.			
24	Patient safety should be the utmost priority and where ward staff request input from maintenance staff to resolve issues affecting			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	patient safety these should be responded to without delay. If this is not possible, ward staff must ensure they take mitigating actions to make the situation sufficiently safe – in this case we found the actions taken were not adequate.			
26	The Health Board must remind all staff of the correct procedures to follow when administering medication.			

Health Board Representative:

Name (print):

Title:

Signature:

Date:

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