

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

Aneurin Bevan University  
Health Board

**Royal Gwent Hospital,  
Ward C7 West**

17 and 18 March 2015

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection in Ward C7 West at the Royal Gwent Hospital, part of Aneurin Bevan University Health Board on the 17 and 18 March 2015.

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 and 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

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

Royal Gwent Hospital is situated in the city centre of Newport and has more than 3,400 staff and approximately 774 beds. The hospital provides a comprehensive range of hospital services for inpatients, day cases and outpatients.

The Health Board as a whole serves a population of more than 600,000 and many of the inpatient and specialist services at the Royal Gwent Hospital support the entire catchment area. Outpatient services are utilised primarily by those in Newport and the surrounding area.

Ward C7 West is a surgical ward specialising in the care of adult patients with colorectal disorders. The ward has 30 beds arranged within a mixture of six bedded bays and cubicles.

## 4. Summary

Patients told us staff were kind and treated them with respect. We found arrangements were in place to maintain patients' privacy and dignity as far as possible.

Overall, the Fundamentals of Care standards were being met on the ward. However, we have made a number of recommendations associated with record keeping practice around different aspects of patient care. We have also made other recommendations in respect of the standards associated with rest and sleep and eating and drinking.

We found staff had provided patients with information about their care and treatment. We saw staff treating patients with respect.

Staff were assisting patients to be as independent as their conditions allowed. Senior staff were receptive to our suggestion to improve the visibility of toilet and washing facilities to make them easier for patients to find.

We found appropriate arrangements were in place for patients to maintain contact with their family and friends.

A patients' rest period was well implemented on the ward. This provided an opportunity for patients to rest in a quieter environment during the day.

We identified that some blankets needed replacing. Staff told us there was sometimes a delay in clean linen being delivered to the ward. We have recommended the health board take corrective action as necessary to address these areas.

We found staff had assessed patients' pain and taken action to make them comfortable. However we identified improvements were needed around the process of written care planning.

Patients appeared well cared for and staff helped patients as necessary.

Protected mealtimes were in place but these were not being adhered to. Overall, patients told us they did not like the food and often were not provided with their choice of meal or a suitable alternative. We have made recommendations in respect of protecting mealtimes as far as possible, offering patients opportunities to wash their hands before mealtimes, ensuring a suitable choice of meal is available and the process of written care planning.

The ward had supplies of toothpaste and toothbrushes so patients' oral hygiene needs could be met. We have recommended the health board make arrangements to improve record keeping associated with aspect of patient care.

Toilets were clean and appropriately equipped to reduce cross infection. We saw staff responding to patients' requests and helping them as needed. We have recommended the health board make arrangements to improve record keeping associated with continence care.

Specialist pressure relieving equipment was in use for patients assessed as being at risk of developing pressure sores. Assessment and monitoring records indicated staff were providing care to prevent patients developing tissue damage.

We found good leadership being provided by the ward manager on both days of our inspection.

Staffing arrangements were in place with the intention of providing safe care. However staff told us they would sometimes like additional staff to allow them to spend more time with patients. Staff told us they had received training relevant to their role.

We were told staff would try and resolve concerns (complaints) at ward level as far as possible.

Senior staff described appropriate arrangements were in place to report, investigate and learn from clinical incidents. Staff had access to a range of relevant policies.

The ward was displaying information on a range of clinical indicators for staff, patients and visitors to see.

We were told that the buzzer system regularly developed faults. Whilst we saw staff regularly checking the system we have recommended the health board explore this and take appropriate action as necessary.

We observed a medication round and saw safe practice. However, we identified improvement was needed in respect of the management of medicines. Immediate action was taken by the ward manager to address this; however we have made a recommendation in this regard so we can be assured of improvement action taken by the health board.

## 5. Findings

### *Quality of the Patient Experience*

**Patients told us staff were kind and treated them with respect. We found arrangements were in place to maintain patients' privacy and dignity as far as possible.**

During our inspection we invited patients and relatives/carers to tell us about their experience on the ward.

Very positive comments were made about the staff team. We were told staff treated patients with kindness and respect. This was confirmed through our observations where we saw many examples of staff being polite and treating patients with courtesy.

Arrangements, such as appropriate bed screening curtains and locks on doors to toilet and washing facilities, were in place to maintain the privacy and dignity of patients. We found staff were protecting patients' privacy and dignity as far as possible when helping them with their personal care needs.

The ward was clean and free from trip hazards. However, at times the main corridor was cluttered with trollies making toilets difficult to access by patients.

Comments from patients indicated staff had kept them informed and had explained their care and treatment to them.

## *Delivery of the Fundamentals of Care*

**Overall, the Fundamentals of Care standards were being met on the ward. However, we have made a number of recommendations associated with record keeping practice around different aspects of patient care. We have also made other recommendations in respect of the standards associated with rest and sleep and eating and drinking.**

### **Communication and information**

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

**We found staff had provided patients with information about their care and treatment.**

Within the sample of patient care records we saw, written entries demonstrated patients had been provided with information about their care and treatment by healthcare staff. Patients we spoke to confirmed this.

Staff told us they could access the services of specialist healthcare staff, such as stoma nurse, tissue viability (wound care) nurse, physiotherapist, occupational therapist and dietician for advice on, and support with, patient care. This meant specialist advice and help was available to patients from the wider healthcare team.

### **Respecting people**

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

**We saw staff treating patients with respect.**

Patients provided very positive comments about the way in which staff treated them. During our inspection, we saw many examples of staff being polite and courteous to patients and treating them with respect.

The layout of the ward was such that patients were cared for in six bedded bays and single cubicles. Whilst the ward admitted male and female patients, the bays were designated as single gender, with the intention of protecting individuals' dignity.

Toilet and washing facilities were designated as single gender and signposted. The sample of locks on doors of toilet and washing facilities were working, thus reducing the likelihood of staff and other patients entering these areas when occupied. We also saw that curtains were fully closed when staff were attending to patients, protecting their privacy and dignity as far as possible.

### **Promoting independence**

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

**Staff were assisting patients to be as independent as their conditions allowed. Senior staff were receptive to our suggestion to improve the visibility of toilet and washing facilities to make them easier for patients to find.**

We saw staff encouraging patients to be as independent as their conditions allowed and helping them as needed. Staff told us members of the multidisciplinary team, for example physiotherapist, occupational therapist and stoma care nurse visited the ward and provided specialist help with a view to patients returning home.

We found patients in bed or sitting in chairs had their personal belongings nearby so they could reach these independently, without the need for assistance from staff.

The ward was generally free from clutter, allowing patients who could mobilise independently to do so safely. We also saw the physiotherapist supervising patients using walking aids to help them regain their mobility. The equipment we saw was visibly clean and appeared to be well maintained.

Whilst toilet and washing facilities were signposted, we suggested that a different colour could be used on the doors to these areas to make them easier for patients to locate. Senior ward and hospital staff were receptive to our suggestion and explained that this would be done when the ward was scheduled for redecoration, as was the case with other wards that had been redecorated.

### **Relationships**

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

**We found appropriate arrangements were in place for patients to maintain contact with their family and friends.**

The ward had structured visiting times. However we were told these could be flexible with the prior agreement from the nurse in charge. The ward had a designated rest period for patients. Visitors were encouraged not to visit during this period to allow patients to received adequate rest.

Staff told us they would do their best to accommodate the needs of relatives/carers needing to stay overnight if a patient was very ill.

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

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

**A patients' rest period was well implemented on the ward. This provided an opportunity for patients to rest in a quieter environment during the day.**

**We identified that some blankets needed replacing. Staff told us there was sometimes a delay in clean linen being delivered to the ward. We have recommended the health board take corrective action as necessary to address these areas.**

We saw patients retiring to bed to rest at different times of the day over the course of our inspection. As mentioned previously, the ward had a designated patients' rest period each day during the afternoon. This appeared to be very well implemented with staff closing curtains and dimming lights to facilitate a restful environment for patients.

All the beds on the ward were made up and patients appeared to have adequate pillows and blankets for their comfort. We checked the stock of bed linen available. Whilst there appeared to be sufficient linen available, we found that some blankets needed replacing as they were quite thin, stained and contained holes.

Staff told us they could request additional bed linen via hospital porters. However, we were told the timeliness of receiving additional stock could be improved, especially at weekends and on a Monday. This could result in delays in patients returning to bed to rest should their bed need changing.

### ***Recommendation***

***The health board should review the stock of blankets to ensure they are of a sufficient quality.***

### ***Recommendation***

***The health board should explore the reasons for delays in delivering linen to the ward and make suitable arrangements to ensure linen is delivered in a timely manner when needed.***

A frustration for patients appeared to be the lack of activities. Whilst individual televisions were available, these offered a 'pay as you view' service and patients told us they didn't really use it. Senior hospital staff told us the provision of ward televisions was being reviewed and the intention was to replace the current system.

We were told Wi-Fi was available (and some patients were using their own electronic tablets) however this was not well advertised within the ward. Therefore the health board may wish to explore ways to increase patients' awareness of this service.

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

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

**We found staff had assessed patients' pain and taken action to make them comfortable. However we identified improvements were needed around the process of written care planning.**

Patients appeared comfortable and told us they had received pain relief when they had needed it. Patients also told us that staff had asked them about their pain regularly. We saw that pain relieving medication had been prescribed for patients.

Our direct observations, comments from patients and responses from staff we talked to provided us with assurance of patients' pain being managed. However, this aspect of care was not always supported by the written care records we saw.

Written documentation for patients receiving pain relief via an epidural or patient controlled analgesia (PCA) pump demonstrated regular monitoring and assessment of pain by staff. However, when these methods of delivering pain relief had been discontinued, written pain assessment and monitoring records

had not been fully completed. Therefore records did not demonstrate that care needs assessment and evaluation by staff in this area of care had been ongoing. This was discussed with senior ward and hospital staff who had already identified, through the health board's audit process, that improvement was needed in respect of the use of patient care documentation on the ward. We have made a recommendation in this regard so we can be assured of the improvement action taken by the health board.

### ***Recommendation***

***The health board should make suitable arrangements to ensure written care planning documentation fully reflects the care needed by individual patients, including assessment, care provided and evaluation in respect of patients' pain management.***

### **Personal hygiene, appearance and foot care**

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

**Patients appeared well cared for and staff helped patients as necessary.**

Patients we saw appeared well cared for and their personal care and hygiene needs met.

Whilst we did not directly observe this aspect of care being delivered, we found staff assisting patients with their personal hygiene in a discreet and sensitive way. Curtains were closed around bed areas to protect privacy and dignity.

### **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.*

**Protected mealtimes were in place but these were not being adhered to. Overall, patients told us they did not like the food and often were not provided with their choice of meal or a suitable alternative. We have made recommendations in respect of protecting mealtimes as far as possible, offering patients opportunities to wash their hands before mealtimes, ensuring a suitable choice of meal is available and the process of written care planning.**

We were told the ward had protected mealtimes in place. However these were not being adhered to. On both days of our inspection we saw some patients

being interrupted by pharmacy and medical staff when eating their lunchtime meals. This could result in patients not finishing their meals whilst food was still suitably warm. The health board should make arrangements to ensure mealtimes are protected as far as possible.

***Recommendation***

***The health board should make suitable arrangements to ensure patients' mealtimes are protected as far as possible.***

We saw patients were sat up and bed tables cleared so patients could eat their lunch. On the first day of our inspection, we found patients were not routinely offered opportunities to wash their hands before eating their meal. We raised this with staff and a satisfactory reason was not provided for this. During our observations on the second day we found staff were offering patients opportunities to wash their hands. Therefore, we have recommended the health board explore reasons for this inconsistent approach and make suitable arrangements to ensure patients are given the opportunity to wash their hands before mealtimes.

***Recommendation***

***The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands before mealtimes.***

Staff provided support to patients to eat their meals and have drinks. We saw examples of staff helping patients in a sensitive way.

Overall, patients who provided comments indicated they did not like the food and told us they often did not receive the meal they had ordered or what they felt like eating. This seemed to impact on the choice for patients who had specific dietary requirements, for example patients with diabetes. When we raised this with staff, we were told this was as a result of some meals not being available from the kitchen. The health board should make arrangements to explore the reasons for this and to ensure as far as possible patients are provided with their choice of meal selected from the hospital menu or a suitable equivalent.

***Recommendation***

***The health board should make arrangements to ensure as far as possible patients are provided with the meal of their choice or a suitable equivalent taking into account their individual needs and preferences.***

We were told a choice of hot drinks and snacks were available to patients during the day to supplement mealtimes.

Overall, healthcare support workers working on the ward were responsible for serving meals. Staff told us they would monitor what patients were eating and drinking and if concerned would raise this with the registered nurse responsible. We saw evidence of this process during our inspection. The sample of food intake charts we saw had been completed appropriately.

We saw that patients were assessed on admission to the ward to identify their nutritional care needs. However, written care plans were not always developed for this aspect of patient care. Similarly, whilst a system was in place to identify those patients who required help or monitoring with eating and drinking, this seemed to rely on verbal handovers between the staff team. The sample of written care records we saw did not identify what help or monitoring the patient required. Therefore we have made a recommendation regarding record keeping around this aspect of care.

### ***Recommendation***

***The health board should make suitable arrangements to ensure written care planning documentation fully reflects the care needed by individual patients, including the assessment, care provided and evaluation in respect of patients' eating and drinking needs.***

### **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.*

**The ward had supplies of toothpaste and toothbrushes so patients' oral hygiene needs could be met. We have recommended the health board make arrangements to improve record keeping associated with aspect of patient care.**

Within the sample of patients' written care plans we considered, we found no evidence to support the use of a recognised oral hygiene assessment tool. Staff told us they did provide oral care to patients. Whilst some care evaluation records supported this, we found there was no consistent recording system in use to demonstrate patients' oral care needs were being met.

The ward had a stock of toothbrushes, toothpaste and denture pots for patients' use, should they not have their own.

Patients did not raise any concerns regarding their oral hygiene care needs.

### ***Recommendation***

***The health board should make suitable arrangements to ensure written care planning documentation fully reflects the care needed by individual patients, including the assessment, care provided and evaluation in respect of patients' oral health care.***

### **Toilet needs**

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

**Toilets were clean and appropriately equipped to reduce cross infection. We saw staff responding to patients' requests and helping them as needed. We have recommended the health board make arrangements to improve record keeping associated with continence care.**

Within the sample of care records we saw, staff had assessed and recorded patients' continence needs. However, we found that no individualised written care plans had been developed and based on these assessments. Therefore staff may not have been provided with clear written instructions on how to meet patients' individual continence needs.

We saw continence aids (pads) were available on the ward. Whilst, staff told us these aids were being used, we found no documentation to support why they were indicated.

### ***Recommendation***

***The health board should make suitable arrangements to ensure written care plan documentation fully reflects the care needed by individual patients, including the care provided and evaluation in respect of patients' continence care needs.***

Staff told us they could refer patients to the continence nurse for further assessment and provision of other continence equipment, where this was indicated. This meant patients had access to specialist advice and support with their continence needs.

The ward specialised in patients requiring colorectal surgery. As would be expected, we were told ward staff worked closely with the stoma nurse with the

intention of providing patients with suitable support and equipment for stoma<sup>1</sup> care.

Toilets on the ward were clean and appropriately equipped with toilet paper and hand washing facilities to reduce cross infection. Commodes were clean and well maintained, again reducing the risk of cross infection.

We saw staff answering calls for assistance promptly. This meant patients did not have to wait unnecessarily for their request to use the toilet to be acknowledged.

### **Preventing pressure sores**

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

**Specialist pressure relieving equipment was in use for patients assessed as being at risk of developing pressure sores. Assessment and monitoring records indicated staff were providing care to prevent patients developing tissue damage.**

We saw a recognised assessment tool was being used by staff to assess patients for their risk of developing pressure sores. SKIN bundle<sup>2</sup> (monitoring) records had been completed and were up to date. This meant staff were regularly monitoring patients for signs of pressure sores.

We saw specialist pressure relieving mattresses were being used for those patients identified as needing them. Staff knew the procedure for requesting and obtaining such mattresses when required.

Whilst SKIN bundle documentation was being used, the use of individualised written care plans specific to patients assessed needs may provide further direction to staff in this aspect of care.

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<sup>1</sup> A stoma is a surgically created opening on the abdomen which allows waste (e.g. faeces) to exit the body.

<sup>2</sup> SKIN Bundle - A holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage

The ward was displaying a number of safety crosses<sup>3</sup>, including one in respect of pressure sores. This is in accordance with 1000 Lives Improvement, a national programme to improve Welsh healthcare. Displaying information in this format should ensure staff and visitors can see, via a simple system, the incidence of pressure sores on the ward. This with the intention of the staff team taking timely action to reduce the amount of pressure sores on the ward.

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<sup>3</sup> The Safety Cross has been adapted from industry to make highly visible the incidence of avoidable adverse events. In doing so it ensures that the whole team is aware of avoidable events and thus instils a sense of purpose in working to avoid future events.

## ***Quality of Staffing, Management and Leadership***

**We found good leadership being provided by the ward manager on both days of our inspection.**

**Staffing arrangements were in place with the intention of providing safe care. However staff told us they would sometimes like additional staff to allow them to spend more time with patients. Staff told us they had received training relevant to their role.**

**We were told staff would try and resolve concerns (complaints) at ward level as far as possible.**

### **Staffing levels and skill mix and professional accountability**

Senior staff told us staffing levels had been arranged to ensure a minimum of eight staff (including registered nurses and healthcare support workers) were on duty during the morning shift, six during the afternoon and four during the night. We were told arrangements were in place to request additional staff from other areas or bank/agency staff to support the ward team should this be necessary. However, securing staff was sometimes problematic, especially at short notice.

At the time of our inspection we were told the ward was full, with 30 patients being cared for. The number of registered nurses working was in accordance with the guiding principles for nurse staffing as set out by the Chief Nursing Officer for Wales. These recommend the number of patients per registered nurse should not exceed seven during the day.

Overall, staff who provided comments told us they felt the staffing levels and skill mix on the ward were adequate. However, we were also told that at busier times they would like additional staff to allow them to spend more time with patients.

Whilst we saw the ward was very busy at times, we found staff worked effectively as a team. The ward manager was in charge during both days of our inspection and we observed him providing good leadership and direction to the staff team. We saw registered nurses supervising and supporting healthcare support workers and student nurses appropriately.

### **Effective systems for the organisation of clinical care**

Patient care was organised using a team nursing approach. This meant the ward was divided into sections with registered nurses responsible for a smaller group of patients on the ward. The senior registered nurse for each section then supervised and directed junior staff and students. This system seemed appropriate given the organisation of the ward.

The ward manager confirmed that he and other registered nurses would make themselves available during ward visiting times. This meant registered nursing staff in charge/responsible for patient care were available to talk to relatives and carers on a regular basis.

### **Training and development**

Senior staff told us staff are able to access training on a range of topics relevant to their role. Staff also confirmed they had accessed training via the health board's e-learning system and had attended ward based practical sessions on the use of moving and handling equipment. When provided with scenarios, staff were able to describe the action they would take in relation to safeguarding vulnerable adults.

The ward manager explained a system was in place to monitor when staff had received training and when refresher training was due.

### **Handling of complaints and concerns**

Senior staff told us ward staff would try and resolve concerns (complaints) at ward level wherever possible. The ward manager was aware of the process to follow should it be necessary to escalate concerns (complaints) further.

Whilst appropriate arrangements were described for responding to concerns (complaints), we found information was not being displayed to make patients and their relatives/carers aware of the process to follow. This meant people did not have easy access to information on how to raise concerns they may have. We discussed this with senior hospital staff who informed us they were working towards making relevant information more accessible to patients and visitors.

## ***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.*

**Senior staff described appropriate arrangements were in place to report, investigate and learn from clinical incidents. Staff had access to a range of relevant policies.**

**The ward was displaying information on a range of clinical indicators for staff, patients and visitors to see.**

**We were told that the buzzer system regularly developed faults. Whilst we saw staff regularly checking the system we have recommended the health board explore this and take appropriate action as necessary.**

**We observed a medication round and saw safe practice. However, we identified improvement was needed in respect of the management of medicines. Immediate action was taken by the ward manager to address this; however we have made a recommendation in this regard so we can be assured of the improvement action taken by the health board.**

### **Risk management**

Senior staff told us clinical incidents were reported via the health board's electronic reporting system and that details were available and reviewed by them. We were also told that learning from clinical incidents was shared with ward staff through ward meetings to avoid re-occurrence. By means of an example, the ward manager described a process for the timely review of patient falls and action taken to avoid further falls.

Senior staff also described an internal process where issues of patient safety were highlighted via an alert notice to hospital wards and departments within the wider health board. This meant safety issues identified in other areas were shared with ward staff so they were aware of them and could take local action as necessary.

### **Policies, procedures and clinical guidelines**

The health board had a range of clinical policies and procedures relating to patient care. Staff we talked to confirmed they knew how to access these and also described a process of informing them of updates to policies and procedures.

## **Effective systems for audit and clinical effectiveness**

We saw a number of areas associated with patient care were being audited monthly and results shared with senior hospital staff. These included the incidence of pressure sores, clinical incidents compliance with hand hygiene and infection control procedures, as well as timely completion of patient risk assessments.

Safety crosses were displayed and provided information on the incidence of pressure sores, patient falls, medication errors and infection. These were available for staff, patients and visitors to the ward to see and should ensure the ward team can see, via a simple system, the incidence of relevant clinical incidents with the intention of taking timely action to prevent re-occurrence. They also provided an open and transparent way of providing information on relevant care indicators to patients and visitors.

## **Patient safety**

Not all patients we saw had access to a working buzzer to summon assistance from staff if required. Staff told us the buzzer system regularly developed faults and although then repaired, developed similar faults. During our inspection, we saw staff regularly checking on patients and that buzzers were working. However, the health board should explore the reasons for these faults and take appropriate action.

## ***Recommendation***

***The health board should explore the reason(s) why faults are developing with the buzzer system and take appropriate action to ensure the buzzer system on the ward is suitable for its purpose.***

We saw staff answering buzzers in a timely manner and patients who provided comments also confirmed this had been the case.

The ward environment was clean and free from obvious trip hazards. However, as previously mentioned, at times the main corridor was cluttered with trollies making toilets difficult to access by patients.

## **Safeguarding**

Staff we spoke to confirmed they had received training in relation to the protection of vulnerable adults. They were also able to explain the procedure to follow should they have concerns about a patient's welfare.

## **Medicines management**

### *Ward routine and approach*

Staff told us the health board's policy on the safe management of medicines was available to them via the intranet system. We were told a pharmacist visited the ward regularly to provide advice on the medicines used on the ward.

We saw medication, oxygen therapy and intravenous fluids were being prescribed and using an appropriate form.

### *Storage of drugs*

Facilities were available on the ward to store medication securely when not being used. However, during our inspection we did see a liquid medication (that should have been locked away) had been left, unsecured on the shelf of a medication trolley. We informed the ward manager of this, who took prompt action to safely store the medication. We also expect action to be taken to ensure staff are reminded to store medication safely.

We were told the ward manager had identified the storage of bottles of liquid medication on the ward as being problematic. This was due to the amounts needing to be stored. We were also told this issue had been already been discussed with the hospital pharmacy department. The health board should make suitable arrangements to follow this up so that an appropriate resolution can be agreed and implemented.

### ***Recommendation***

***The health board should agree and implement suitable arrangements to facilitate the safe storage of liquid medicines used on the ward.***

### *Preparation of patients and administration of drugs*

We accompanied a member of staff during a medication round. The nurse conducted required identification checks and provided the necessary help to patients so they could take their medication safely. The sample of medication administration records we saw had been completed correctly.

However, on a different occasion, we found that medication had been provided to a patient but this had not been taken. It was only identified when nursing staff asked the patient whether pain relief was required and the patient responded that tablets had not been taken previously. We informed the ward manager of our findings so that the reason for this could be investigated and appropriate action taken to prevent a re-occurrence. We have made a recommendation in

this regard so we can be assured of the improvement action taken by the health board.

### ***Recommendation***

***The health board should make suitable arrangements to ensure staff comply with the medication policy.***

#### *Controlled Drugs*

We saw Controlled Drugs were being stored securely and stock levels being checked regularly in accordance with expected stock control procedures.

#### *Take Home drugs*

We saw suitable arrangements were in place for the safe storage of patients' take home medication. Staff told us patients' medication is explained to them prior to them going home to advise them on what medication they are taking and how to take it correctly.

### **Documentation**

#### *Patient assessment and care planning/evaluation*

As part of our inspection we considered a sample of patient care records. As indicated throughout this report, we identified that the written care planning documentation did not always fully reflect the care needed by patients and that provided, as described by staff and through our observations. Whilst a number of relevant assessments had been completed to varying degrees, we found these had not been used to develop individualised written care plans to direct staff. Some written core care plans were in place, but these had not been adapted to reflect individual patients' care needs and preferences. From the records we saw, the ward had not implemented the use of care pathways.

Through the internal quality assurance process, senior hospital staff informed us they had already identified improvements were needed in respect of the completeness of care planning documentation used on the ward. We have made an overarching recommendation to seek assurance from the health board on the action taken to address the individual areas for improvement identified throughout this report.

### ***Recommendation***

***The health board should make suitable arrangements to ensure written care planning documentation fully reflects the care needed by individual patients, and demonstrates assessment, delivery and evaluation of care.***

***Consideration should be given to the implementation of relevant care pathways.***

National Early Warning Score<sup>4</sup> (NEWS) charts were being used and these had been completed. Staff told us where significant changes in patients' (NEWS) assessment scores were identified; advice would be sought from senior staff and doctors as appropriate.

*Ward management of records*

We found that handwriting in patient records was legible and entries had been signed, dated and the time of entry included. However, not all entries had the name of the staff member printed in accordance with recognised standards for record keeping. The health board should make arrangements to ensure such standards are fully followed by all staff.

We have made a number of recommendations that relate to documentation throughout this report to seek assurance of the improvement action taken by the health board.

**Diabetes Care**

We looked at monitoring and medication records for two patients with a diagnosis of diabetes. We found they had been having their blood glucose checked and had received medication as prescribed to control their diabetes.

Equipment to monitor patients' blood glucose levels and safely dispose of sharps (needles) was available to staff on the ward. Whilst suitable arrangements were in place to treat patients identified with severe hypoglycaemia (a low blood glucose level requiring prompt treatment) we found the hypo box<sup>5</sup> was not fully stocked. We informed the ward manager of our findings and immediate action was taken to replenish the box. We also expect action to be taken to ensure the box continues to be restocked as necessary. Staff we spoke to were aware of the correct treatment for hypoglycaemia.

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<sup>4</sup> The National Early Warning Score (NEWS) is a simple system that hospital staff can use to assess whether patients are developing potentially life-threatening illnesses

<sup>5</sup> A hypo box provides staff with all the relevant equipment to treat a diabetic emergency as well as guidelines for the effective management of that emergency.

Arrangements were in place for patients to self manage their diabetes when able to do so. Advice on diabetes care and management was available via a team of nurse specialists.

As mentioned previously patients told us they often did not receive the meal they had ordered and this seemed to impact on the choice for patients who had specific dietary requirements, for example patients with diabetes. We have made a recommendation in this regard earlier in this report.

## 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 Ward C7 West at the Royal Gwent 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:** Royal Gwent Hospital

**Ward/ Department:** Ward C7 West

**Date of Inspection:** 17 and 18 March 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of the Patient Experience</b>			
	-			
	<b>Delivery of the Fundamentals of Care</b>			
P10	The health board should review the stock of blankets to ensure they are of a sufficient quality.	When staff deliver linen they have been asked to observe for quality issues. They have been instructed to take blankets/linen out of the system and return to the provider to repair or discard.  If nursing staff notice any issues regarding quality of blankets or any other linen, they will bring it to the immediate attention of the Linen team who will follow the above process and provide new.	Mark Geater Charge Nurse  Amanda Hale Senior Nurse  Sue Shorney  Domestic Linen Services Manager	Immediate and ongoing

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>A senior member of the domestic team attends the ward daily Monday - Friday and speaks to the nurse in charge. Any issues with the quantity or quality of the linen will be addressed.</p>		
P10	<p>The health board should explore the reasons for delays in delivering linen to the ward and make suitable arrangements to ensure linen is delivered in a timely manner when needed.</p>	<p>Linen will be delivered to the wards every day at 8 am.</p> <p>A top up delivery in the afternoon will be provided.</p> <p>If wards require additional linen due to high usage then ward staff will contact the linen room and request additional quantities.</p> <p>Repeated requests for additional linen will be escalated to senior staff in order for linen allocation to be reviewed and adjusted accordingly.</p>	<p>Mark Geater Charge Nurse</p> <p>Sue Shorney Domestic Linen Services Manager</p>	<p>Immediate and ongoing</p>
p12	<p>The health board should make suitable arrangements to ensure patients' mealtimes are protected as far as possible.</p>	<p>Ensure that all members of the Multi disciplinary team are aware that ABUHB operate protected mealtimes.</p> <p>Ward manager and Deputies to monitor meal times to ensure meals times are protected as much as possible.</p> <p>Audit mealtimes on a monthly basis.</p>	<p>Mark Geater Charge Nurse</p> <p>Tina Rogers and Janine Sullivan Deputy sisters</p>	<p>Immediate and ongoing</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
p12	The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands before mealtimes.	Ensure all patients are given the opportunity to wash their hands prior to mealtimes.  If patients are unable to wash their hands with soap and water, hand wipes will be readily accessible and given to patients prior to mealtimes.	Mark Geater Charge Nurse	Immediate
P12	The health board should make arrangements to ensure as far as possible patients are provided with the meal of their choice or a suitable equivalent taking into account their individual needs and preferences.	Ensure patients or their family/carer complete the menu card daily.  If a patient dislikes the choice of food available on their menu card, then staff to liaise with the kitchen to obtain an alternative meal.  Catering staff visit ward daily to ensure sufficient menus have been completed so that an adequate amount of meals are provided and patient have their menu choice.	Mark Geater Charge Nurse  Tina Rogers and Janine Sullivan  Deputy sisters	Immediate and ongoing
<b>Quality of Staffing Management and Leadership</b>				
	-			
<b>Delivery of a Safe and Effective Service</b>				
P20	The health board should explore the reason(s) why faults are developing with the buzzer system and take appropriate action to ensure the buzzer system on the ward is	Checking the emergency call system and individual patient's buzzers will take place at daily environmental checks.	Mark Geater Charge Nurse  Tina Rogers	Immediate

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	suitable for its purpose.	Staff reminded of the importance of reporting promptly any faults to the works and estates department.  Ongoing problems to be immediately escalated to senior staff.	and Janine Sullivan  Deputy sisters	
P21	The health board should agree and implement suitable arrangements to facilitate the safe storage of liquid medicine used on the ward.	New lockers have been purchased since the inspection and all patients have a bedside locker to store medicines.  Liquids stored in the following designated places are all securely locked: <ul style="list-style-type: none"> <li>• Liquids cupboard in treatment room</li> <li>• Fridge</li> <li>• Medicines trolley</li> <li>• All patients own medicines locked in bedside lockers</li> </ul>	Mark Geater Charge Nurse  Tina Rogers and Janine Sullivan  Deputy sisters	Immediate
p22	The health board should make suitable arrangements to ensure staff comply with the medication policy.	<ul style="list-style-type: none"> <li>• Staff have been reminded of the Medicines Management policy</li> <li>• Staff to observe patients taking medicines and document if medicines are taken or refused on drug chart and in the nursing notes.</li> <li>• A new process for charting the</li> </ul>	Mark Geater Charge Nurse  Tina Rogers and Janine Sullivan  Deputy sisters	Immediate and ongoing

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>administration of medicines is being piloted within ABUHB. The 'pot and dot' method allows for a two stage recording. Stage 1 to record the dispensing of medication to the patient and stage 2 to sign when it was actually taken.</p> <ul style="list-style-type: none"> <li>• Monthly medicines management audits by ward manager.</li> <li>• Monthly medication safety monitoring audit by pharmacist</li> <li>• ABUHB pharmacy department to lead on training requirements including: <ul style="list-style-type: none"> <li>-Medicines management training for newly qualified staff conducted at ward level using medicines management policy-ongoing</li> <li>-Medicines management refresher courses available for all staff by ward pharmacist</li> </ul> </li> </ul>	<p>Leeanne Lewis/ Farzana Mohammed Ward Lead pharmacists</p>	
p22/23 and p11,13,14	The health board should make suitable arrangements to ensure written care planning documentation fully reflects the care needed by individual patients, and demonstrates assessment, delivery and evaluation of care.	<p>Staff have been reminded of the importance of ensuring:-</p> <ul style="list-style-type: none"> <li>• That all patients have an individual care plan completed on admission and updated as necessary.</li> <li>• Where core care plans are used then</li> </ul>	<p>Mark Geater Charge Nurse Tina Rogers and Janine Sullivan Deputy sisters</p>	Immediate and ongoing

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Consideration should be given to the implementation of relevant care pathways.	<p>these are regularly accustomed to meet the individual needs of patients.</p> <ul style="list-style-type: none"> <li>• That all care plans are used to evaluate patient care with particular regard to changes in pain control management and use of equipment or aids. This will also include evidence of consideration to the implementation of relevant care pathways.</li> </ul> <p>Fortnightly review of care plans by ward manager and deputy sisters is now in place ensure that care plans are up to date and properly reflective.</p> <p>Monthly Trusted to Care audits undertaken. Findings and recommendations considered with ward manager and the team and any necessary actions taken.</p>		

**Health Board Representative:**

**Name (print):** Denise Llewellyn.....

**Title:** Executive Director of Nursing.....

**Date:** 15 May 2015.....