

# **Unannounced Dignity and Essential Care Inspection**

**Powys Teaching Health Board**

**Bronllys Hospital**

**Llewellyn Ward**

Date of inspection 26 February 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection to the Llewellyn Ward at Bronllys Hospital, part of the Powys Teaching Health Board (PTHB) on 26 February 2014. During the inspection we observed and reviewed the following areas:

- Patient Experience
- The Delivery of the Fundamentals of Care
- Management and Leadership
- Quality and Safety.

## 2. Methodology of Inspection

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<sup>1</sup>. We review documentation and information from a number of sources including:

- Information held to date by Health Inspectorate Wales (HIW)
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the Health Board
- Examination of a sample of patient health records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.

These HIW inspections capture a '*snapshot*' of the standards of care patients receive on hospital wards/units/ Departments, which may point to wider issues about the quality and safety of essential care and dignity.

At the outset of the inspection we briefed the clinical team and requested to be informed at all times should clinical activity increase and whereby the inspection team may require additional caution to ensure balance between inspection and patient need.

We provided an overview of our main findings and requirements to representatives of the Health Board at the feedback meeting held at the end of our inspection. We found no urgent concerns emerging from the inspection and our findings are detailed within Appendix A of this report.

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<sup>1</sup> *The Fundamentals of Care*, Welsh Assembly Government 2003

### 3. Summary

Overall, patients can be confident that the service at Bronllys Hospital is well run. We found that the Health Board has a number of established monitoring arrangements regarding patients' experience of care, clinical practice, safe systems of working and the wider aspects of organisational governance. However, we found a number of deficits in relation to current infection, prevention and control arrangements.

The ward environment was light pleasant and uncluttered and patients receiving care at Bronllys Hospital are encouraged to speak to staff if they have questions or concerns about any aspect of their care. Patients informed us that they felt confident in approaching any member of the nursing or clinical staff if they had any concerns regarding their proposed discharge arrangements.

Noteworthy practice we observed included nursing and medical staff being discreet when engaged in conversation with patients during the ward round and in the discussions between Doctors and ward staff. Great efforts were also made by staff to provide occupational therapy services and activities aimed at maintaining and promoting patient independence.

Notwithstanding the good practice observed above, we identified areas for improvements in relation to the Fundamentals of Care and Quality and Safety. These related to ensuring patient documentation - including medication administration records - are fully completed to reflect the care received.

We also identified areas for improvement in relation to Management and Leadership. These relate to the completion of hospital data and adequate communication with domestic staff to ensure clarity of roles.

Overall, the ward environment appeared clean and pleasant and conversations with patients indicated that they were satisfied with the level of cleanliness. The ward was generally free from clutter which enabled patients

and staff to move around safely and freely. However, areas for improvement were identified relating to Cleanliness and the lack of staff knowledge of the All-Wales infection, prevention and control procedures (IP&C). Specifically, we found that nursing and domestic staff had not been provided with training in infection prevention and control practice in recent years.

## 4. Findings

### 4a. Patient Experience

During this inspection we did not identify any aspects of the service which require improvement in this area.

Overall, the ward environment was light pleasant and uncluttered and patients receiving care at Bronllys Hospital are encouraged to speak to staff if they have questions or concerns about any aspect of their care. Patients informed us that they felt confident in approaching any member of the nursing or clinical staff if they had any concerns regarding their proposed discharge arrangements.

In addition, patients who spoke with us stated that staff were '*excellent, conscientious and caring*'. We observed staff speaking with patients and other members of staff in a calm, professional and courteous manner throughout our visit.

Conversations with staff served to demonstrate that relevant information is available in the form of a written guide which is placed in each patient's room. The guide incorporates a questionnaire which patients are encouraged to complete. Discussions with staff indicated that suggestions made by individuals are then considered, with every effort made to accommodate suggested improvements.

We observed that patients are assisted to remain aware of the time of day and date as each room had a large clock which included a daily calendar. Use of the butterfly scheme<sup>2</sup> was evident on the ward. We found patients were treated with dignity and respect and observed the efforts being made by staff to ensure that people were afforded as much privacy as possible at times when they were being assisted with personal care. For example, each

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<sup>2</sup> The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

patient's room has a sign which indicates to 'passers by' that they should not enter at such times and bathrooms are clearly signed as single gender.

Conversations with patients indicated that they have some choice and influence in terms of their daily care. For example, they told us that they were able to bath/shower as often as they wished. One particular patient described how they had been supported to be as independent as possible (i.e. getting in and out of bed), with the use of a mobility aid which the occupational therapist had provided. We also found that patients had the choice as to whether they spend time in the day room, or within their own room at varying points during the day.

Patients benefit from attention to their hydration and nutritional needs. This was confirmed through conversations with a number of individuals. One patient told us '*the food is excellent here*'. Another patient also told us that the hospital had provided them with varied and good quality vegetarian options. Conversations with staff and observations of the lunchtime meal revealed that the ward ensures that mealtimes are protected, enabling them to assist and monitor people with eating and to ensure that individuals were allowed to eat their food in an unhurried manner.

Patients told us that staff responded very promptly to their requests for assistance during the day and night. We further observed the prompt manner that medical and nursing staff responded to a patient who was 'calling out for assistance' from their room.

There is stress management therapy provision for patients with palliative care needs and for their relatives and carers. Overall, a strong multi-professional basis to the care provided to patients was evident.

We did not visit the day hospital service during this inspection; although we gained an indication that there is a key service relationship between the ward and the day hospital which provides useful access to rehabilitation and health promoting services for patients in the Local Community. This supports people

prior to and following hospital discharge to achieve and promote their independence.

#### **4b. Fundamentals of Care**

During the inspection we identified six areas for improvement regarding the Fundamentals of Care. Our requirements in this respect are detailed within Appendix A.

##### Communication and Information

We observed nursing and medical staff being discreet when engaged in conversation with patients during the ward round. Discussions held in the ward reception area (between Doctors and ward staff), were also noted to be conducted discreetly. Additionally, when ward staff were communicating with patients they ensured they were close to the patient, as opposed to calling to them from a distance.

Most patients were confident that they were kept well informed about various aspects of care delivery. In addition, patients told us that they had been involved in the plans being made for their discharge from the ward. Conversations with a small number of patients, however, revealed that they were uncertain about their involvement in decisions about their treatment.

Conversations with patients and examination of care records showed that patients had been appropriately provided with specialist advice in relation to occupational therapy, physiotherapy and speech and language therapy. All medical records contained comprehensive notes made by various members of the multi-disciplinary team (MDT). We further found that the MDT had referred patients to community based social workers, re-ablement services and falls assessment clinics in response to identified needs. One medical record also showed the efforts that had been made to involve a relative in decisions about a patient's care, treatment and discharge arrangements.

### Respecting people

We observed many examples of friendly and respectful interactions between staff and patients during the inspection. Conversations with patients resulted in very positive comments regarding staff attitude and behaviour. Patients informed us that staff spoke to them using their preferred name and that all members of the ward team knocked on the door of their room prior to entering.

### Ensuring Safety

Patients informed us that they had not experienced any difficulties in locating staff during the day or night, and received prompt response to requests for assistance when they used their buzzer. Discussion with the ward manager and other staff indicated staff levels are considered to be adequate. The ward manager further informed us that they were able to obtain additional staff when required. For example, to provide additional assistance to patients' with complex needs.

We noted that nurses undertaking a medication round were not interrupted during the course of this aspect of their work and that they locked the medication trolley at times when they needed to leave it unattended to enter a patient's room. We also found that the designated room within the ward for medication storage and all cupboards and fridges in which medication is stored, were routinely locked when not in use. It was noted, however, that nurses undertaking the medication round were not wearing red tabards.

Some patients' needs may not currently be fully met. This is because it was evident from the scrutiny of five sets of patient documentation that the delivery of patient care is not always consistent with the documentation in place to support it. For example, the ward team do not have access to detailed/clear guides in terms of:

- Various aspects of person centred care in response to identified need
- Patient's preferences and wishes

This was discussed with the ward manager who acknowledged the need for improvement in nurses' recording of appropriate patient risk assessments and care planning/delivery. The ward manager also described the work underway to improve the recording of care provided to patients.

Despite this, conversations with some patients did demonstrate that staff had taken time to get to know them from the point of their admission to hospital.

### Promoting Independence

We observed staff encouraging patients to retain as much independence as possible within the hospital environment (e.g. at times when individuals were mobilising from one area of the ward to another). Conversations with staff revealed that they have received training in the provision of care to people living with dementia as part of the ward education programme. They also have access to a dementia care specialist who provides advice on the most appropriate way to maintain the independence of individuals.

### Relationships

Patients informed us that they felt staff had time to listen to them and were available to discuss aspects of their care when required. They also told us that they were able to receive visits from family or friends at any reasonable time of the day, either in one of the communal areas or within their own room.

### Rest, Sleep and Activity

Patients had the opportunity to purchase newspapers and magazines on a regular basis. In addition, each patient's room was fitted with a wall mounted television which was free of charge. Patients' had the opportunity to take part in varied activities at regular intervals during the week which promote both physical and mental well being.

Conversations with patients confirmed that they are provided with the opportunity to rest during the day. In addition, patients stated that they have adequate pillows and blankets and are able to request more to keep them comfortable. We also observed that some patients, who had spent time within

the main day room during the morning, were resting in their own room during the afternoon.

#### Ensuring Comfort, Alleviating Pain

Patients indicated that staff responded promptly to their requests for pain relief and all patients appeared to be comfortable.

However, while patient documentation contained a recognised pain assessment form/ tool, the recording of patients' assessments was inconsistent. It was not possible, therefore, to confirm whether individuals' discomfort had been fully assessed prior to administration of pain relief, and/ or whether an assessment of the efficacy of the medication had been undertaken.

For example, one patient's records indicated that they had experienced increased pain in recent days and although a change had been made to their prescribed medication, there was no corresponding documentation recording how the person's level of pain was being monitored.

#### Personal Hygiene and Appearance

Conversations with patients indicated facilities are available for them to have a shower or bath on a daily basis. We observed that all patients appeared well cared for and that their personal hygiene needs were being met. However, patient documentation did not contain evidence to support the personal care and hygiene we observed and that patients described.

#### Eating and Drinking

Conversations with patients demonstrated that they were able to have a hot or cold drink at mealtimes and on request during the day or night. Mealtimes are 'protected' and food is served either in the dining area, which is integral to the day room, or in patient's own rooms in accordance with their expressed wishes.

We found limited completion of nutritional charts to reflect risk assessments undertaken. For example, one patient's documentation indicated that they were at risk of weight loss due to a poor appetite; an aspect of their care which needed to be monitored. However, there was no evidence of weekly recording of body weight as highlighted by the risk assessment, neither was there any evidence that daily food/fluid intake charts had been completed for the person concerned.

### Oral Health and Hygiene

Patients informed us that they were able to clean their own teeth/ dentures as regularly as they would like. From our review of patient documentation, however, we found instances when there should have been nursing documentation to support mouth care/ hygiene, but we were unable to locate this. Also, the absence of this documentation could not be accounted for. This may mean that some patients are not always being provided with appropriate care and support regarding this aspect of their care.

### Toilet needs

Positive comments were made by patients regarding the overall prompt response from staff to requests for assistance to use the toilet, including the method of their choice, during the day or night.

### Preventing Pressure Sores

Discussions with the ward manager and staff team on duty demonstrated that there are risk assessment arrangements in place to prevent patients from developing damage to their skin. Examination of patient records verified that staff assessed and recorded the risk of damage to peoples' skin on a daily basis using a Waterlow<sup>3</sup> scale assessment. When required, patients were provided with air mattresses and other forms of pressure relieving equipment.

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<sup>3</sup> The Waterlow is a pressure ulcer risk assessment/prevention policy tool

However, we also found that the application of the All Wales SKIN<sup>4</sup> bundles in relation to the prevention of pressure damage to skin was inconsistent

Notwithstanding the good practice observed above, we identified six areas for improvement in relation to the Fundamentals of Care. These are detailed in appendix A:

- Inconsistent completion of patients' risk assessments
- Incomplete pain assessments
- Care plans did not reflect the personal hygiene and care of patients undertaken
- Limited completion of nutritional charts to reflect risk assessments undertaken
- Limited use and completion of oral care bundles
- Inconsistent application of the All Wales SKIN bundle

#### **4c. Management and Leadership**

During this inspection we have made two findings which require improvement in the area of Management and Leadership, our requirements are detailed within Appendix A.

Overall, patients can be confident that the service at Bronllys Hospital is well run. We found that the health Board has a number of established monitoring arrangements regarding patients' experience of care, clinical practice, safe systems of working and the wider aspects of organisational governance. However, we found a number of deficits in relation to current infection, prevention and control arrangements.

Our discussions with the ward staff demonstrated that the ward team felt well supported by senior management. Staff felt empowered to make

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<sup>4</sup> SKIN bundles is a simple holistic approach to ensuring that all patients receive the appropriate care to prevent pressure damage.

improvements to patient care delivery and to discuss ideas in an open and transparent way.

Discussion with the ward manager revealed the emphasis placed on supporting staff at all times during the course of their work. This was in recognition of the challenges and pressures that face the team on a daily basis and that well motivated staff and good team working results in better outcomes for patients.

We noted that the ward has a strong philosophy of therapeutic care with varied activities for patients at regular intervals during the week which promote both physical and mental well being. There is also a relative's clinic which supports relatives and carers information needs.

Notwithstanding the good practice observed above, we identified two areas for improvement in relation to the Management and Leadership. These are detailed in appendix A:

- Care metrics<sup>5</sup> data incomplete.
- Limited communication between nursing staff and domestic staff:

#### **4d. Quality and Safety**

During this inspection we have made one area for improvement in this area. Our requirements in this respect are detailed within Appendix A.

The layout of the ward was found to pose challenges in terms of observing patients, particularly at night when there are reduced numbers of staff on duty. Despite this, discussion with the ward manager and senior managers confirmed that every effort is made to ensure that staff are present in all areas

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<sup>5</sup> "Care Metrics is a system whereby information about some aspects of care are monitored to measure quality. Examples include falls and pressure areas. The care metrics form part of a clinical dashboard of quality indicators".

of the ward as a means of providing prompt assistance to patients and to minimise the risk of falls, for example.

Some patient records were stored in the reception area, the security of which was maintained by the staff team. Other records were stored outside of patient's rooms in folders which did not permit confidential information to be readily seen.

However, we found inconsistencies within a small number of medication administration records, where there should have been either (a) a nurse signature or (b) an applied code for non-administration. During the inspection we notified the ward manager and requested that this matter be notified via the DATIX<sup>6</sup> system.

Patients told us that they feel safe receiving care during the day and night. We also observed that staff responded very promptly to requests for assistance. To assist patients to identifying the different roles of staff within the ward team, nursing and care staff wore uniforms in accordance with the All-Wales dress code, with clear name badges.

Notwithstanding the good practice observed above, we identified the following area for improvement in relation to Quality and Safety. This is detailed in appendix A:

- Inconsistencies within a small number of medication administration records

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<sup>6</sup> DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

## 5. Cleanliness Spot Check

During the inspection we identified nine areas for improvement regarding the Cleanliness spot check. One of these required the Health Board to provide us with immediate assurance. Our requirements in this respect and the Health Boards response to the issue of immediate assurance are detailed within Appendix A.

Overall, the ward environment appeared clean and pleasant. Conversations with patients indicated that they were satisfied with the cleanliness in their own rooms and that they liked the décor. The ward was generally free from clutter which enabled patients and staff to move around safely and freely. However we found the bathrooms contained communal items.

Staff knowledge of All-Wales infection, prevention and control procedures (IP&C) was unacceptable. We found that nursing and domestic staff had not been provided with training in infection prevention and control practice in recent years. This matter was discussed with senior members of the Health Board during the inspection visit who indicated a willingness to address this issue as a matter of urgency. In view of the seriousness of this issues, an immediate assurance letter was sent to the Chief Executive and Nurse Director, requiring the Trust to provide HIW with an action plan in response to this matter. HIW has subsequently received a timely and satisfactory response from the Trust.

Conversations with nursing and domestic staff revealed that there were multiple basic ward cleaning schedules in place that were not clearly understood. Additionally, there was no evidence of cleaning records between October 2013 and February 2014. HIW therefore recommended that the schedules be amalgamated to make it easier for staff to ensure that all cleaning tasks were undertaken and monitored. Staff were also unclear as to when they should be using alcohol gel as opposed to soap in order to optimise or maintain hand hygiene. Opportunistic observation of hand

washing practice during the inspection was, however, considered to be acceptable.

Notwithstanding the good practice observed above, we identified the following nine areas for improvement, in relation to the Cleanliness. These are detailed in appendix A:

- Staff had a limited knowledge of the All Wales Infection Prevention and Control procedures
- Sinks within the ward did not have wrist/ elbow taps
- Inappropriate storage of cleaning fluids
- One bedpan and all commodes were in need of cleaning.
- No evidence of temperature recordings regarding the washer/disinfectors in both sluices.
- Items of equipment which needed to be condemned
- Some chairs covered with an impermeable material, resulting in visible staining.
- A broken light above a patient's bed
- multiple cleaning schedules that were not clearly understood and incomplete cleaning records

## **7. 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 the Llewellyn Ward at Bronllys 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 Boards Improvement Plan, once agreed, will be published on Health Inspectorate Wales website and will be evaluated as part of the ongoing Dignity and Essential Care inspection process.

## Dignity and Essential Care: Improvement Plan

Hospital: Bronllys

Ward: Llewellyn

## Appendix A

Ref.	Finding	Requirement	Health Board Action	Responsible Officer	Timescale
<b>4a. Patient Experience</b>					
During this inspection we made no findings which require improvement in this area					
<b>4b. Fundamentals of Care</b>					
4b.1	Inconsistent completion of patients' risk assessments:  Risk assessments were not fully incorporated into person centred care plans, patient care plans were absent, or lacked sufficient detail to guide staff in providing care and support.	The Health Board must ensure documentation is completed to reflect the care provided and that risk assessments are undertaken and documented as required.			
4b.2	Incomplete pain assessments:  Patients' pain assessment charts were found to be incomplete and lack evidence of review to establish whether the use of pain relief was effective in	The Health Board must ensure pain assessment charts are consistently completed and reviewed to assess the suitability of			

	addressing patients' pain.	pain relief provided to patients.			
4b.3	Care plans did not reflect the personal hygiene and care of patients undertaken: Nursing documentation was found to lack evidence of the person centred care observed, and was completed inconsistently	The Health Board must ensure documentation is completed to fully reflect the individualised person centred care received			
4b.4	Limited completion of nutritional charts to reflect risk assessments undertaken: We found instances where patients had received risk assessment indicating nutritional intake should be recorded and monitored through the use of the All Wales food chart however this was not reflected in the patient documentation	The Health Board must ensure that the All Wales Food Chart is completed if required by a patients risk assessment			
4b.5	Limited use and completion of oral care bundles:	The Health Board must ensure consistent use and completion of the All Wales			

	There was limited or no evidence of the use of the All Wales Mouth Care bundle in respect of oral hygiene where they were required by a patients risk assessment	Mouth Care Bundles if required by a patients risk assessment			
4b.6	Inconsistent application of the All Wales SKIN bundle.  We found inconsistent application of the All Wales SKIN <sup>7</sup> bundles in relation to the prevention of pressure damage to skin	The Health Board must ensure consistent use and completion of the All Wales SKIN Bundle.			
<b>4c. Management and Leadership</b>					
4c.1	Limited communication between nursing staff and domestic staff:  The understanding of nursing staff and domestic staff regarding the roles and responsibilities in relation to preparing a room for an incoming patient and deep	The Health Board should ensure nursing and domestic staff are clear regarding their responsibilities, particularly regarding tasks required to			

<sup>7</sup> SKIN bundles is a simple holistic approach to ensuring that all patients receive the appropriate care to prevent pressure damage.

	cleaning was inconsistent	prepare patient rooms.			
4c.2	Care metrics data was found to be incomplete.	The Health board must ensure care metrics data is up to date and fully complete			
<b>4d. Quality and Safety</b>					
4d.1	Inconsistencies within a small number of medication administration records. We found instances where there should have been either (a) a nurse signature or (b) an applied code for non-administration.	The Health Board must provide evidence that the incident has been reported via the DATIX system and provide detail of how they will ensure safe medicines management			
<b>5. Cleanliness</b>					
5.1	Staff knowledge of the All Wales Infection Prevention and Control procedures was unacceptable and we found no evidence of active Infection Prevention and Control Training for either nursing or domestic staff in recent years by the Health Board	The Health Board must ensure staff have adequate Infection Prevention and Control training and ensure compliance with the All Wales Infection Prevention	Reinforcing attendance on the statutory and mandatory training programme for all staff.  Roll out the new e-learning training on infection prevention and control	Localities and Service Directorate Managers/ Staff  Workforce &	March 2014  April 2014

		and Control procedures	Practical, ward based training sessions for the Llewellyn ward team	Organisational Development  Ward Sister/ Senior Nurse/ Domestic Supervisor	March-April 2014
5.2	Sinks within the ward did not have wrist/ elbow taps  We found the majority of sinks within the ward had no wrist/ elbow operated taps.	The Health Board must ensure equipment within the ward complies with the All Wales Infection Prevention and Control procedures			
5.3	Inappropriate storage of cleaning fluids  We found bottles of cleaning fluids in areas which are accessed by patients.	The Health Board must ensure domestic staff remove all cleaning products from areas after cleaning			
5.4	One bedpan and all commodes were in need of cleaning.  The bedpan and commodes identified	The Health Board must ensure the All Wales Infection Prevention and			

	had been labelled as cleaned however on inspection were found not to be clean	Control procedures are followed correctly.			
5.5	There was no evidence of temperature recordings regarding the washer/ disinfectors in both sluices.	The Health Board must ensure All Wales Infection Prevention and Control procedures are followed correctly.			
5.6	We found a small number of items of equipment which was no longer fit for purpose, and needed to be condemned which was discussed with ward staff at the inspection	The Health board must ensure condemned equipment is disposed of immediately			
5.7	Some patient's chairs were not covered with an impermeable material, resulting in visible staining	The Health Board must ensure chair coverings are compliant with the All Wales Infection Prevention and Control procedures, and replace if necessary.			
5.8	A light above a patient's bed was broken and found to be held together with tape	The Health Board must ensure adequate repairs			

	<p>which was of a type that would not withstand cleaning. Bacteria may therefore be difficult to remove</p>	<p>are carried out for damaged fittings and that the All Wales Infection Prevention and Control Procedures are followed</p>			
5.9	<p>There were multiple basic ward cleaning schedules in place that were not clearly understood.</p> <p>Additionally, there was no evidence of cleaning records between October 2013 and February 2014.</p>	<p>The Health Board must ensure cleaning schedules are amalgamated to make it easier for staff to ensure that all cleaning tasks are undertaken and monitored. And to ensure that cleaning records are then routinely completed.</p>			

