

Unannounced Dignity and Essential Care Inspection, including a Cleanliness Spot Check

Cwm Taf University Health Board

Prince Charles Hospital

Ward 3

Date of inspection Wednesday 5 March 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection and cleanliness spot check to the ward 3 at Prince Charles Hospital, part of Cwm Taf University Health Board (CTUHB) on 5 March 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.

The vision of Cwm Taf University Health Board is to 'prevent ill health, protect good health and promote better health by providing services as locally as possible and reducing the need for hospital inpatient care wherever possible.' The University Health Board has the following five strategic objectives, derived principally from the Institute for Healthcare Improvement (IHI), which provides a clear framework for its plan. These objectives are:

- To improve quality, safety and patient experience.
- To protect and improve population health.
- To ensure that the services are accessible and sustainable into the future.
- To improve governance and assurance.
- To reduce the per capita cost of care in line with the resources made available to the University Health Board.

Acute, intermediate, community and mental health services are delivered across a network of Community Clinics, Health Centres and Community Hospitals supported by two District General Hospitals.

Clinical Services are managed through a number of clinically led directorates and localities, accountable to an Executive Director. These are led by Clinical

Directors, Directorate Managers and Heads of Nursing and cover acute, primary care and community services including Mental Health and CAMHs.

The Cwm Taf University Health Board area is made up of four localities – the Cynon Valley, Merthyr Tydfil, the Rhondda Valleys and the Taff Ely area and covers approximately 289,400 people.

Prince Charles Hospital in Merthyr Tydfil has around 430 beds. It provides acute emergency, elective medical and surgical services, Intensive Care, Coronary Care and consultant-led obstetrics services. It has a Special Care Baby Unit, provides inpatient consultant-led paediatric medicine and has a busy Accident and Emergency unit. The hospital also provides sub-regional oral and maxillo facial services, a full range of locally provided and visiting specialist outpatient services and has an extensive range of diagnostic services and facilities.

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 receive¹. We review documentation and information from a number of sources including:

- Information held to date by Healthcare 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 medical 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. This was to ensure balance between fulfilling the requirements of the inspection and meeting 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.

¹ *The Fundamentals of Care*, Welsh Assembly Government 2003

3. Summary

Overall patients can be confident that the service on Ward 3 is well run. Patients told us that they felt safe and well cared for. The Ward provides care and treatment for patients of a wide age range before and after surgical procedures. Staff were professional in their work and we noted that staff went about their duties in a caring way with warm conversations with patients and relatives.

During our inspection we observed a focus on patient's individual care being assessed and managed appropriately. At different stages, before and after surgical operations, patients had different requirements of care related to their level of dependency. We observed care practice that was in accordance to this, including active monitoring of post operative observations and pain management.

There were a small percentage of older patients on the Ward and some patients had dementia related memory loss. Some staff had received training in the care of patients with Dementia. Staff also have access to a Specialist Nurse for advice.

Staff were alert to assisting patients to eat and drink, use the toilet and regain their mobility. Staff monitored and recorded patients food and fluid intake and in the case of those patients who needed extra time and support, we observed close monitoring of food and drink taken by patients.

We observed several areas of notable practice. There was good recording in care records and evaluation of the effectiveness of care.

There was a strong emphasis on early recovery and rehabilitation for patients after surgery, all of whom were well informed about arrangements for their discharge home.

Notwithstanding the good practice observed above, we identified the following areas which require improvement. These are detailed in appendix A:

- Limited pastime / activities for patients who feel better at later stages of recovery.
- Unlocked drug fridge. Though contained in a locked drug storage room, was requested to be locked during the inspection.
- Some patients experience noise in the bay areas at night.
- Inconsistent wearing of clear name badges.
- Some patients want to see how their care is planned and documented.
- A structured in-house training programme would be beneficial.
- The Band 7 Ward Sister did not have supernumerary time.

We noted the following findings concerning Cleanliness:

- One fan was dirty with dust.
- Items stored on the floor in storage rooms.
- Linen stored on floor level in a corridor cupboard but stored off floor in all bay cupboards.
- Rubber coming off shower screen.
- Dust on bottom of notes trolley.
- One linen skip full throughout the time of the inspection.
- A Sensor tap in Bay 8 not in full working order.

4. Findings

4a. Patient Experience

Although we found no issues of immediate concern, during this inspection we identified one area for further improvement which is outlined in Appendix A.

During our inspection we observed a well organised service. Patients told us that they were well informed about their care, treatment and transfer/discharge arrangements. Patients stated that they felt comfortable in approaching any member of the staff in the multi-professional team if they had any questions or concerns about their care.

Throughout our Inspection we observed Nursing staff, Medical staff and Therapy staff speaking with patients and other members of the Ward team in a professional and courteous manner. At the work station we observed Medical and Nursing staff speaking discreetly. There was due care and attention paid to the confidential nature of patient information and case-notes. Staff were dressed in accordance to the All Wales Dress Code and were observed to be bare below the elbow in the Ward area. It was observed however, that some staff did not wear name badges, to assist patients in identifying their role within the ward team. Patients told us that they feel safe receiving care during the day and night. We also observed that staff responded promptly to requests for assistance.

We observed that patients of all age groups were provided with written and verbal information and this appeared to meet their needs. Staff had skills in caring for patients with confusion and memory loss and staff were observed providing additional support to those patients who required it. Staff were seen to be caring and sensitive with patients and relatives and staff displayed a professional approach with other staff.

We observed a good emphasis on early recovery after surgery (ERAS). The ward worked to the ERAS Principles and had completed work in accordance

with the 1000 lives initiative². There was active intervention from both Physiotherapy and Occupational Therapy for all patients after their operation. Conversations with staff demonstrated excellent team work between all Professionals on the Ward and this was also demonstrated in documented evidence of post-operative treatment and discharge planning.

We saw evidence in patients' case notes which indicated that patient discharge was well managed and co-ordinated throughout their stay, with effective discharge planning and communication between hospital and community staff. Patients we spoke with were aware of their discharge arrangements and appeared to be involved in decisions about transfer and discharge.

The Ward was situated in a modernised environment with adequate bathroom and toilet facilities for bay areas and en-suite facilities in side rooms. We observed a good standard of general housekeeping. We undertook a more in-depth investigation of infection prevention and control practices, the findings of which are listed in Appendix A.

Notwithstanding the good practise observed above, we identified the following area for improvement in relation to 'Patient Experience'. This is detailed in appendix A:

- Limited pastime activity for recovering patients.

² 1000 Lives Improvement is the national improvement programme, supporting organisations and individuals, to deliver the highest quality and safest healthcare for the people of Wales.

4b. Fundamentals of Care

During this inspection we identified three areas which require improvement. These are detailed within Appendix A.

Overall our inspection findings indicated that the clinical area was achieving well on the delivery of the Fundamentals of Care. Patients told us that they were satisfied with their care and that staff treated them with dignity and respect.

Patients were seen to be treated with dignity and respect. This is because we found examples of the efforts being made by the staff team to ensure that people were afforded as much privacy as possible. For example, at times when they were being assisted with personal care, during immediate post-operative observations and care. Specific attention was made to patients' comfort and the management of pain. We observed a mechanism of regular patient observation, patients had call buzzers at hand and when enquiring with patients as to their pain status, staff used a recognised pain assessment and evaluation tool.

Communication and Information

We observed and were told by all but one patient that they were well informed about their treatment, day to day care and discharge planning.

A Conversation with one patient, who consented to their views being raised with staff during the inspection, revealed that they would have preferred to have had possession of their care plans and a more detailed explanation about their care assessment and planned care. Staff were able to provide the patient with the further detail that they required and the patient was completely satisfied during the inspection that their information needs had been met. This unique requirement of one patient may highlight that some patients may wish to have sight of their care plans and more detailed explanations from staff about how staff assess, plan and document patients' personal care.

Patients told us that their individual care needs were met. Patients told us that they had been involved in the plans being made for their discharge.

All medical records contained notes made by various members of the multi-disciplinary team (MDT). We found evidence of comprehensive assessment of patients' needs and status of independence. We found evidence of care plans for fundamental aspects of care and speciality aspects of care. Whilst these were not fully comprehensive for all patients, in general the care plans were of an acceptable standard with scope for further development to support a further co-ordinated approach to care assessment, planning and evaluation.

We observed ward staff assisting patients to eat, drink, mobilise and use appropriate toilet facilities within the ward environment. All interactions observed were sensitive and caring in manner and staff were attentive to patients privacy and dignity in their communication and care interventions.

Respecting people

We observed many examples of friendly, but respectful interactions between staff and patients during this unannounced inspection. Conversations with patients resulted in very positive comments regarding staff attitude and behaviour.

Ensuring Safety

Patients told us that they had not experienced any difficulties in locating staff during the day or night, or with receiving a prompt response to requests for assistance when they used their buzzer. Discussion with the Ward Manager and other staff also indicated that staff levels were considered to be adequate. The Ward Manager further informed us that they were able to obtain additional staff when required (i.e. in response to increased patient acuity levels).

We observed systems in place for pre and post-operative care. Post-operative observation was active, well documented and implemented as per patients prescribed plan of care.

We observed medication being given in accordance with safe practice.

Promoting Independence

Therapy staff were seen to be an integral part of the team. Discussions with Physiotherapists and Occupational Therapists revealed that they felt very much part of the team and that there was a good system for patient referral for both Physiotherapy and Occupational Therapy. Rehabilitation was actively observed.

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 with cognitive impairment. Occasionally, however, there was a waiting list for training. There is access to a dementia care specialist who provides advice, when required, on the most appropriate way to maintain the independence of individuals.

Relationships

We observed staff taking time to interact and listen to patients. Patients also informed us that they felt staff had time to listen to them and were available to discuss aspects of their care when required.

Patients told us that they were able to receive visits from family or friends at any reasonable time of the day.

Rest, Sleep and Activity

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 observed a potential for noise in the bay areas and this may be a problem at night. Patients were not unduly concerned but some had experienced some noise at night. This was discussed with staff who described how they worked to minimise noise at night.

Ensuring Comfort, Alleviating Pain

Patients indicated that staff responded promptly to their requests for pain relief. Patients also appeared to be comfortable. Pain status was assessed prior to the administration of pain relief, and the efficacy of the medication was evaluated.

Personal Hygiene and Appearance

All patients appeared well cared for. Conversations with patients indicated that they were either assisted to wash at the bedside or assisted to use the en-suite (in cubicles) or bathroom facilities near their bays. We observed staff paying attention to patients' privacy and dignity during their communication and care interventions.

Eating and Drinking

We observed a mealtime. The Ward has a system of protected mealtimes whereby a focus is placed on assisting patients to eat with minimum disruption from other Ward activity. Food was warm and appetising. The Ward Hostess staff were aware of patients with special needs. The food system enabled meal portion size to be adjusted according to patient requirement.

Conversations with patients demonstrated that they were able to have a hot or cold drink at mealtimes and in response to ad hoc requests during the day or night. All patients receive a hot drink and snack before bedtime.

Fluid monitoring charts, where required, were completed accurately. Those patients who were assessed as requiring monitoring of their food intake had a food chart in place and these were observed to be completed accurately.

Oral Health and Hygiene

Mouth-care was assessed and documented. Patients told us that they were able to clean their own teeth/dentures as regularly as they would like.

Preventing Pressure Sores

Examination of patient records verified that staff assessed and recorded the patients' status of and risk of skin damage on a daily basis. Pressure area care was documented at the bedside. Staff described that they had access to air mattresses and other forms of pressure relieving equipment. Patients were also observed to be assisted to move at regular intervals post operatively. We observed an emphasis on active rehabilitation.

Notwithstanding the good practise observed above, we identified the following three areas for improvement concerning delivery of the 'Fundamentals of Care'. Our requirements in this respect are detailed in appendix A:

- Potential of noise in bay areas at night.
- Inconsistency in wearing of clear name badges.
- Some Patients may want to see how their care is planned and documented.

4c. Management and Leadership

During this inspection we identified two areas which require improvement. These are detailed within Appendix A.

We observed the service on Ward 3 to be well organised and managed, with due care and attention to professional standards of care from all members of the multi-professional team.

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.

Our discussions with the Ward staff demonstrated that the Ward team felt well supported by senior management. During the Inspection the Nurse in Charge of the Ward was able to provide us with concise information about the Ward and patient needs. We noted effective leadership, with evidence of a calm and efficient ward which had a number of routine mechanisms to ensure patient care was delivered efficiently and that individual patient needs were met. Students told us that they were well supported on the ward and that they were able to gain good experience with their learning.

It was evident that the Senior Nurse management team were supportive to the staff in the clinical area. Staff were able to describe supportive mechanisms that enabled them to receive additional staff in the event of a sudden increase in patient acuity and/or special needs.

We observed that the Domestic and Ward Hostess staff, working in the team, were well informed about individual patients needs including special requirements and fluid and nutritional requirements.

Notwithstanding the good practise observed above, we identified the following areas for improvement concerning 'Management and Leadership'. Our requirements in this respect are detailed in appendix A:

- The Band 7 Ward Sister (Ward Manager) did not have supernumerary time
- There was not a structured in-house training programme for ward staff

4d. Quality and Safety

During this inspection we identified one area which requires improvement. This is detailed within Appendix A.

We observed safe management of patient records when in use. Some components of patient records were stored at patient's bed areas to assist necessary, practical completion of observations and communication. These were stored in folders which did not permit confidential information to be readily seen.

We observed that the door to the medication storage room which contained medication storage cupboards and the drug fridge remained appropriately closed during the time we were on the ward. During our inspection inside the medication storage room, we noted all drug storage cupboards to be locked. The lock on the drug fridge was, however, open and this was notified to the Nurse in Charge during the Inspection and to the Senior Nurse, with action taken at the time. It is safe practice to keep drug fridges locked even when situated in a locked medicines storage room. This is summarised within Appendix A of this report.

Notwithstanding the good practise observed above, we identified the following area for improvement concerning 'Quality and Safety'. Our requirements in this respect are detailed in appendix A:

- The lock on the drug fridge was open.

5. Cleanliness

During the inspection we identified nine areas for improvement regarding the Cleanliness spot check. Two of our findings were addressed during the inspection and the remaining seven are detailed within Appendix A.

Overall, the ward environment appeared clean and pleasant. Conversations with patients indicated that they were satisfied with the cleanliness on the ward and the area was generally free from clutter which enabled patients and staff to move around safely and freely.

We observed a good standard of general housekeeping and staff knowledge of All-Wales infection, prevention and control procedures (IP&C) was of an acceptable standard.

Conversations with nursing and domestic staff revealed that cleaning schedules were in place and we found these to be regularly updated. Staff had good knowledge of hand hygiene and were clear 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 considered to be acceptable.

Notwithstanding the good practise observed above, we identified nine areas for improvement concerning 'cleanliness'. Two of the areas we identified were addressed during the inspection concerning two commodes and one drip stand which required cleaning. Our seven remaining findings in this respect are detailed in appendix A:

- One fan was dirty with dust.
- Items stored on the floor in storage rooms.
- Linen stored on floor level in a corridor cupboard but stored off floor in all bay cupboards.
- Rubber coming off shower screen.
- Dust on bottom of notes trolley.
- One linen skip full throughout the time of the inspection.
- A Sensor tap in Bay 8 not in full working order.

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 3 at Prince Charles 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 Healthcare Inspectorate Wales website and will be evaluated as part of the on-going Dignity and Essential Care inspection process.

Dignity and Essential Care: Improvement Plan

Prince Charles Hospital

Ward 3: 5 March 2014

Appendix A

Ref.	Finding	Requirement	Health Board Action	Responsible Officer	Timescale
4a. Patient Experience					
4a.1	For those patients who were feeling better and at later stages of recovery after their operations we noted that there was limited pastime activity.	The Health Board may consider enhanced access to patient activities in day surgical areas for those patients who are feeling better and able to participate.			
4b. Fundamentals of Care					
4b.1	Potential of noise in bay areas at night: Some patients experience noise in the bay areas at night.	The Health Board should look at all means to reduce unavoidable noise in patient bay areas at night.			
4b.2	Inconsistency in wearing of clear name badges.	The Health Board must ensure that staff wear clear			

		name badges for Identification.			
4b.3	Some Patients may want to see how their care is planned and documented.	The Health Board should consider further care plan sharing with patients to ensure that all patients are fully aware of how care is planned and documented.			
4c. Management and Leadership					
4c.1	The Band 7 Ward Sister (Ward Manager) did not have supernumerary time, although on the day of our inspection we found that the Ward was well managed and well led. However it would be beneficial to consider some supernumerary time for the Ward Manager.	The Health Board should consider how supernumerary time for the ward sister is built into the ward staffing roster			
4c.2	A more structured in-house training programme would be beneficial for the Ward as staff appeared to be on a queue for Health-Board wide training.	The Health Bard should ensure timely access to training for all staff.			

4d. Quality and Safety					
4d.1	<p>The drug fridge which, although was contained in a locked drug storage room, had a lock on it which was found to be unlocked.</p> <p>The room in which the drug fridge was situated was constantly closed during the inspection with a digital lock and we had to request access to the room to inspect it. The Nurse in Charge and Senior Nurse were informed and action taken during the inspection.</p>	<p>The Health Board must ensure that it adheres to the All Wales Medicines management Policy.</p>			
5. Cleanliness					
5.1	<p>We found seven requirements in relation in the cleanliness inspection::</p> <ul style="list-style-type: none"> ▪ One fan was dirty with dust. ▪ Items stored on the floor in storage rooms. ▪ Linen stored on floor level in a corridor cupboard but stored off floor in all bay cupboards. 	<p>The Health Board must ensure All Wales Infection Prevention and Control procedures are followed correctly.</p>			

	<ul style="list-style-type: none">▪ Rubber coming off shower screen.▪ Dust on bottom of notes trolley.▪ One linen skip full throughout the time of the inspection.▪ A Sensor tap in Bay 8 not in full working order				
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