

## Appendix A

### Dignity and Essential Care: Improvement Plan

Hospital: Royal Gwent

Ward/ Department: D3 West

Date of Inspection: 21 and 22 January 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>				
	None – facilities recommendation below.			
<b>Delivery of the Fundamentals of Care</b>				
Page 8	The health board should ensure staff have the appropriate tools to enable them to communicate with patients with hearing loss in a discreet way.	Ward to purchase portable hearing loop. Costing obtained and awaiting procurement details from R.N.I.D and R.N.I.B funded sensory loss support worker.	Senior Nurse/Directorate Manager	31.03.2015
Page 9	The health board should consider how staff can ensure patients' dignity is upheld when using toilet facilities, e.g. through the use of 'in use' signs.	Minor works request for improved signage raised 28/01/2015. Escalated to head of Minor Works 04/02/2015.	Senior Nurse/Minor Works	

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		Temporary laminated in use/occupied signs in situ.	Senior Nurse	Complete
Page 10	The health board should consider how to make the ward environment as accessible as possible to patients with confusion/dementia and complex or sensory needs.	<p>There is an Accessibility Standards Steering Group where compliance to the Welsh Government Standards is being addressed, with a proposed plan for Health Board wide action being considered.</p> <p>The Health Board has signed up to Dementia-Friendly &amp; Old Age friendly environments, which are overseen by the Environment Committee. As Wards/Depts are upgraded the design principles are incorporated.</p>	Accessibility Standards Group	
Page 11	The health board should review the impact the lack of washing and toilet facilities is having on patient care in regards to the ward routine and disturbed sleep.	<p>D3W is unable to build/create more toilet and shower facilities due to the physical constraints of the existing building.</p> <p>Paper previously prepared outlining plans to increase toilet and shower facilities across the cardiology floor by converting an under-utilised bathroom that backs onto D3W from the neighbouring ward.</p> <p>Indicative costs for project= £79,000. A funding source has not been identified for this work to date.</p>	<p>Divisional Management Team</p> <p>Minor works</p>	

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		<p>Plans are also underway to redesign the entire cardiology floor as part of wider development of cardiology services.</p> <p>Existing toilet and shower facilities have been upgraded in recognition of high demand/use of these facilities.</p>		Complete
Page 12	The health board should consider the impact of the limited washing facilities on patient care in regards to patients' access to timely personal care.	Please see response to page 11		
Page 12	The health board should ensure the ward receives sufficient numbers of gowns to assist patients' comfort and ensure their dignity is maintained.	Gowns are not deemed as a substitute for patient nightwear. Therefore additional nightwear is being purchased by the Health Board.	Divisional Director - Facilities	Complete with ongoing review
Page 13	The health board should ensure that sufficient numbers of patient meals are provided from the kitchen in line with patients' menu choices. Patient meals should be served warm.	Meals for D3W and CCU are now provided by the kitchens independently of each other to address issues around menu choices and food temperature.	Operational Services Manager	Complete and with ongoing monitoring
Page 14	The health board should ensure staff are able to easily access meals and snacks outside of meal times.	A supply of snacks is provided in the D3W kitchen and D3W also has request forms for additional snacks as required	Operational Services Manager	Complete and with ongoing monitoring

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Page 15	The health board should consider the impact the lack of toilet facilities has on patient care in regards to patients' toilet needs, dignity and choice.	Please see response to page 11		
Page 15	The health board should ensure that toilet facilities can be cleaned and maintained to an appropriate standard.	Toilets are cleaned minimum of 3 times per day in line with Health Board Policy. Staff to escalate to ward housekeeper or supervisor should toilets require additional cleaning.	Ward Sister/ Operational Services Manager	
Page 17	The health board should identify the reason(s) for staff having difficulty obtaining pressure relieving mattresses and take suitable action to prevent delays from happening.	<p>Current process reviewed by the Assistant Nurse Director &amp; Service Group Manager and Huntleigh on-site service engineer. The Health Board has recently significantly increased it's stock of pressure relieving mattresses which has reduced reliance on rental products and improved waiting times when wards request a pressure relieving product.</p> <p>Daily requesting of mattresses by wards has ensured request list is as 'live' and accurate as possible. Prompting wards to review patient risk assessments.</p> <p>There is a process in place for hiring additional mattresses based on patient need.</p>	Divisional Nurse/Senior Nurse/Ward Sister	28/01/2015  Ongoing monitoring.
<b>Quality of Staffing Management and Leadership</b>				

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Page 18	The health board is advised to use the outcome of the acuity tool exercise to inform ongoing staffing levels and to ensure there is sufficient staffing for the ward sister to access supernumerary time.	<p>The Health Board will be using the acuity tool to inform ongoing staffing levels.</p> <p>There is a Programme Board for the implementation of staffing levels based on All Wales Nursing Principles</p>	Assistant Nurse Director	Review of current information March 2015
Page 20	The health board should ensure staff are supported to keep up to date with mandatory training to ensure they maintain their skills and can work safely and effectively with patients. The health board should ensure staff receive the training they require to support vulnerable patients (e.g. POVA, Mental Capacity Act and dementia/confusion).	<p>Annual ward away days are planned.</p> <p>Deputy Sister to maintain training data base and provide prompts for staff requiring updates.</p>	Ward Sister/Senior Nurse	Ongoing throughout year as staff require updates at different times of the year
<b>Delivery of a Safe and Effective Service</b>				
Page 21	The health board should ensure staff have access to an up to date discharge policy to inform practice.	<p>The Health Board is in the process of updating the Discharge Policy.</p> <p>Discharge Processes are currently being reviewed by Internal Audit.</p> <p>The Discharge Checklist has recently been revised and is in use across in-patient areas to</p>	Clinical Policy Group	May 2015

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		ensure safe discharge		
Page 23	Staff should ensure the trolley containing medicines is secure at all times to avoid access by unauthorised patients.	Medicine trolley is locked and secured to wall. Ongoing spot checks for compliance are being implemented.	Ward Sister/Senior Nurse	Complete & On-going
Page 23	The newly fitted lock to the treatment room door should be used by all staff to ensure this area is secure at all times.	Door is secured at all times. Ongoing spot checks for compliance are being implemented.	Ward Sister/Senior Nurse	Complete & On-going
Page 24	The health board should ensure suitable storage for IV drugs on an ongoing basis.	All IV drugs are suitably stored	Ward Sister/Senior Nurse	complete
Page 24	The health board should consider how to make the documentation easier to follow in terms of understanding the care management and care pathway of the patient.	All nursing risk assessments are held in a folder with the relevant patient's Kardex.  The Health Board is in the process of considering a move towards electronic patient records	Ward Sister/Senior Nurse  Head of IT Service	complete  Ongoing
Page 25	Patient care plans should be fully completed and have the level of detail required to ensure staff have clear guidelines to follow in treating the patient.	All care plans have been audited and found to have the required level of clarity and detail. DECI re-audit to be undertaken with Senior Nurse for Quality and Patient Safety	Ward Sister/Senior Nurse Ward Sister/Senior Nurse	29/01/2015 03/03/2015
Page 25	The health board should ensure MUST tools are completed accurately and that actions	Review of MUST scores undertaken.	Ward Sister/Senior Nurse	Complete and ongoing

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	leading from them are followed through, ensuring appropriate risk management for patients.	Assessments found to be correctly scored and backed up by appropriate action and care planning. These findings and those of planned DECI audits will be communicated to Divisional Nurse to provide assurance.		
Page 26	The health board should ensure all diabetic patients have clear care plans and risk assessments in place for staff to follow and to ensure care can be evaluated and is appropriate.	<p>The Health Board has recently appointed an 8a integrated Senior Nurse for Diabetes who will be invited to quality assess the standard of diabetic assessments/care plans/evaluations.</p> <p>A review has been undertaken and assessments were found to be up to date &amp; accurate at the time of review.</p>	Ward Sister/Senior Nurse	Complete and ongoing Internal DECI inspection scheduled 03/03/2015

**Health Board Representative:**

**Name (print):** Rhiannon Jones

**Title:** Assistant Director of Nursing

**Signature:** .....

**Date:** 23<sup>rd</sup> February 2015