



Hospital Inspection (Unannounced)

Bronllys Hospital, Powys
Teaching Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Bronllys Hospital within Powys Teaching Health Board on 29 and 30 October 2019. The following hospital sites and wards were visited during this inspection:

- Llewellyn Ward

Our team, for the inspection comprised of two HIW Inspectors, one clinical peer reviewer and one lay reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that the staff on the ward were committed to providing patients with safe and effective care.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received.

We found good management and leadership, with staff commenting positively on the support that they received from the ward manager.

However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Staff engagement
- Multidisciplinary working
- Provision of food and drink
- Palliative care suite
- Designated lounge and dining area
- Assessment, care planning and record keeping
- Medication management
- Management overview
- Clinical audits
- Staff training, support and supervision.

This is what we recommend the service could improve:

- Welsh language provision
- Pain assessment

- Storage of wheelchairs and segregation of clean and dirty equipment
- General Risk assessment
- Maintenance in some areas
- Staff recruitment

3. What we found

Background of the service

Powys Teaching Health Board (PTHB), is a rural health board that provides services locally, through GPs and other primary care services, community hospitals and community services. Powys provides services for approximately 133,000 residents over a large, rural geographical area.

PTHB does not have a District General Hospital, but pays for Powys residents to receive specialist services in hospitals outside of the county. Shrewsbury and Telford Hospitals NHS Trust makes up the largest proportion of commissioned activity and Wye Valley NHS Trust is the second largest. In Wales, the health board buys services from Hywel Dda, Aneurin Bevan, Swansea Bay and Cwm Taf Morgannwg University Health Boards, and others in smaller proportions.

Bronllys is a community hospital located on the outskirts of Brecon. There are two wards in the hospital, Llewellyn ward, which is a 15 bed GP led general ward, and Felindre ward, which is a mental health inpatient unit. This inspection focused on the services provided on Llewellyn ward.

Beds on Llewellyn ward are flexible in their use, as demand requires. GPs tend to admit patients from the community and Consultants from the District General Hospitals (DGH), mainly Hereford and Abergavenny. Patients are admitted for a variety of conditions including medical, post-operative rehabilitation, management of Parkinson's disease and palliative care. There was a palliative care suite on the ward which had been funded through donations and fund raising activities arranged by the hospital's League of Friends and PTHB charitable funds. The suite, known as Mynydd View, and offers a space to support patients at the end of life and their families and loved ones. The private bedroom has en-suite facilities, a kitchenette and garden access.

The ward was well supported by a multidisciplinary team which incorporates Physiotherapy, Occupational Therapy, Dietetics, Speech and Language Therapy, Parkinson's Specialist Nurse, Respiratory Nurse Speciality, Tissue Viability, Incontinence Nurse Specialist, Mental Health Team and Social Workers.

Other services provided at the hospital include:

- Podiatry
- Falls Programme
- Physiotherapy & Occupational Therapy

- Pain & Fatigue Management Centre
- Occupational Health department
- Learning Disability – community service only
- Psychology
- Public Health
- Outpatients
- Day Hospital – currently open Mondays, Tuesdays and Thursdays from 10.00-16.00.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring.

We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

Patients were being encouraged and assisted to change out of their nightwear and into day clothes to maintain dignity and promote independence.

We found that patients were able to move freely around the ward area.

We saw staff attending to patients in a calm and reassuring manner.

The ward environment was clean and tidy.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the standard of care provided to patients at the hospital. A total of thirteen questionnaires were completed. We also spoke with patients during the inspection.

Most of the patients who completed a questionnaire had been on the ward for more than two weeks.

Patients rated the care and treatment provided during their stay in hospital out of ten, and the average score awarded was 9.1 out of 10. The lowest score awarded was 7 out of 10.

Staying healthy

We found that patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, due to memory problems, we found that relatives were consulted

and encouraged to help make decisions around care provision in accordance with the Health and Care Standards.

We saw good interactions between staff and patients, with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging them to do things for themselves, thus maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities.

The Butterfly¹ scheme was in operation on the ward, whereby butterfly symbols were used to identify patients with a diagnosis of dementia or cognitive impairment, and who required additional support or a different approach to the provision of care. Other symbols were also in use to identify patients who required additional support, such as different coloured lids on jugs for those patients requiring assistance with eating and drinking.

There was a patient lounge/dining area on the ward, and patients spoken with stated that they benefited from such facilities, which encourage mobility and helps maintain independence. This area was also used for activities. We saw some activities, facilitated by the healthcare support workers, taking place during the inspection.

Dignified care

We found that patients were treated with dignity and respect by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

¹ The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

Patients appeared well cared for with staff paying specific attention to people's appearance and clothing. We saw that patients were supported to change out of their nightwear during the day in order to maintain dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

The environment on the ward was generally clean and tidy, adding to the sense of patients' well-being. However, some of the window frames within the corridor area leading to the ward, were seen to be in need of repair. We were informed that the maintenance department were aware of the matter and were scheduled to commence the repair work in the near future. We also noted that handles were missing from some of the windows in the conservatory, which meant that the windows could not be fully closed, resulting in a through draught and cold temperatures. We also noted that some areas of the hospital grounds were overgrown and required attention.

We noted that staff wore household/gardening type green wellington boots whilst assisting patients when showering in the walk in shower/wet room. In our opinion, the use of these wellington boots is not appropriate for a clinical/caring environment, and we recommend that more appropriate footwear be considered.

Improvement needed

The health board must:

- Repair the window frames within the corridor area leading to the ward
- Repair the windows in the conservatory
- Ensure that the grounds of the hospital are suitably maintained.

Patient information

Health promotion information for patients and their families/carers was displayed and available on the ward. However, the information provided was mostly in English, and therefore, measures must be taken to ensure that information is also made available in Welsh.

A Patient Status at a Glance (PSAG)² board was located in the nurses' station. The board was positioned in such a way that patients' information was kept confidential.

Improvement needed

The health board must ensure that patient information is made available in Welsh.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

All patients who completed a questionnaire agreed staff were always polite and listened, both to them and to their friends and family. Nearly all of the patients who completed a questionnaire agreed staff called them by their preferred name, and none disagreed. Comments included:

“Care assistants excellent - good banter”.

The majority of patients told us that staff had talked to them about their medical conditions and helped them to understand them. One visiting relative told us that they are not always kept informed of changes in their relative's condition and/or care provision as they are not always able to be present during doctors' visits.

Improvement needed

The health board must take steps to ensure that, where appropriate, relatives are kept informed of changes in the patient's condition and/or care provision, if they are not able to be present during doctors' visits.

² The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

Timely care

We found that there were generally good assessment and care planning processes in place.

The ward team worked well with other members of the multidisciplinary healthcare team, to provide patients with individualised care according to their assessed needs. Multidisciplinary team meetings were taking place weekly with records maintained. There were robust processes in place for referring changes in patients' needs to other professionals, such as the tissue viability specialist nurse, dietician and speech and language therapist.

We found that there were adequate discharge planning systems in place, with patients being assessed by other professionals, such as physiotherapists, occupational therapists and social workers, prior to leaving the hospital. We looked at a sample of patient records and found the transfer of care documentation to be comprehensive. However, we found that there were delays in some patients being discharged, due in the main, to a lack of suitable social care provision.

Improvement needed

The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wanted their care to be delivered. Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients also told us that staff assisted them and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk, and assisting them to eat and drink independently.

All patients told us that they were given a choice by staff about which method they could use if they needed the toilet, and agreed that when necessary staff helped with their toilet needs in a sensitive way so they didn't feel embarrassed.

All of the patients who completed the questionnaire confirmed that they had access to a nurse call buzzer, and agreed that staff would come to them when they used the buzzer.

People's rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, curtains were used around individual bed areas and doors to single rooms were closed when care was being delivered.

We found that Deprivation of Liberty Safeguards (DoLS)³ assessments were being conducted as required. However, we found the recording of mental capacity assessments to be inconsistent.

We found that Do Not Attempt Resuscitation (DNAR)⁴ forms had been completed appropriately where required.

Improvement needed

The health board must ensure that staff are consistent with the process of mental capacity assessments and complete appropriate documentation for this.

Listening and learning from feedback

Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face to face discussions with staff.

³ DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

⁴ A Do Not Attempt Resuscitation assessment is conducted by a doctor, and tells the medical team not to attempt cardiopulmonary resuscitation (CPR). The assessment form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat a patient.

There were good systems in place for managing complaints and we were told by staff that the number of complaints received about the service were low.

There was a formal complaints procedure in place which was compliant with the NHS Wales Putting Things Right⁵ process. There was information available, in the form of posters and leaflets, advising patients and/or relatives on how to make a complaint

⁵ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed “Concerns”. This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the staff team were committed to providing patients with safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores, and to prevent patient falls.

The ward was generally clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff, and staff monitored patients to promote their well-being and safety

Safe care

Managing risk and promoting health and safety

We found the ward to be well maintained and systems were in place to report environmental hazards that required attention and repair. We were told that the hospital maintenance team was very responsive and attended to any repair work without undue delay.

The ward environment was generally free from any hazards to patient, visitors and staff safety. However, we noted that wheel chairs were being stored on the corridor leading to the ward which could present a trip hazard.

Clinical audits and risk assessments were being undertaken on a regular basis, in order to minimise the risk of harm to patients and staff, with results posted on notice boards on the ward. However, more general environmental risk assessments had not been undertaken for over 12 months. We were informed by the ward manager that they were awaiting further guidance from the health board in relation to this and that there had been a delay due to changes in senior management.

Improvement needed

The health board must ensure that:

- Wheel chairs are not stored on the corridor leading to the ward
- General, environmental risk assessments are undertaken on a regular basis.

Preventing pressure and tissue damage

Staff assessed patients regarding their risk of developing pressure damage to their skin. We were also able to confirm that staff were taking appropriate action to prevent patients developing pressure and skin tissue damage.

We looked at a sample of care records and confirmed that written risk assessments had been completed using a recognised nursing assessment tool. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure damage. Suitable pressure relieving equipment was available and being used to help prevent patients developing pressure damage.

The monitoring records we saw showed that patients had been assisted or encouraged to move their position whilst in bed, or in an armchair, regularly. We also saw staff assisting and encouraging patients to move around the ward environment. Both of these nursing interventions are known to help to reduce patients developing pressure ulcers.

Falls prevention

From examination of a sample of individual care files, we found that assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response.

Infection prevention and control

There was a comprehensive infection control policy in place and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

Infection control audit outcomes were displayed on a notice board within the ward.

Staff had access to, and were using, personal protective equipment, such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection.

The ward environment was generally clean and tidy. However, we found that some dirty items of equipment were stored with clean items within one of the store rooms on the ward. This practice increases the risk of cross infection and must be discontinued.

All of the patients who completed a questionnaire felt that the ward was clean and tidy. Some comments included:

“The hospital is the best - clean and friendly”.

“Staff always clean”.

Improvement needed

The health board must ensure that dirty items of equipment are not stored with clean items, to reduce the risk of cross infection.

Nutrition and hydration

We saw that patients' eating and drinking needs had been assessed. We also saw staff assisting patients to eat and drink in a dignified and unhurried manner.

Patients had access to fluids, with water jugs available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

The ward promoted protected meal times. This ensured that patients were not unduly disturbed during meal times so as to ensure adequate nutritional and fluid intake. However, where deemed appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals.

We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently. All of the patients who completed a questionnaire

told us that they had time to eat their food at their own pace and agreed that staff would assist them to eat and drink if needed; all patients agreed that water was always accessible.

The meals appeared well presented and appetising. Patients told us that the food was very good.

Hand wipes were available with staff seen to offer patients the opportunity to clean their hands before and after eating their meal.

Medicines management

We observed medication being administered to patients and found the process to be in line with the health board's policy. We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication without becoming anxious or distressed.

A pharmacist visited the ward three times a week, and a pharmacy technician twice a week, to undertake medication audits and to offer guidance and support to staff.

None of the patients in receipt of care at the time of the inspection were self-medicating and there was no formal policy in place to support this. However, a staff member gave an example of a patient who was awaiting discharge home who was having problems with self-administration of medication. A bespoke plan had been drawn up and agreed with ward staff, pharmacy and the patient. Written guidance had been drafted and the patient was being supervised with self-medicating to ensure safe practice prior to discharge.

We found evidence that the content of the emergency/cardiac arrest trolley was checked on a regular basis, and any items past their expiry date replaced.

.Improvement needed

The health board must produce a policy to support patient self-administration of medication.

Safeguarding children and adults at risk

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues on the ward at the time of the inspection.

Medical devices, equipment and diagnostic systems

The ward had a range of medical equipment available which was maintained appropriately, and portable appliance testing was undertaken as required.

Effective care

Safe and clinically effective care

There was evidence of very good multidisciplinary working between the nursing and medical staff. General Practitioner (GP) ward rounds to review patients were held twice a week, with GPs visiting as and when required on all other days. We were told that there was good access to GP services at night and during the weekends.

We found that the Adult Nursing Assessment documentation had been fully completed on admission to the ward.

We found that care bundles, linked to the National Early Warning Scores (NEWS)⁶ system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness or sepsis.

We found that there were generally good care planning systems and processes in place. We found that the care planning took account of patients' views on how they wished to be cared for.

Pain management care plans had been drawn up and patients were being administered pain relief where needed. However, we did not see evidence of assessment taking place using a recognised pain assessment tool on the sample

⁶ NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

care files inspected. We were informed by the ward manager that the health board was developing a new pain assessment tool and that this was due to be implemented on the ward in January 2020.

Improvement needed

The health board must introduce a pain assessment tool for use by staff on the ward as part of the patient assessment and care planning process.

Information governance and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of patient confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We were told that work was underway on developing an electronic records management system for use across the health board.

Record keeping

Patient care notes were found to be well maintained, easy to read, and reflective of the care and support provided.

Patients' care notes were stored within a locked trolley, which was stored in the locked nurses' office when not in use.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

We found very good management and leadership at ward level, with staff commenting positively on the support that they received from the ward manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the health board focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on the ward, along with regular formal staff meetings taking place on a regular basis, and minutes of the meeting available for those who could not attend.

We found very good internal communication between the multidisciplinary team.

Staff and resources

Workforce

We found friendly, professional staff team on the ward who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

We viewed copies of the staff rota which showed us that there was a good skill mix of staff on duty each shift. The number of staff on duty could vary from shift to shift, and took account of occupancy levels and those patients who required one to one assistance or supervision.

There were a number of staff vacancies at the time of the inspection. There was a rolling programme of staff recruitment in place. However, the health board was experiencing difficulties in recruiting permanent staff. This was due, in the main, to the location of the hospital. Consequently, the service was heavily reliant on agency staff. There were arrangements in place to ensure that, where possible, the same agency staff members were allocated to work on the ward. This provided a level of continuity of care, and enabled staff to develop stronger working relationships.

During our inspection we spoke with a number of staff members across all disciplines, and we distributed HIW questionnaires to staff, to find out what the working conditions are like, and to understand their views on the quality of the care provided to patients. We received six completed questionnaires.

Most staff indicated in the questionnaires that they had undertaken learning and development, in Health and Safety, Fire Safety, Infection Control, Mental Capacity Act/ Deprivation of Liberty Safeguards, Privacy and Dignity and Dementia in the last twelve months.

Most staff who completed a questionnaire told us that training or learning and development helped them to do their job more effectively and that it helped them to stay up to date with professional requirements and deliver a better experience for patients.

Staff training records viewed during the inspection showed that mandatory training compliance exceeded 80%. With evidence of staff having been booked on training that was outstanding.

All staff who completed a questionnaire told us that they had an appraisal, annual review or development review of their work in the last 12 months. All said that, as part of this process, their learning or development needs were identified and that their manager always supported them to achieve these needs.

All respondents said they were able to make suggestions to improve patient care and said they felt involved in decisions which affected them.

The majority of staff told us that they are able to meet all the conflicting demands on their time at work and that they have adequate materials, supplies and equipment to do their work. In addition, that there were enough staff at the

organisation to enable them to do their job properly. However, one staff member commented that there were never enough staff:

“Too many managers. Not enough experienced staff on the ground floor providing care.”

All staff members who completed a questionnaire were satisfied with the quality of care they are able to give to patients, and that patients and/or their relatives were involved in decisions about their care. They also agreed that the privacy and dignity of patients is always maintained, and patient independence promoted.

Most staff members said that the organisation encourages teamwork and that the organisation was supportive and that there was a culture of openness and learning within the health board.

Within the questionnaires, staff told us that the care of patients is the organisation’s top priority, and that the organisation acts on concerns raised by patients. Most staff agreed that they would recommend the organisation as a place to work and that they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

Staff were asked questions about their immediate manager, and the feedback received was generally positive. Comments included:

“I couldn't ask for better support from my manager.”

Staff told us that their manager encourages those who work for them, to work as a team and that they could be counted on to help them with a difficult task at work.

Staff who completed a questionnaire said that they knew who the senior managers were in the organisation, with a majority telling us that there was effective communication between senior management and staff.

The majority of staff told us within the questionnaire that their job was good for their health and that their immediate manager and the organisation in general take positive action on health and well-being. Comments included:

“Wellbeing breaks take place on the ward. Staff usually get together for a chat and cup of tea.”

“My limited time on this ward enables me to comment on the great support offered to me by my charge nurse and the

excellent agency staff that I have worked with. I feel very comfortable and valued already. What a lovely ward.”

One staff member in response to the questionnaire said that they had seen errors, near misses or incidents in the last month that could have hurt staff and had seen errors, near misses or incidents that could have hurt patients. All staff agreed that their organisation encourages them to report errors, near misses or incident, and that the organisation would treat reports of an error, near miss or incident confidentially and not blame or punish the people who are involved in such incidents.

Staff told us that they were informed about errors, near misses and incidents that happen in the organisation, and that they were given feedback about changes made in response to reported errors, near misses and incidents.

All staff members who completed a questionnaire told us that, if they were concerned about unsafe clinical practice, they would know how to report it, and all said they would feel secure raising concerns about unsafe clinical practice. Most felt confident their organisation would address their concerns once reported.

All respondents said that the organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Improvement needed

The health board must continue with the plan and efforts to recruit permanent staff.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were highlighted during this inspection.			

Appendix B – Immediate improvement plan

Hospital: Bronllys

Ward/department: Llewellyn

Date of inspection: 29 and 30 October 2019

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Bronllys

Ward/department: Llewellyn

Date of inspection: 29/30 October 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must repair the window frames within the corridor area leading to the ward	4.1 Dignified Care	New bespoke timber window sashes to be manufactured.	Head of Estates and Works	To be installed W/C 2 nd March 2020
The health board must repair the windows in the conservatory.		All UPVC sash handles replaced 23/1/20. Specialist Contractor required to provide report on sliding door mechanism. Report to be provided by 31/1/20, all identified works to arranged following receipt of the report.	Head of Estates and Works	14 th February 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the grounds of the hospital are suitable maintained.		Area to be cut back and cleared.	Head of Estates and Works	31 st January
The health board must ensure that patient information is made available in Welsh.	4.2 Patient Information	Welsh translation of 'Know How You Are Doing Boards' is available, ward to access this for advice.	Ward Sister	10th February 2020
The health board must take steps to ensure that, where appropriate, relatives are kept informed of changes in the patient's condition and/or care provision if they are not able to be present during doctors' visits.	3.2 Communicating effectively	Arrangements can be made for relatives to meet the lead doctor.	Ward Sister	Completed
		Sister to operate an open communication clinic, whereby relatives can come and discuss with their family member time slots available throughout 4 days a week.	Ward sister	Completed
The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.	5.1 Timely access	PTHB appointed a clinical lead for unscheduled care to support patient flow in July 2019. There is daily liaison with Social Services to work together to facilitate timely discharges and reduce the number of Delayed Transfers of Care (DTC) currently on the ward.	Lead for unscheduled care	In place

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Hospital based Social Workers commenced 3rd December 2019 to test new ways of working for 4 months.</p> <p>Lead Unscheduled Care Manager liaises with 3rd sector and local authority colleagues at a strategic level with a view to improving the availability of suitable social care provision.</p> <p>The Patient flow team liaise daily with all wards to discuss discharge arrangements and bed calls are held daily to which local authority are invited.</p> <p>Twice weekly DTOC calls with senior managers in the local authority take place.</p> <p>Senior Nurse for patient flow attends – Ward Sisters Forum providing supportive discharge information.</p>		
<p>The health board must ensure that staff are consistent with the process of mental capacity assessments and complete appropriate documentation for this.</p>	<p>6.2 Peoples rights</p>	<p>Mental Health Act training to be developed corporately for staff working within Adult Services.</p>	<p>Head of Safeguarding</p>	<p>31st January 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>E learning Level MCA 1&2 training available to staff work in progress with WoD to add to mandatory training requirements for RN's.</p> <p>Staff reminded and encouraged to undertake their mandatory training.</p> <p>MCA 7 minute briefing poster developed to support staff – this was launched national Safeguarding week November discussed and distributed to ward sisters at Sisters Forum November 2019.</p>	<p>Ward Sister</p> <p>Ward Sister</p> <p>Ward Sister</p>	<p>31st January 2020</p> <p>Completed</p> <p>Completed</p>
Delivery of safe and effective care				
The health board must ensure that wheel chairs are not stored on the corridor leading to the ward.	2.1 Managing risk and promoting health and safety	Remove wheelchairs to an appropriate area.	Ward Sister	Completed
The health board must ensure that general, environmental risk assessments are undertaken on a regular basis.		General Risk Assessment has been developed and to be used on a regular basis.	Ward Sister	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that dirty items of equipment are not stored with clean items to reduce the risk of cross infection.	2.4 Infection Prevention and Control (IPC) and Decontamination	Store room has been revised and condemned mattress removed.	Ward Sister	Completed
The health board must produce a policy to support patient self-administration of medication.	2.6 Medicines Management	The new medicines policy in draft awaiting ratification, supports Patient self administration. Further work is required regarding pharmacy capacity at ward level to be addressed in order to support the roll out of patient self administration.	Head of Medicines management	Ratification of policy by March 2020
The health board must introduce a pain assessment tool for use by staff on the ward as part of the patient assessment and care planning process.	3.1 Safe and Clinically Effective care	All Wales Pain risk assessment tool has been introduced throughout Powys January 2020 as part of the Nursing E-docs project.	Head of Nursing	January 2020
Quality of management and leadership				
The health board must continue with their efforts to recruit permanent staff.	7.1 Workforce	PTHB have Recruitment & Retention Framework in place. Multidisciplinary approach taken with recruitment exercise and engaging with Universities,	Head of Workforce	Work continues

Improvement needed	Standard	Service action	Responsible officer	Timescale
		advertising via social media and local /national press. Retire and Return, Return to Practice offers being offered by the HB. Continue to support HCSW education opportunities to “grow our own” enabling HCSW’s to access their nurse training.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Nigel Broad

Job role: Community Services Manager

Date: 22 January 2020