

Powys Teaching Health Board

Unannounced Dignity and Essential Care Inspection

**Date of inspections
18 and 19 February 2013**

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

Chapter	Page Number
1. Introduction	1
2. Executive Summary	3
3. Findings	5
Llewellyn Ward (Stroke and GP Medical), Bronllys Hospital	5
Twymyn Ward (Rehabilitation), Bro Ddyfi Community Hospital	13
4. Recommendations	21
5. Next Steps	25
Appendix A – Roles and Responsibilities of Healthcare Inspectorate Wales	26
Appendix B – Background and Methodology for the Dignity and Essential Care Inspections	28
Appendix C – Dignity and Essential Care themes, Human Rights and Standards for Health care Services in Wales	30

1. Introduction

1.1 On 18 and 19 February 2013, Healthcare Inspectorate Wales (HIW) undertook unannounced Dignity and Essential Care inspections at two hospitals – Bronllys Hospital and Bro Ddyfi Community Hospital, both part of Powys Teaching Health Board.

Dignity and Essential Care

1.2 Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way¹. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect.

1.3 Dignity is also one of the five United Nations Principles for Older People and is a key principle underpinning both the Welsh Government’s Strategy for Older People and the National Service Framework for Older People in Wales. In 2007, the Welsh Government launched its *‘Dignity in Care Programme for Wales.’* an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

1.4 Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 Healthcare Inspectorate Wales (HIW) commenced a programme of unannounced *‘Dignity and Essential Care Inspections’* to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW’s Dignity and Respect Spot Checks which took place during 2009 and 2010².

¹ Inhuman treatment means treatment causing severe mental or physical harm, and degrading treatment means treatment that is grossly humiliating and undignified.

² For more information on the 2009-2010 Dignity and Respect Spot Checks, please visit <http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

Methodology of the Inspection

1.5 The ‘*Dignity and Essential Care Inspections*,’ review the way a patient’s dignity is maintained on a hospital ward/unit and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations.

1.6 The inspections capture a ‘*snapshot*’ of the care patients receive on hospital wards/units, which may point to wider issues about the quality and safety of essential care and dignity. More information on how the inspections are carried out is available at Appendix B of this report.

Bronllys Hospital and Bro Ddyfi Community Hospital

1.7 Bronllys and Bro Ddyfi Hospitals are two of ten community hospitals based in Powys.

1.8 As part of our inspection the wards we visited were Llewellyn Ward (Stroke and GP Medical), Bronllys Hospital and Twymyn Ward (Rehabilitation), Bro Ddyfi Community Hospital.

2. Executive Summary

2.1 As a result of the Dignity and Essential Care Inspections carried out at Bronllys Hospital and Bro Ddyfi Community Hospital, HIW have identified a number of areas for improvement that need to be addressed by the Health Board. In general similar issues were identified on both wards, however the issues identified at Bro Ddyfi community hospital, Llewellyn ward were found to be more significant and several of the issues raised around cleanliness had been reported to the health board previously within an unannounced Cleanliness spot check undertaken in March 2011.

2.2 One of the main issues highlighted during our inspections was in relation to the completion of documentation which forms a vital part of the care process as we identified that:

- Patient assessments were available, however the level of detail included was variable and appropriate assessments had not always been completed for patients in relation to their specific risks.
- The majority of care plans in place were generic and therefore did not always detail the specific patient's progress or the level of support required.
- There were some occasions where documentation was completed retrospectively by staff. This can result in incomplete or incorrect records and therefore nursing/medical staff may not be fully informed of the care and treatment that has taken place.
- Concerns were raised on both wards regarding '*Do Not Attempt Resuscitation*' (DNAR) forms. There was a form used by each ward, however, it did not have any evidence of a discussion taken place with the patient involved, despite there being no evidence to indicate that the relevant patient did not have capacity.

2.3 Concerns were also raised in relation to the risks around access to medication by patients or unauthorised personnel, as we identified that the medication room doors on both wards were left open and also once inside the rooms, the drugs

fridges were unlocked. Further concerns were raised when observing staff undertaking the medication round as we observed on several occasions staff leaving medication trolleys open in the main corridors. Following our inspections we requested written assurance from the Health Board that actions had been taken to mitigate the risks identified on both wards, which we received.

2.4 Other issues that were highlighted included:

- The cleanliness of the wards visited as dust and clutter was highlighted in some areas.
- The privacy and dignity of patients using toilet/ bathroom facilities, as we observed numerous occasions where it was compromised.
- Staff communication on Twymyn Ward, as we observed a few occasions where staff communicated sensitive information in a non-discreet manner and also spoke to patients in a way that was unacceptable.

2.5 Despite the issues highlighted during our time on the wards, we observed numerous examples of staff interacting with patients in a caring and sensitive manner. Also, patients we spoke to were complementary about staff attitude and behaviour towards them.

2.5 HIW would like to thank Powys Teaching Health Board, especially members of staff on the wards visited, who were extremely helpful throughout our inspection.

3. Findings

3.1 We have structured our findings from the inspection around the key areas of Dignity and Essential Care for each unit visited. The recommendations arising from these findings are set out in section 4 of this report.

Llewellyn Ward (Stroke and GP Medical), Bronllys Hospital

Ward Environment

3.2 The ward was generally clean and patient rooms were bright and spacious. The patients we spoke with raised no issues about the cleanliness of the ward.

3.3 However, we identified that there was dust visible on window sills and dado rails. Other cleanliness issues included a dirty mirror in a patient toilet, areas on the ward which were cluttered, despite there being sufficient storage space available and a used bed pan on one patient's bedside table next to the water jug.

3.4 The majority of toilets on the ward were designated male or female. However, we identified one toilet which was not clearly designated and the lock on this toilet door was broken. Further concerns were raised around the patient bathroom facility, as we observed a member of staff leaving a partially dressed female patient in the bathroom with the door ajar. This meant the patient was in open view of anyone walking past in the main corridor.

3.5 The majority of patients on the ward were in individual rooms. When patients were receiving personal care or treatment, signs were placed on the room doors to inform others.

3.6 There was a day room area available for patients on the ward.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.7 We observed staff caring for patients calmly and efficiently and speaking to patients in a respectful manner. Also, patients were complimentary about staff attitude and behaviour towards them.

3.8 Staff were aware of the need for discretion when communicating sensitive information and we also observed a ward round which was undertaken in a discreet and sensitive manner.

3.9 There were no concerns raised in relation to the staffing levels on the ward. However, we did identify that not all staff on the ward wore an identification badge as a means to identify themselves.

Management of Patients with Confusion or Dementia

3.10 There was no recognised initiative in place on the ward at the time of our visit; however the staff had adapted their own form which was similar to the '*This is Me*³' initiative. This form was completed for all patients and staff informed us that it was extremely useful in helping them get to know patients.

3.11 There were no issues highlighted in relation to the care of patients with confusion or dementia. However, we noted that not all staff we spoke to had received dementia training.

3.12 We were informed by staff that a Health Board wide audit had been undertaken in relation to the use of colour schemes on wards to assist patients with confusion or dementia, however we observed that there were no large pictorial signs available on patient facility room doors to assist all patients, especially those with dementia or confusion to locate them.

³ A simple and practical tool that someone going into hospital can give to staff to help them understand the condition. It provides a '*snapshot*' of the person with dementia, giving information about them as an individual, such as needs, preferences, likes, dislikes and interests.

Care Planning and Provision

3.13 Patient assessments were available and had been updated by staff. However, some assessments were incomplete and it was not always clear how assessments were informing patients care plans. We also highlighted that appropriate assessments were not completed in relation to specific patient risks. For example, one patient's notes stated that there was a risk of falls, but a falls assessment had not been completed.

3.14 There were two care planning systems in place which meant that information was disjointed. Also, we identified that the majority of care plans were generic and therefore did not detail the specific patient's progress and level of support required.

3.15 We reviewed the care plan of a patient who was at the end of life and had been put on the appropriate last days of life care pathway. Staff were observed caring for the patient in a dignified manner.

Records Management

3.16 In general, records were easy to follow, however, we identified that on occasions staff were completing patient documentation retrospectively, we observed following mealtimes some patient records were not updated immediately. The retrospective completion of records can result in records being incomplete or incorrect and therefore nursing/medical staff may not be fully informed of the care and treatment that has taken place.

3.17 On the day of our visit we reviewed the files of four patients, who had been identified as '*Do Not Attempt Resuscitation*' (DNAR). The majority of the forms reviewed raised no concerns as the forms were fully completed with evidence of discussions with patients and/or the patients' families. However, whilst reviewing one form we were concerned to identify that despite it being evident that there was a discussion with the patient's family, there was no evidence to show that the patient himself had been involved in any discussions regarding the issue. Also there was no evidence to state that the patient did not have capacity.

Fluid and Nutrition

3.18 Protected meal times were in place for the evening meals on the ward. However, lunch time meals were not protected.

3.19 There was a large dining table available in the day room area and we were pleased to see that patients, who were able and wanted to eat at the table, were being assisted by staff to do so.

3.20 The majority of the other patients were sat at their bedside chairs during the lunch period. However, prior to meals being served we did not observe staff cleaning/clearing patient bedside tables and we noted that some of the tables were cluttered.

3.21 We were informed that there was no red tray system in use on the ward and that the ward had been trialling an apple symbol to identify the patients who needed assistance to eat their meals. During the observed meal time, we witnessed patients who required assistance being helped by staff.

3.22 Patients we spoke to were very complementary about the food they received and also commented that staff are always on hand to assist patients who required help to eat their meals.

3.23 Following meal time, there was no consistency as to which members of staff were collecting the patient meal trays which can cause issues with ensuring that patient food charts are being kept up to date accurately.

3.24 Water jugs and cups were available to all patients and were within easy reach. However, as previously mentioned we were concerned to note that a used bed pan was placed on one patient's bedside table next to the water jug and cup.

3.25 Nutritional assessments were available for patients who required them. However, we identified that the patients' weight was not always entered on the

charts. Also, we identified that the fluid balance charts did not always measure the output of patients who were incontinent.

Pressure Sores

3.26 Waterlow⁴ risk assessments had been carried out and SKIN⁵ bundles were available for patients at risk of acquiring pressure damage on the ward. Safety crosses⁶ were also available which were evaluated by staff.

3.27 Patients who were assessed with a high risk of developing pressure sores had been provided with the appropriate mattresses/cushions.

Personal Care and Hygiene

3.28 Patients appeared well cared for and that their hygiene needs were met on the ward. The patients we spoke to told us that they were able to wash and clean their teeth as regularly as they wanted to.

3.29 Patients were wearing their own clothing which appeared to be clean.

3.30 Prior to the meal time we observed, not all patients were offered hand washing facilities by staff.

3.31 Documentation was available to evidence the personal care and hygiene that had been required by and provided to patients. However, we identified that the level of detail in this documentation was not consistent.

⁴ The Waterlow is a pressure ulcer risk assessment/prevention policy tool.

⁵ SKIN bundles is a simple holistic approach to ensuring that all patients receive the appropriate care to prevent pressure damage.

⁶ Safety cross is a tool used to raise awareness within teams regarding how many ulcers are acquired in care areas and also to promote good practice.

Toilet Needs

3.32 We observed patients being assisted by staff to use the toilet method of their choice. The patients we spoke to informed us that staff assisted them to use the toilet method of their choice in a sensitive manner.

3.33 We found no evidence of continence assessments being completed and there was no evidence in patient fluid balance charts, of continence pads being weighed.

3.34 We observed that some of the commodes on the ward were dirty. This is despite green tape attached to these commodes to show that they had been cleaned. We also identified one commode on the ward which was damaged. There were similar issues identified during HIW's cleanliness spot check carried out in March 2009.

Buzzers

3.35 All patients on the ward had access to buzzers which were within their reach and the patients that we spoke to on the ward did not raise any issues in relation to staff responding to buzzers. However, during our time on the ward we did observe one patient having to wait a considerable period for staff to answer, despite there being staff in the area.

3.36 There were emergency buzzers available in the patient toilets on the ward.

Communication

3.37 There were Welsh speakers available on the ward along with a list of translators. Also, there was a loop system and portable white boards available to assist patients with hearing impairments to communicate and there were talking books available.

3.38 There were laminated signs above patients' beds to notify others if the patient had a hearing or sight impairment. However, there were no other communication aids noted for patients with sight impairments.

Medicines and Pain Management

3.39 There were no issues raised by the patients we spoke to in relation to pain management on the ward. However, we identified that there were no pain assessment tools being used.

3.40 We were concerned to identify that the medication room door was unlocked and open despite a sign stating that the door should be closed at all times and a key pad lock on the door. Also, we identified that inside the room the drugs fridge and some of the cupboards containing potentially hazardous substances were left open.

3.41 Further concerns were highlighted in relation to the risk of access to medication when we observed staff carrying out the medicine rounds on the ward. On several occasions we witnessed staff leaving the medication trolley open and unattended in the main corridor, whilst they went into patients' rooms to give them their medication. Also, staff were not using a consistent approach to checking patient identity prior to administering medication. Following our inspection visit, we received written assurance from the Health Board that action had been taken to address the risks identified in relation to access to medication.

Discharge Planning

3.42 Our review of some patients' notes evidenced that those being discharged had their discharge plan discussed and agreed with them. However, some of the patients we spoke to on the ward had not been involved in discussions in relation to their discharge.

Activities

3.43 Recreational activity on hospital wards (including board games, cards and bingo) can provide patients with an opportunity to improve quality of life through an increased sense of control, social interaction, social support and the accomplishment of task-orientated goals. It can also help vulnerable people develop or re-establish social skills in a controlled environment. Research⁷ has shown that activities on hospital wards have a range of positive effects on inpatients, including:

- Positive physiological and psychological changes in clinical outcomes.
- Reducing drug consumption.
- Shortening length of hospital stay.
- Promoting better doctor-patient relationships.
- Improving mental health.

3.44 There were televisions available in every patient room and newspapers were readily available.

3.45 As previously mentioned, there was a day room area available on the ward which we observed patients using. The area contained a television, books and games. A patient support therapist also comes to the ward on a weekly basis which enhances the activities available to patients. The therapist was on the ward during the time of our visit and we observed a number of patients taking part in a flower arranging demonstration. We were also informed that during the therapist's visits to the ward she took time to speak to patients, supported them during meal times and encouraged them to complete surveys regarding the care they received on the ward.

⁷ British Medical Association, *'The psychological and social needs of patients,'* January 2011.

Twymyn Ward (Rehabilitation), Bro Ddyfi Community Hospital

Ward Environment

3.46 Generally the environment was bright and modern. However, we did identify some areas of the ward where dust and cobwebs were evident. Also, we identified that one of the patients' toilets was dirty.

3.47 There was ample storage space available on the ward; however, clutter was an issue especially around patient bed spaces.

3.48 The dirty utility room had wooden surfaces which were previously highlighted as an infection control issue in our HIW cleanliness spot check undertaken in March 2011. Wooden surfaces do not allow for sufficient cleaning and therefore presents a potential risk of contamination. We also identified that there was no wash basin available in the room.

3.49 Toilets on the ward were not designated male or female and we identified one toilet which had a broken lock. There were dignity curtains available inside the toilet doors however, we were concerned to witness, on two occasions, patients who could be observed on the toilet from the main corridor as the door was not closed and curtain not drawn.

3.50 There was a shower room available on the ward; however as there were a number of hoists stored in the room, patients were unable to use it without requesting the hoists be removed.

3.51 We observed staff ensuring that curtains were closed around patients' beds when care was being given. However, there was no evidence of any signs being used to inform others that personal care and treatment was taking place.

3.52 There was a day room available on the ward, which was in a conservatory; however we were informed that due to the slippery tiles on the floor and the cold

temperature in the room it was rarely used by patients. Also, the floor in the room was uneven.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.53 Generally staff were observed to care for patients in a courteous and kind manner. Also, patients we spoke to were complimentary about staff attitude and behaviour towards them. However, we overheard some staff speaking to patients in an extremely loud and non-dignified manner. This issue was raised with the ward Sister at the time of our visit and she immediately addressed the concerns.

3.54 Generally the majority of staff were aware of the need for discretion when communicating sensitive information. However, there were a number of occasions where staff interactions with patients relating to personal care and treatment could be overheard clearly from the main corridor in the ward.

3.55 Staff we spoke informed us that they did not feel that the staffing levels were sufficient. We were informed that the ward Sister was, on occasion, unable to fulfil her management duty due to pressures on the ward. The ward Sister told us that this has prevented her implementing the changes that she would like to make.

3.56 All staff on the ward wore an identification badge as a means to identify themselves.

Management of Patients with Confusion or Dementia

3.57 There were no initiatives in place on the ward relating to the care needs of patients with confusion or dementia.

3.58 Staff reported that they had access to support from support from a dementia nurse. However we noted that not all staff we spoke to had received dementia training.

3.59 There were no large pictorial signs available on patient facility room doors to assist all patients, especially patients with dementia or confusion in locating them. However, as previously stated we were informed by staff that a Health Board wide audit had been undertaken in relation to colours schemes on wards to assist patients with confusion or dementia.

Care Planning and Provision

3.60 Patient assessments were available and had been updated by staff. However, the appropriate assessments were not completed in relation to specific patient risks. For example, one patient's notes stated that there was a risk of falls, but there had been no falls assessment undertaken.

3.61 All patients had care plans available; however, not all care plans had been individualised. One case of an individualised care plan was for a patient with a cognitive impairment and included a good level of detail as to how to support the patient to work through tasks. However, we were disappointed to note that a member of nursing staff stated in the care plan that it was *'an unnecessary repetitive care plan, as we cannot reverse cognitive impairment.'* This was raised with the ward Sister who informed us that she was aware of the issue and the matter was being dealt with.

Records Management

3.62 Patient records were easy to follow, however we identified several occasions where staff were completing patient documentation retrospectively, as observed in point 3.71 following meal times. The retrospective completion of records can result in records being incomplete or incorrect and therefore nursing/medical staff may not be fully informed of the care and treatment that has taken place.

3.63 On the day of our visit we reviewed the notes of a patient who had been identified as *'Do Not Attempt Resuscitation'* (DNAR). As with Llewellyn Ward, there were concerns raised around capacity, as there was no evidence that the decision and content of the form had been discussed with the patient. Also, we could find no

evidence in the patient's notes to state that the patient lacked the capacity for a discussion to have taken place.

Fluid and Nutrition

3.64 Protected meal times were in place for the evening meals on the ward. However, lunch time meals were not protected as with Llewellyn Ward, protected meal times were only in place for evening meals however we observed during lunchtime that there were no interruptions.

3.65 There was a large dining table available in the day room. However, we did not observe anyone using the dining table.

3.66 There were a few patients in bed but the majority of the patients were in their bedside chairs during the lunch time period. All patients appeared to be in a comfortable position. However, we observed very limited preparation of the patient area, for example bedside tables were not cleaned/cleared prior to meals being served.

3.67 The meal time process on the ward was well co-ordinated and mainly undertaken by the healthcare support workers and kitchen staff under the supervision of the ward Sister.

3.68 We were informed that red trays were not used to identify which patients required assistance to eat their meals as bedside tables were not big enough for trays. However, the ward was using an apple symbol above the patient's bed if assistance was required to eat and a cup symbol if assistance was required to drink.

3.69 The patients we spoke to informed us that they enjoyed the food on the ward and were provided with assistance to eat if required. Also, patients were observed receiving assistance from staff to eat their meals.

3.70 Water jugs were available to all patients, which were within easy reach and we observed patients being encouraged and assisted to drink.

3.71 Following the meal time we observed domestic staff collecting trays. They informed the nursing staff how much the patient had eaten or drank later in the day and the nurse completed the patient record retrospectively.

3.72 Nutritional assessments had been undertaken for patients who required them. However, we identified that the patients' weight was not recorded on the charts and there were no fluid balance charts available on the ward.

Pressure Sores

3.73 Waterlow risk⁸ assessments had been undertaken and safety crosses⁹ were used. Also, SKIN bundles¹⁰ had recently been introduced to the ward.

3.74 Patients assessed as requiring a pressure mattress/cushion had been provided with one.

Personal Care and Hygiene

3.75 Patients appeared well cared for and that their personal care and hygiene needs were being met. Also, the patients we spoke to told us that they were able to wash and clean their teeth as regularly as they wanted to.

3.76 Patients were wearing their own clothing which appeared clean and tidy.

3.77 Documentation was available to evidence the personal care and hygiene received by patients including oral care assessments.

3.78 Prior to the meal time, we observed a member of staff offering hand wipes to patients. However, not all patients were offered wipes.

⁸ The Waterlow is a pressure ulcer risk assessment/prevention policy tool.

⁹ Safety cross is a tool used to raise awareness within teams regarding how many ulcers are acquired in care areas and also to promote good practice.

¹⁰ SKIN bundles is a simple holistic approach to ensuring that all patients receive the appropriate care to prevent pressure damage.

Toilet Needs

3.79 We observed patients being assisted by staff to use the toilet methods of their choice. The patients we spoke to told us that staff assisted them use the toilet method of their choice in a sensitive manner.

3.80 There was evidence of continence assessments being undertaken. However, as previously mentioned, there was no evidence of fluid balance charts to record patient fluid intake/output.

3.81 All of the commodes on the ward were dirty at the time of our visit. This is despite green tape being attached indicating that they had been cleaned. This issue was also raised as part of the HIW cleanliness spot check carried out in March 2011.

Buzzers

3.82 All patients on the ward had access to buzzers which were within easy reach and patients we spoke to did not raise any issues in relation to staff responding to buzzers. Also, during our time on the ward we observed staff responding to patient buzzers in a timely manner.

3.83 There were also emergency buzzers available in the patient toilets on the ward.

Communication

3.84 There were Welsh speakers available on the ward. Also, clocks were available in the day room which included the date and time. However there were no communication aids available for patients with sensory impairments.

Medicines and Pain Management

3.85 There were no issues raised by the patients we spoke to relation to pain management. However, there was no evidence of any pain assessments being carried out on the ward, despite patients being prescribed pain relief.

3.86 As with the Llewellyn Ward, concerns were raised around access to medication on the ward. We were concerned to identify that the medication room door was unlocked despite there being a key pad lock on the door. We also identified that when inside the room the drugs fridge and some of the cupboards containing potentially hazardous substances were left open. Also one medication trolley was not secured to the wall. These issues were immediately raised with the ward Sister who informed us that the door was not locked to allow for easy access to the crash trolley. This is not a satisfactory reason due to the risks highlighted in relation to access to medication.

3.87 Further concerns were raised whilst observing staff undertaking medication rounds. On several occasions we witnessed staff leaving the medication trolley open and unattended in the main corridor to the ward, whilst they went into patients' rooms to prescribe their medication. Also, staff were not a consistent approach to checking patient identity prior to administering medication.

3.88 As previously mentioned, since our inspection we have received assurance from the Health Board that action has been taken in relation to the risks of access to medication identified on both wards.

Discharge Planning

3.89 The majority of notes we reviewed in relation to patient discharge from the ward were not easy to follow. The Multi-Disciplinary Team (MDT) discussions that had taken place to discuss the discharge did not list the outcomes or who was present at the meetings.

3.90 Not all the patients we spoke to had been involved in discussions in relation to their discharge from hospital.

Activities

3.91 Televisions were available in patients' individual rooms and bays. As previously mentioned there was a day room available in the ward area but during our time on the ward we did not observe any patients using it.

3.92 We did not observe any activities taking place during our time on the ward. However, patients who were able could go to the day hospital area where activities were taking place throughout the day.

4. Recommendations

4.1 Findings and associated recommendations were provided through verbal feedback throughout the inspection and more formally at the feedback meeting held at the end of the second day of the visit. Any immediate concerns emerging from the inspection were also notified to the Health Board via a management letter, following the inspection, so that immediate action could be taken.

4.2 In view of the findings arising from this review we make the following recommendations.

Reference	Recommendation	Paragraph Reference
Ward Environment		
1.1	The Health Board should review storage arrangements to ensure that equipment and patient belongings can be stored appropriately.	3.3, 3.47, 3.50
1.2	The Health Board should ensure that systems are in place to maintain acceptable levels of cleanliness on all wards.	3.3, 3.24, 3.46
1.3	The Health Board should ensure that all toilets are designated male or female.	3.4, 3.49
1.4	The Health Board should review the locking mechanism on all toilet/bathroom facilities to ensure any broken locks are repaired.	3.4, 3.49,
1.5	The Health Board should ensure that measures are in place to ensure patients' privacy and dignity is maintained whilst they are using the toilet/bathroom facilities.	3.4, 3.49
1.6	The Health Board should review the dirty utility room to address the issues identified in this report.	3.48
1.7	The Health Board should ensure that measures are put in place to inform others that personal care and treatment is taking place being closed curtains.	3.51
1.8	The Health Board should ensure that measures are put in place to assure patient health and safety in all areas.	3.52
Staff Attitude, Behaviour and Ability to Carry out Dignified Care		
2.1	The Health Board should ensure that all staff are wearing identification badges as a means to identify themselves whilst on duty.	3.9
2.2	The Health Board should remind all staff that patients must be spoken to and treated in a respectful and dignified manner.	3.53

Reference	Recommendation	Paragraph Reference
2.3	The Health Board should ensure that all staff are aware of the importance of discretion when communication sensitive information.	3.54
2.4	The Health Board should review its current staffing levels to ensure it is not regularly compromised due to short staffing.	3.55
Management of Patients with Confusion or Dementia		
3.1	The Health Board should provide dementia awareness training to staff.	3.11, 3.58
3.2	The Health Board should ensure that there are large pictorial signs available on patient facilities such as bathrooms and toilets.	3.12, 3.59
3.3	The Health Board should consider implementing an initiative to Twymyn Ward to assist staff in caring for patients with confusion or dementia.	3.57
Care Planning and Provision		
4.1	The Health Board should ensure that patient assessments are fully completed and fully updated by staff to inform the patients care plan.	3.13, 3.31
4.2	The Health Board should ensure that the required assessments are completed in relation to specific patient risks.	3.13, 3.43, 3.60
4.3	The Health Board should ensure that there is only one care planning system in place on Llewellyn Ward.	3.14, 3.16
4.4	The Health Board should ensure that all in-patients have care plans which are adapted to specific patient needs, regularly reviewed and updated.	3.14, 3.61
Records Management		
5.1	The Health Board should ensure that patient notes are completed immediately by staff following care, treatment or meals etc.	3.16, 3.62
5.2	The Health Board should ensure that all DNAR forms are fully completed and evidence discussions with the patient and/or the patient's family and also provide reasons for any discussion not taking place.	3.17, 3.63
Fluid and Nutrition		
6.1	The Health Board should ensure that patient bedside tables are cleaned/cleared for prior to meals being served.	3.20, 3.76
6.2	The Health Board should ensure that appropriate members of staff collect patient trays following meal times to allow for assessment and recording of patient food intake.	3.23, 3.71
6.3	The Health Board should ensure that staff are aware of the importance of recording the patients weight on nutritional assessment charts.	3.25, 3.72

Reference	Recommendation	Paragraph Reference
6.4	The Health Board should ensure that fluid balance charts are available which document patient intake and output.	3.25, 3.43, 3.72, 3.81
6.5	The Health Board should consider implementing protected meal times for all meal time periods on wards.	3.18, 3.64
Personal Care and Hygiene		
8.1	The Health Board should ensure that all patients are provided with the opportunity to wash their hands prior to meal times.	3.30, 3.78
8.2	The Health Board should ensure that the provision of personal care provided to patients is routinely documented by staff.	3.31
Toilet Needs		
9.1	The Health Board should ensure that any patient assessed as having continence issues receives a more detailed assessment completed, which is linked to the patients care plan.	3.43
9.2	The Health Board should ensure that a consistent approach to the effective cleaning of commodes is put in place and there is a visible sign to indicate that the commode is cleaned and ready for use.	3.34, 3.81
9.3	The Health Board should review the condition of all available commodes and ensure that any that are damaged are repaired/replaced.	3.34
Buzzers		
10.1	The Health Board should ensure that staff aim to answer buzzers promptly or provide an explanation and reassurance to patients if they are unable to do this because they are busy.	3.35
Communication		
11.1	The Health Board should ensure that communication aids are available on wards to assist patients with sensory impairments to communicate.	3.38, 3.84
Medicine and Pain Management		
12.1	The Health Board should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is regularly reviewed and evaluated.	3.39, 3.85
12.2	The Health Board should ensure that systems are put in place to mitigate the risks identified in this report in relation to patients and unauthorised personnel having access to medication or other potentially harmful substances.	3.40, 4.41, 3.86
12.3	The Health Board should ensure that staff are aware of the correct procedure for administering patient medication.	3.41, 3.87

Reference	Recommendation	Paragraph Reference
Discharge Planning		
13.1	The Health Board should ensure that patients and where appropriate, relatives are kept fully informed and involved in the discussions about their discharge from the ward.	3.42, 3.90
13.2	The Health Board should ensure that clear documentation is available which evidences the discussions and the planning process in relation to patient discharge.	3.89

5. Next Steps

5.1 The Health Board is required to complete an action plan to address the key issues highlighted and submit it to HIW within two weeks of the report being published. The action plan should clearly state when and how the issues we identified on the two wards we visited have been addressed as well as timescales for ensuring the issues are not repeated elsewhere across the Health Board

5.2 This action plan will then be published on HIW's website and monitored as part of HIW's regular monitoring process.

The Roles and Responsibilities of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative and employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality.

Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational

autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003.
- Care Standards Act 2000 and associated regulations.
- Mental Health Act 1983 and the Mental Health Act 2007.
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001.
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006.

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

Background and Methodology for the Dignity and Essential Care Inspections

Healthcare Inspectorate Wales' (HIW's) programme of Dignity and Essential Care Inspections (DECI) commenced in November 2011.

The inspection team comprises a HIW inspector, two practising and experienced nurses and a 'lay' reviewer.

The team uses a number of '*inspection tools*' to gather information about the hospital ward/ unit. Visits include observations, speaking to patients, carers, relatives and staff and looking at health records. The inspection tools currently used for DECI inspections can be found on our website.

Once a hospital has been inspected a report of the findings is produced and presented to the Health Board who is then required to provide HIW with an action plan to address the key issues highlighted.

A number of external reports published by organisations such as The Patients Association, Public Services Ombudsman for Wales, Older People's Commissioner for Wales and Wales Audit Office were reviewed as well as information from the public and previous HIW inspections. This information led to us developing an inspection methodology which focuses on the following areas:

- Patient environment.
- Staff attitude/behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure sores.
- Fluid and nutrition.
- Personal care and hygiene.
- Toilet needs.

- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

These inspections have been designed to review the care and treatment that all patients receive in hospital, especially older patients which research has proven can be particularly vulnerable during their hospital stay.

Dignity and Essential Care Themes, Human Rights and Standards for Health Services in Wales

This document illustrates how the themes reviewed during a Dignity and Essential Care inspection relate to both 'Doing Well, Doing Better - Standards for Health Services in Wales and the European Convention on Human Rights'.

Dignity and Essential Care Theme	European Convention on Human Rights	Doing Well, Doing Better Standards for Health Services in Wales
Ward environment	<p>Right to liberty and security (Article 5).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>12. Environment</p> <p>Organisations and services comply with legislation and guidance to provide environments that are:</p> <p>d) safe and secure; e) protect privacy.</p>
Staff attitude, behaviour and ability to carry out dignified care	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right not to be discriminated against (Article 14).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect</p>

		<p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p>26. Workforce training and organisational development</p> <p>Organisations and services ensure that their workforce is provided with appropriate support to enable them to:</p> <ul style="list-style-type: none"> a) maintain and develop competencies in order to be developed to their full potential; b) participate in induction and mandatory training programmes; c) have an annual personal appraisal and a personal development plan enabling them to develop their role; d) demonstrate continuing professional and occupational development; and e) access opportunities to develop collaborative practice and team working.
<p>Management of patients with confusion or dementia</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <ul style="list-style-type: none"> a) needs of individuals whatever their identity and background, and uphold their human rights. <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.

<p>Care planning and provision</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right to freedom of expression (Article 10).</p>	<p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <ul style="list-style-type: none"> a) based on agreed best practice and guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies; b) that complies with safety and clinical directives in a timely way; and c) which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above. <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice; b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and c) working in partnership with other services and organisations, including social services and the third sector.
<p>Communication</p>	<p>Right to freedom of expression (Article 10).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right not to be tortured or treated in an inhuman or degrading way</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <ul style="list-style-type: none"> a) needs of individuals whatever their identity and background, and uphold their human rights. <p>9. Patient information and consent</p> <p>Organisations and services recognise and address the needs of patients, service users</p>

	<p>(Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>and their carers by:</p> <ul style="list-style-type: none"> a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements; b) providing opportunities to discuss and agree options; c) treating their information confidentially; d) obtaining informed consent, in line with best practice guidance; and e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate. <p>18. Communicating effectively</p> <p>Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:</p> <ul style="list-style-type: none"> b) with patients, service users, carers and staff using a range of media and formats; c) about patients, service users and their carers; e) addressing all language and communication needs.
<p>Fluid & nutrition</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>14. Nutrition</p> <p>Organisations and services will comply with legislation and guidance to ensure that:</p> <ul style="list-style-type: none"> a) patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed; b) any necessary support with eating, drinking or feeding and swallowing is identified and provided; <p>where food and drink are provided:</p> <ul style="list-style-type: none"> d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and e) is accessible 24 hours a day.

<p>Pressure sores</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>
<p>Personal care and hygiene</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect.</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>

<p>Toilet needs</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p>
<p>Buzzers</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p>	<p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <p>b) that complies with safety and clinical directives in a timely way.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including</p>

		referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.
Medicine and pain management	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>15. Medicines management</p> <p>Organisations and services will ensure that:</p> <p>a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs;</p> <p>b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and</p> <p>c) there is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.</p>
Records management	Right to respect for private and family life (Article 8).	<p>20. Records management</p> <p>Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:</p> <p>a) designed, prepared, reviewed and accessible to meet the required needs;</p> <p>b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately;</p> <p>c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and</p> <p>d) shared as appropriate.</p>

<p>Discharge planning</p>	<p>Right to liberty and security (Article 5).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and</p> <p>c) working in partnership with other services and organisations, including social services and the third sector.</p>
<p>Activities</p>	<p>Right to freedom of expression (Article 10).</p> <p>Right to liberty and security (Article 5).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>