

Dignity and Essential Care Inspection (unannounced)

**Aneurin Bevan University
Health Board: St Woolos
Hospital, Penhow Ward**

3 and 4 December 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection at Penhow Ward, St Woolos Hospital, part of Aneurin Bevan University Health Board on the 3 and 4 December 2014.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service

2. Methodology

HIW's dignity and essential care inspections review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

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

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- HIW questionnaires completed by patients and relatives
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

The Health Board employs over 13,000 staff, two thirds of who are involved in direct patient care. There are more than 250 consultants in a total of over 1000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals and community workers. The Health Board is led by the Chairman, non-executive directors, the Chief Executive and other executive directors. The Board is supported by the Senior Management Team.

St Woolos community hospital is located on the western edge of Newport City Centre at the top of Stow Hill opposite St Woolos Cathedral.

The Casnewydd Unit within the hospital consists of wards which provide patients with a combination of rehabilitation and day surgery. Patients are also able to access outpatient and out of hours GP services at St Woolos Hospital.

Penhow ward had 24 beds which were divided to provide a mixture of four and six bedded patient bays and single rooms. The reception area was located at a central point within the ward. The ward accepts male patients only. Whilst the ward was designated to provide rehabilitation services, we found that patients presented with a variety of complex long term needs, most of whom were also elderly and frail. At the time of this inspection there were 24 patients in the ward; their ages ranging from 53 years to 90 and above.

4. Summary

During the course of this unannounced inspection, patients and relatives provided us with positive comments about the care provided within Penhow Ward.

We also gathered evidence which supported the following:

The ward team were kind, friendly and sensitive when they were providing care and support to patients.

We found that the team worked hard to ensure that patients were being treated in accordance with their wishes and preferences. We also found that there was an emphasis on involving patients' relatives and representatives in planning care as far as possible.

We found that staff took time to listen to patients. The ward team also benefitted from the input of a sensory loss professional who supported patients with hearing and visual difficulties.

We found that staff spoke to patients in a kind and friendly way at all times. We also overheard staff introducing themselves by name to patients before carrying out any care.

Overall, we found limited evidence of a pro-active approach to optimising patients' independence within the ward environment. There was however a large number of older frail patients with complex needs receiving care and treatment at the time of our inspection whose conditions meant that there were limited opportunities for independence.

Noise levels within the ward during the day were kept to a minimum and the supply of blankets and pillows was sufficient to ensure that patients were comfortable.

We found that patients were helped to be comfortable through the provision of pain relief medication. The administration of pain relief was based on the established staff approach to asking patients simple questions and/or observing their facial expressions and overall presentation. However we found no evidence that patients' pain was formally assessed, monitored or evaluated and a large number of patients within the ward had complex difficulties with communication.

We found that most of the patients within the ward received some support to maintain their personal hygiene and appearance.

Patients had been assessed by the ward team to identify those who may be malnourished or at risk of becoming malnourished.

Conversations with staff and a small number of relatives indicated that patients were encouraged and helped to care for their mouth. However there was no evidence that patients' oral health and hygiene was formally assessed on admission to the ward or at a later date at the time of our inspection.

During our inspection, we found that staff were able to respond promptly to the nurse call buzzer when patients needed assistance to use the toilet. We also observed that staff ensured curtains and toilet doors were closed when offering assistance with patients' toilet needs. However we further discovered that staff were not always able to respond promptly to patients' requests for assistance during the night.

We found that patients were assessed for risk of pressure sores and if considered at risk, they received further and on-going assessment from a registered nurse.

We found that the ward had not been in permanent use since 2012. This meant that the workforce in this area of the hospital had been transient and unstable. The health board had recently (September 2014) made a decision to keep Penhow ward open until October 2015 and had appointed a new manager to the ward (on secondment) four weeks prior to our inspection. However, at the time of our inspection we identified the need for improvements with regard to workforce skills and knowledge and staff levels.

Overall, we found there were systems in place to report and act on issues related to the provision of safe and effective services to patients. We also found that the ward team worked in partnership with other health and social care professionals in an attempt to ensure that services were delivered as effectively as possible.

We found that staff placed an emphasis on identifying safety risks associated with the provision of care to patients. However we found that staff had not initiated DoLS assessments relating to patients with complex care needs.

We identified a number of areas for improvement as shown below:

The health board is required to demonstrate how it will ensure that the ward environment is clean, fresh and free from hazards.

The health board is required to demonstrate how it will ensure that patients' comfort and dignity is maintained in the future.

The health board is required to demonstrate how it will ensure that patients' toilet and bathing areas are in good working order, clean and free from clutter.

The health board is advised of the need to demonstrate how it will promote and improve patients' independence and provide opportunities for socialisation ahead of discharge from the hospital environment.

The health board is advised of the need to demonstrate how it will ensure that patients with disturbed sleep receive the support they require.

The health board is advised of the need to ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication.

The health board is required to demonstrate how it will ensure that the needs of all patients will be met in terms of their hygiene, appearance and foot care. This is essential both for physical health and for ensuring patients' comfort and dignity.

The health board is required to demonstrate how it will ensure that patients are able to obtain timely and appropriate support at mealtimes.

The health board is advised to ensure that it provides care and support to patients in accordance with the All Wales Nutritional Standards.

The health board is required to describe how it will ensure that patients are offered the opportunity to wash their hands prior to eating.

The health board is advised of the need to demonstrate how it will ensure that staffing levels within the ward are sufficient to meet the needs of patients. This matter resulted in HIW sending an immediate assurance letter to the health board.

The health board is required to demonstrate how it will ensure that deficits in workforce skills and knowledge are addressed. This issue resulted in HIW sending an immediate assurance letter to the health board.

The health board is advised of the need to demonstrate how it will ensure that patients' care and treatment is provided in accordance with DoLS legislation.

The health board is required to demonstrate how it will ensure that improvements are made to the medicines management system in place within Penhow ward. This matter resulted in HIW sending an immediate assurance letter to the health board.

The health board is advised of the need to demonstrate how it will ensure that improvements are made to the recording of all aspects of patients' care.

5. Findings

Quality of the Patient Experience

Overall, we found the ward team were kind, friendly and sensitive when they were providing care and support to patients.

During the course of this inspection five HIW questionnaires were completed by patients and one by visiting relatives. This enabled us to obtain patient and relative's views on the services provided within Penhow ward. We found however that there were a number of patients who were unable to complete a questionnaire due to complex difficulties with communication. We therefore held brief conversations with a small number of those patients about what life was like for them on the ward. In each case, patients appeared to be at ease.

We observed the approach taken by staff to the delivery of care and treatment to help us understand the patient experience and found that staff were kind, friendly and professional throughout the two days of our inspection. Patients and relatives gave us permission to include their additional questionnaire comments within this report as shown below:

'The ward sister has been very helpful'

'Lovely ward'

And

'I am treated very fairly, the nurses are pleasant and very helpful'

Each of the six people who completed questionnaires stated that they 'agreed' or 'strongly agreed' that the ward was clean and tidy.

However, we saw that the ward was cluttered and a vacuum cleaner lead had been left uncoiled in the corridor (which could have caused a patient or member of staff to trip or fall). We also found that the ward presented with malodour during our two day inspection.

Recommendation

The health board is required to demonstrate how it will ensure that the environment is clean, fresh and free from hazards.

All six HIW questionnaires demonstrated that staff were always polite and spoke to them using their preferred name. One person however 'disagreed' that staff had talked to them about their medical conditions to help them to

understand, whilst another chose to 'neither agree nor disagree' with that particular question.

Questionnaire responses indicated that patients always had access to water on the ward and a nurse call buzzer within easy reach (in instances where staff had determined that people had the ability to use them). We were able to confirm those arrangements by speaking with patients, staff and looking at a sample of five patient records.

Responses within the completed questionnaires about the overall care and treatment provided, resulted in a rating between eight and 10, (0 representing poor care, 5 indicating that care was average and 10 representing excellent care). One relative also provided us with the following additional comment:

'My father has been in hospital for over 10 months and Penhow Ward is the best ward he has been on.'

Delivery of the Fundamentals of Care

We found that the team worked hard to ensure that patients were being treated in accordance with their wishes and preferences. We also found that there was an emphasis on involving patients' relatives and representatives in planning care as far as possible.

Communication and information

People must receive full information about their care in a language and manner sensitive to their needs

We found that staff took time to listen to patients. The ward team also benefitted from the inclusion of a sensory loss professional who supported patients with hearing and visual difficulties.

We held conversations with a small number of relatives which demonstrated that the ward team had involved them in care planning and treatment choices associated with their family member. We also looked at the content of all records held for five patients within the ward, four of which revealed that individuals had limited involvement in their care and treatment. This was because they had identified complex difficulties relating to verbal communication.

We held discussions with staff and found they did not use picture cards as a means of communicating with patients who had difficulties with communication. We also found that there was no loop hearing system within the ward. Neither did the ward team have access to a portable facility. However, we discovered that the ward team benefitted from the input of a sensory loss professional who actively supported patients to communicate their needs within the ward environment.

We saw that there were some healthcare information leaflets on display for patients and their relatives, one of which was available in Welsh. Staff also told us that they would contact the hospital switchboard to locate people who spoke Welsh and other languages in response to any requests made by patients to communicate in a language other than English.

We found that staff spoke with patients in a discreet and sensitive manner throughout the two days of our inspection. Staff also took time to listen to patients.

Respecting people

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

We found that staff spoke to patients in a kind and friendly way at all times. We also overheard staff introducing themselves by name to patients before carrying out any care. However, we also identified two areas for improvement.

We saw a small number of patients were not wearing pyjama jackets when sitting in armchairs beside their beds and in some cases, no nightwear at all whilst in bed. Conversations with staff and patients revealed that some people had chosen not to wear jackets as they felt too hot, however we were offered no explanation as to why patients receiving care in their bed were not provided with suitable clothing.

Recommendation

The health board is required to demonstrate how it will ensure that patients' comfort and dignity is maintained in the future.

Penhow ward accepted admissions from male patients only. The bathroom/toilet facilities were therefore marked as single gender; pictures of a shower head being used to assist people identify where the shower and bathing areas were located. All locks on those facilities were found to be in working order.

We found that there were two baths on the ward. However, we found these were not in use. In one bathroom, the bath was reported to be faulty on the first day of our inspection. We therefore looked at the ward maintenance diary and saw that the company responsible for repairs had been contacted on the same day. The remaining bathroom was full of moving and handling hoists/equipment which meant that staff would have needed to empty the entire room before use.

On day two of our inspection, we saw that a toilet seat was soiled with dried faeces. The issue was brought to the immediate attention of a member of the housekeeping staff; remedial action being taken in a prompt manner. However it was unclear as to whether the housekeeping schedule usually guided staff to prioritise the cleaning of toilet and bathing areas prior to addressing other daily housekeeping duties within the ward.

The above matters were brought to the attention of the newly appointed ward manager and senior managers. This is because of the negative impact on patients' dignity and well-being.

Recommendation

The health board is required to demonstrate how it will ensure that patients' toilet and bathing areas are in good working order, clean and free from clutter.

We saw that curtains were closed around patients' beds when they were being supported with personal care. We also saw the occasional additional use of signs attached to curtains alerting others not to enter during those times.

We found that staff spoke to patients in a kind and friendly way. One patient was heard 'calling out' on a regular basis. On each occasion, staff were patient and caring in their response.

Promoting independence

The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.

Overall, we found limited evidence of a pro-active approach to optimising patients' independence within the ward environment. There was however a large number of older frail patients with complex needs receiving care and treatment at the time of our inspection whose conditions meant that there were limited opportunities for independence.

We saw that doors leading to the patients' day room and toilets were brightly coloured (the former being red and the latter being yellow). This was intended to assist patients with short term memory loss to easily and independently locate those parts of the ward. The ward team had also adopted the use of 'This is Me' documentation which enabled them to gather relevant information from relatives about the needs, wishes and preferences of some patients (with dementia/short term memory loss).

However, patients and staff told us there were no activities within the ward which offered the opportunity for people to socialise away from the bedside. We found that the day room (which was also used as a dining area) was not used by any patients on day one of our unannounced inspection. A small number of patients were seen to be eating their lunchtime meal in the day room on the second day of our visit. The limited use of the patients' day room was identified during a dignity and essential care audit (check) undertaken by the health board during July 2014.

We saw that a large number of patients remained in bed for long periods of time over a two day period; no explanation was provided for this. We did observe physiotherapists supporting a small number of patients to mobilise for short periods.

We held conversations with registered nurses and health care support workers and were informed that they had very limited time available to encourage patients to become actively involved in washing and dressing themselves.

Recommendation

The health board is advised of the need to demonstrate how it will promote and improve patients' independence and provide opportunities for socialisation ahead of discharge from the hospital environment.

Relationships

People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.

On this occasion, 'Relationships' was not inspected.

Rest, sleep and activity

Consideration is given to people's environment and comfort so that they may rest and sleep.

We found that noise within the ward during the day was kept to a minimum and the supply of blankets and pillows was sufficient to ensure that patients were comfortable.

We found that patients were not provided with televisions or radio services in the ward bays or single rooms. As a result, a small number of patients had arranged to have radios and televisions brought in to the hospital from their own homes. The volume of either of those did not appear to disturb other patients in the same area of the ward. The only television available was located in the day/dining room which was away from patients' bedsides which meant that patients were not disturbed when they wished to rest.

Conversations with patients and staff indicated that the ward had access to sufficient pillows and blankets for peoples' comfort.

We held discussions with staff and a small number of individuals which demonstrated that patients' sleep was regularly disturbed at night due to the complex needs of some patients within the ward.

Recommendation

The health board is advised of the need to demonstrate how it will ensure that patients with disturbed sleep receive the support they require.

Ensuring comfort, alleviating pain

People must be helped to be as comfortable and pain free as their circumstances allow

We found that patients were helped to be comfortable through the provision of pain relief medication. The administration of pain relief was based on the established staff approach to asking patients simple questions and/or observing their facial expressions and overall presentation. However we found no evidence that patients' pain was formally assessed, monitored or evaluated and a large number of patients within the ward had complex difficulties with communication.

We spoke with registered nurses and viewed a sample of five patients' records. As a result, we found no evidence that patients' pain was being assessed through the use of a recognised assessment tool; staff stating that they asked patients whether they were in pain or observed people's body language and facial expressions to determine whether pain relief was required. In addition, we could not find evidence that patients' pain was being evaluated; a small number of patients indicating that they needed to ask for 'painkillers' if they had any discomfort.

We found that a large number of patients in the ward had complex communication difficulties. The issues identified above may therefore mean that some patients' needs were not being fully met.

Recommendation

The health board is advised of the need to ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication.

Personal hygiene, appearance and foot care

People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.

We found that most of the patients within the ward received some support to maintain their personal hygiene and appearance.

Conversations with patients demonstrated that they were supported to maintain their personal hygiene. However, we found that a small number of elderly frail patients on the ward with complex needs did not appear to be well cared for. Specifically, we saw patients with food on their faces and clothes and two patients were unshaven, over the two day period. One patient's nails were seen to be in need of cleaning. We held discussions with staff about those issues and were told that some patients would not allow them to assist with certain aspects of their care as they became distressed at such times.

In addition, one member of staff also told us that they had not seen either of the bathrooms in use during the past fifteen months they had worked in the ward. We further observed that neither of the shower areas had been used during the first day of our visit to the ward.

The above issues may therefore have resulted in the failure to meet patients' needs in terms of their physical health, wellbeing and prevention of infection.

Recommendation

The health board is required to demonstrate how it will ensure that the needs of all patients will be met in terms of their hygiene, appearance and foot care. This is essential both for physical health and for ensuring patients' comfort and dignity.

Eating and drinking

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

Patients had been assessed by the ward team to identify those who may be malnourished or at risk of becoming malnourished.

We found that there were protected mealtime¹ arrangements in place within the ward to minimise disruption to patients when they were eating their meals. We

¹ Protected mealtimes. This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help.

also saw that patients had been assessed by the ward team to identify those who may be at risk of becoming malnourished.

We noted that all patients were provided with their food on a red tray at mealtimes; practice which tends to be used in hospitals to help staff identify individuals who require assistance with eating and drinking. We were therefore unable to initially determine which patients actually required help at mealtimes. Conversation with members of the ward team failed to explain the above approach.

We observed the lunchtime meal being served on the two days of our inspection. On each occasion it was evident that there were insufficient numbers of staff present to assist people with eating and drinking in accordance with their presenting needs. Staff were seen helping one patient at a time in a non-hurried way. However, despite their efforts, some individuals had no alternative other than to wait until a member of staff was available.

We saw that patients' food arrived at the ward without any lids/covers on all items which were placed on the top of the trolley. Conversation with the housekeeping staff confirmed that the temperature of the food had been checked prior to leaving the kitchen, however we found that it was usual practice to plug the trolley into a socket in the day room. This meant that staff had to take patients' food to all parts of the ward from that one point. The delay in some patients being assisted to eat and the arrangements for serving food meant that the temperature of meals was not maintained.

We observed that there were a small number of family members present to assist patients. We also found that the ward benefited from the use of a group of volunteers known as 'red robins' who had received some training to enable them to assist patients with eating and drinking. We only saw one volunteer on the ward at lunchtime on both days.

One patient's food was initially left on a bedside table out of reach of the person concerned. We also saw a patient struggling to cut up his own food so a member of the inspection team intervened in order to ensure that the patient was able to eat their meal before it became cold. All ward staff were in the process of helping others at that time.

We saw that a number of patients eating in their bed did not appear to have been positioned as upright as they could have been, to (comfortably and safely) eat their meal. We also found that patients' bedside tables were not cleared and cleaned prior to meals being served.

Recommendation

The health board is required to demonstrate how it will ensure that patients are able to obtain timely and appropriate support at mealtimes in accordance with their identified needs.

We noted that patients had a jug of water and a glass within easy reach at all times. Additionally, we found that staff had accurately recorded the amount of food and fluid consumed by patients immediately after they had finished assisting them to eat and drink. This meant that there was a suitable system in place to ensure that patients' nutritional intake was monitored and recorded in a timely way.

We found that patient's water jugs were only refreshed twice daily. This was not in-keeping with guidelines produced by the All-Wales Catering and Nutrition Standards² which suggest that they should be refreshed three times daily.

Recommendation

The health board is advised to ensure that it provides care and support to patients in accordance with the All-Wales Catering and Nutrition Standards.

We observed that patients were not routinely offered the opportunity to wash their hands prior to eating their meals.

Recommendation

The health board is required to describe how it will ensure that patients are offered the opportunity to wash their hands prior to eating their meals.

Examination of a sample of five patient records and conversations with staff confirmed that patients with swallowing difficulties were referred to speech and language therapists in a timely way. This was so that advice could be obtained about the consistency of food and fluid required by the patients concerned.

² Link to All Wales nutritional standards.

<http://wales.gov.uk/topics/health/publications/health/guidance/nutrition/?lang=en>

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

Conversations with staff and a small number of relatives indicated that patients were encouraged and helped to care for their mouth. However there was no evidence that patients' oral health and hygiene was formally assessed on admission to the ward or at a later date at the time of our inspection.

We looked at five patient records and found that they did not provide evidence of the use of All Wales oral health documentation/forms for recording patients' mouth care needs. We did however see that patients were able to clean their teeth and dentures and older and less mobile patients were supported to maintain their oral hygiene and to drink regular fluids of their choice.

Conversation with a small number of relatives also confirmed they assisted their family member with this aspect of care in accordance with the patient's preferences.

Discussion with the newly appointed ward manager revealed that the ward would shortly begin to use the All Wales oral health documentation as mentioned above, as a means of improving the assessment, monitoring and recording of patients' mouth care.

Ward staff confirmed that patients had access to containers for their dentures and arrangements were made for patients to be seen by a dentist on the ward if needed.

Toilet needs

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

During our inspection, we found that staff were able to respond promptly to the nurse call buzzer when patients needed assistance to use the toilet. We also observed that staff ensured curtains and toilet doors were closed when offering assistance with patients' toilet needs. However we further discovered that staff were not always able to respond promptly to patients' requests for assistance during the night.

We saw that some patients were encouraged to walk to the toilet with the use of mobility aids at various intervals during the two days of our inspection. We also

noted that the toilet facilities were equipped with toilet paper, soap and paper hand towels.

We also observed that staff ensured curtains and toilet doors were closed when offering assistance with patients' toilet needs.

We looked at a sample of five care records and found that some patients' continence needs had not been assessed from the point of their admission to the ward. This meant that the use of continence products may not always be tailored to individual needs. In addition, patients' records did not specify what type of incontinence products were being used to support the people concerned.

We were unable to find evidence that patients were offered a choice whether they wished to use the toilet or a commode. We did see one commode in the ward at the time of our visit which appeared to be visibly clean. However, there was no sign/label attached to the commode indicating that it had been cleaned and was ready for use. We saw disposable urinals on patients' bedside tables, during mealtimes and at other times during both days of our inspection. Staff also told us that there were no items of equipment available within the ward to secure urinals to the bed frame away from patients' food and drink.

During our inspection, we found that staff were able to respond promptly to the nurse call buzzer when patients needed assistance to use the toilet. However, there were a number of patients in the ward who were unable to use the buzzer due to communication difficulties. We also found that a patients' relative had recently raised a concern with the ward team as staff were not always able to respond promptly to requests by their family member to use the toilet at night. During the course of our second day of inspection, we also became aware that a relative requested their family member was provided with a continence aid whilst they were in bed. This was because the family had discovered that the patient did not have any such protection in place at the time of their visit.

Recommendation

The health board is required to demonstrate how it will ensure that patients' toilet needs are met in a timely and appropriate manner.

Preventing pressure sores

People must be helped to look after their skin and every effort made to prevent them developing pressure sores.

We found that patients were assessed for risk of pressure sores and if considered at risk, they received further and on-going assessment from a registered nurse.

We looked at five patients' records and saw that the ward team were using an assessment tool to assist with ensuring the prevention and management of pressure sores.

We found that patients who had been assessed as being at risk of developing pressure damage to their skin had been provided with suitable air mattresses. Some records also clearly showed that patients were assisted to change their position in bed on a regular basis.

We saw evidence that initiatives/targets were in place to reduce the amount of pressure sores on the ward. Information about the incidence of pressure sores was also available for members of the public to see on the wall near the ward reception desk. There were no patients who had developed pressure sores since they had been admitted to the ward, at the time of our inspection. We did find sufficient evidence of ongoing wound management and the involvement of specialist nurses in instances where patients receiving care in Penhow ward had developed pressure sores prior to their admission.

Quality of Staffing, Management and Leadership

We found that the ward had not been in permanent use since 2012. This meant that the workforce in this area of the hospital had been transient and unstable. The health board had recently made a decision (September 2014) to keep Penhow ward open until October 2015 and had appointed a new manager to the ward (on secondment) four weeks prior to our inspection. However, at the time of our inspection we identified the need for improvements with regard to workforce skills and knowledge and staff levels.

Staffing levels and skill mix and professional accountability

We found that Penhow ward had not functioned as a permanent healthcare facility in the last two years. Specifically, it was closed for six months during 2012 in response to the health board's approach to re-modelling its services to patients (otherwise known as Clinical Futures).³ The ward was however re-opened in the last quarter of 2012 to provide care and treatment to patients due to 'winter pressures'. The ward was closed once again in July 2013 and re-opened in October 2013. It has remained open since that time. We held conversations with senior managers about the current status of the ward and were informed that the health board had recently decided to keep the ward open until October 2015 at which point, the longer term future of the ward would be considered.

Discussion with senior managers revealed that the staffing levels and skill mix (that is, the mixture of registered nurses and health care assistants (HCAs) associated with patient care) had essentially been achieved through the use of bank nurses and agency nurses. Very few staff had worked on the ward as part of a permanent team. We also found that the health board had appointed a new manager to the ward (on secondment) four weeks prior to our inspection. This was because the previous post holder had moved to another position within the health board a number of months ago.

Further conversations with senior managers highlighted health board plans for staffing Penhow ward up to October 2015. Specifically, we were told that they

³ Clinical Futures-The Next Five Years is a document published by Aneurin Bevan Health Board which set out the reasons why the NHS must change in order to provide safe and sustainable clinical services for the people in Wales

had recently recruited more registered nurses (on a permanent basis) and HCAs (on fixed term contracts) who would begin to work at the hospital within the next four to eight weeks. Some of those staff would be used to create a more stable team within Penhow ward. We were further informed that the health board would continue to try and secure the same group of staff from the nurse bank and agency until such time that the new staff took up their positions. This was as a means of ensuring that patients received care from a familiar group of staff.

However, we discovered that some patients were not receiving care and support from staff who were familiar to them. This is because we found different registered nurses and HCAs working in the ward over a two day period, some of whom had never worked on the ward previously. We also observed that a large number of patients in the ward presented with complex communication difficulties and dementia who may experience increased distress as a result of receiving care from a transient care team.

We held conversations with most of the staff working during the two days of our inspection and were told they felt supported by the new ward manager and stated that she had already made a positive difference regarding ways of working.

Conversations with staff though also revealed that they often felt rushed in their attempts to fully meet the changing/complex needs of patients. Specifically, they described the difficulties they faced when supporting people with their personal hygiene, responding to patients who were at a high risk of falls and responding to patients' requests to use the toilet facilities within the limited time available to them. We were also told that the above situation was sometimes even more challenging during the night.

Recommendation

The health board is advised of the need to demonstrate how it will ensure that staffing levels within the ward are sufficient to meet the needs of patients. (The above resulted in HIW sending an immediate assurance letter to the health board).

Discussion with the ward manager indicated that the ward team had benefitted from an additional HCA in recent months (over and above the usual numbers employed). The increase had enabled the ward to use the HCA to provide exclusive support to a patient with identified complex long term needs.

The culture evident in the ward area

Members of the ward team who spoke with us appeared motivated and kind during the course of their work, on both days of our inspection. Staff also told us that they were able to raise any issues or concerns about aspects of patient care delivery with the ward manager.

Effective systems for the organisation of clinical care

The ward had 24 patient beds in total which were divided into a combination of four and six bedded bay areas and single rooms. There were 24 patients on the ward on both days of our inspection.

We saw that each of the three registered nurses were allocated eight patients in separate areas of the ward. The registered nurses were accompanied by one HCA in their designated area and so worked in partnership, except at times such as medication administration.

We held discussions with the ward manager and joined the ward staff meeting on day one of our inspection. As a result, we were able to establish that the ward manager had identified some areas for improvement since she had joined the ward four weeks previously. These were associated with team working arrangements to improve direct patient care, the need for consistent recording of care and treatment in patients' notes and the storage of prescribed medication in the treatment room.

Training and development

Conversations with the majority of staff present during the two days of our inspection revealed that the permanent and bank staff had not been provided with suitable training with regard to the specific needs of patients who were in receipt of care within Penhow ward. Specifically, we found that staff had not received appropriate training with regard to adult safeguarding, delirium, the care of patients with dementia, health and safety, or patient specific topics such as care of patients with a learning difficulty. Scrutiny of a sample of five patient records and conversations with patients clearly demonstrated that a number of individuals presented with complex needs associated with varying degrees of cognitive impairment and physical frailty.

Discussions with senior managers revealed that the health board had plans to explore and identify the training needs of staff who worked within the ward in the near future. However our findings outlined above meant that the needs of patients within Penhow ward were not being met as staff were not confident or sufficiently competent in all aspects of their care.

Recommendation

The health board is required to demonstrate how it will ensure that deficits in workforce skills and knowledge are addressed. (The above resulted in HIW sending an immediate assurance letter to the health board).

Handling of complaints and concerns

Following discussions with a senior manager we were provided with a summary of the common issues that had been raised by patients and relatives between November 2013-2014. As a result, we found that concerns/complaints had generally related to the need for improved communication between staff and relatives and information shared between staff at times when one shift ended and another began.

We were also provided with a summary of an anonymised complaint which had been used to promote discussion and learning within the staff team.

Delivery of a Safe and Effective Service

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Overall, we found there were systems in place to report and act on issues related to the provision of safe and effective services to patients. We also found that the ward team worked in partnership with other health and social care professionals in an attempt to ensure that services were delivered as effectively as possible.

Risk management and Deprivation of Liberty Safeguards (DoLS)⁴

We found that staff placed an emphasis on identifying safety risks associated with the provision of care to patients. However we found that staff had not initiated DoLS assessments relating to patients with complex care needs.

We looked at a sample of five patient records. This clearly demonstrated that staff placed an emphasis on identifying safety risks associated with the delivery of care and support to patients.

We also held conversations with the ward manager and senior nurse and were told that all clinical incidents were reported via the Datix electronic system;⁵ investigations taking place to ensure that improvements were made to services as far as possible.

Discussion with a senior nurse led to a description of how staff had been provided with ward based training from a specialist nurse in recent months to help them identify, prevent and manage pressure sores. We were further informed that the assessment, monitoring and care of patients' skin had improved as a result of the training provided.

However, we found that ward staff had not identified 'triggers' for the use of legislation known as deprivation of liberty safeguards. Specifically, a number of patients receiving care in the ward were found to have complex communication

⁴ When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation called The Deprivation of Liberty Safeguards (DoLS) has to be followed to ensure that people are not unlawfully deprived of their liberty.

⁵ Datix is an electronic incident and adverse event reporting system used within the NHS.

difficulties/needs. Such patients had not been subject to an assessment to determine whether they were able to make decisions about their ongoing and future care and treatment (or whether relatives/ advocates were needed to participate and assist with those decisions).

Recommendation

The health board is advised of the need to demonstrate how it will ensure that patients' care and treatment is provided in accordance with DoLS legislation.

Policies, procedures and clinical guidelines

Staff told us they were aware of how to access current information and relevant guidelines to help them carry out their work.

We held conversations with a small number of staff with regard to policies and procedures and found that they were aware of how to access current information and relevant guidelines to help them carry out their work.

Effective systems for audit, clinical effectiveness and patient safety

We found that the ward recorded regular information (quality indicators) to help the team to check whether they were providing care to patients as efficiently and effectively as possible.

Discussion with the ward manager revealed that the senior nurse visited the ward every day to complete a 'walkabout' with a view to identifying areas for improvement and provide support to the team. We were also informed that a daily review of patients' care and discharge planning arrangements was undertaken. Any changes or actions required were added to a white board in the ward manager's office and updated as needed.

The ward manager told us that she had completed a review of the use of the fundamentals of care since joining the ward. The review had shown that the delivery of care to patients in the ward had improved since the previous audit undertaken by the health board in July 2014. We did not see a written copy of the results.

We found that patients' and relatives' views about care and treatment received were not regularly formally obtained within the ward. Instead, that type of information was gathered once a year to help inform the health board's audit (check) undertaken in relation to the delivery of the fundamentals of care to patients.

Discussions with the ward manager and senior nurse indicated that regular multi-professional and multi-agency meetings were held in relation to the quality of service provided to patients and safety matters. Those meetings assisted in sharing information regarding patients' complex care packages and had resulted in greater awareness among ward managers and senior staff about elements of good practice.

Quality and safety Information was readily available to staff, patients and relatives, via noticeboards in the corridor leading to the bed areas.

Medicines management

Ward routine and approach

We were provided with a copy of the health board's policy for the safe storage, prescription and administration of drugs which we were informed was readily available to all staff via the ward computer.

Discussion with registered nurses indicated that a pharmacist usually visited the ward once a week to provide the ward team with support and advice. We were also told that the ward had access to an emergency drug box at night and weekends.

Storage of drugs

We found that medication was stored in locked cupboards and/or a locked fridge. One of the two medication trolleys was not secured to the wall. Discussion with the ward manager indicated that a maintenance request had been made to rectify the issue.

We saw that the controlled drugs cupboard contained some patients' personal items/valuables and a ward record book (unrelated to controlled drugs). The ward manager told us that she had already made a request for an additional storage cupboard in the medicines room so that the controlled drugs cupboard was not used for a variety of purposes in the future.

However, the dedicated medicines room was found to be unlocked during our inspection; being propped open by a bin. This was brought to the immediate attention of the ward manager and senior nurse. The room remained closed for the remainder of the two days of inspection; staff accessing the room via the keypad entry system in place.

Safe working practices

During the course of our inspection, we explored the system in place with regard to medicines management. This was achieved by looking at a sample of

five patients' medication administration records, exploring the content of the health board's medicines management policy, direct observation of medication administration and discussions with registered nurses.

As a result, we found that the ward was non-compliant with the hospital policy regarding the administration and recording of patients' prescribed medication. Specifically, we found that staff did not check patients' wristbands prior to administering prescribed medication. We also found evidence of medication having been added to a patient's medication administration record (MAR) which had not been signed by a member of the medical team. The issue had been raised by the ward pharmacist prior to our inspection; however no signature had been applied. The medication concerned was however still being administered by staff.

The above matters were brought to the attention of the health board via a HIW immediate assurance letter. We have since been informed that the ward doctor has signed the patient's medication chart as required in support of the administration of drugs concerned.

We also discovered the following concerns around medicines management:

- Each of the five medication administration records seen contained gaps where there should have been nurses' signatures (to confirm that medication had been taken by the patients concerned). Discussion with registered nurses revealed that they often felt rushed during 'medication rounds' and often had to return to patients to offer prescribed medication as they initially refused to take their medicines
- The drugs trolley was left unattended by a registered nurse which meant that a member of the inspection team needed to intervene to ensure that the drugs were made secure
- A third of the patients in the ward did not have wristbands which was not compliant with health board policy. Most of those patients had complex communication difficulties and would not have been able to confirm their name, address and date of birth. In addition, the ward was largely staffed with bank and agency nurses. The above placed patients at unnecessary risk. We therefore brought the matter to the immediate attention of the ward manager who arranged to replace all patients' identity bands in a very prompt way. The ward manager also spoke with registered nurses on duty to ensure that they checked patients' identity in the future as required
- Discussions with registered nurses revealed that they had not received medicines awareness training for a significant period of time

Recommendation

The health board is required to demonstrate how it will ensure that improvements are made to the medicines management system in place within Penhow ward as outlined above. (The above resulted in HIW sending an immediate assurance letter to the health board).

Preparation of patients

We saw that some patients had not been positioned (safely and comfortably) prior to being offered their prescribed medication. However, patients were otherwise being provided with the support they needed to take their medication.

Documentation

We looked at the content of five patient's records, spoke with the patients concerned and staff who were familiar with their care and treatment.

As a result, we found that the records contained a combination of risk assessments some of which related to patients' falls, pressure ulcers and mouth care. However, we found that risk assessments tended to be followed by plans of care which did not provide sufficient detail to help the staff team to know what level of care and support each patient required.

We also found that recorded entries which related to evaluation of care given provided very little useful information. This meant that bank or agency staff may not have a clear guide as to how to meet patients' identified and changing needs or responding to their wishes and preferences.

Recommendation

The health board is advised of the need to demonstrate how it will ensure that improvements are made to the recording of all aspects of patients care.

Conversations with a small number of staff however demonstrated that they had made every effort to get to know patients well.

Food charts were being used to record the daily intake of the patient with a view to monitoring whether they were eating adequate amounts of food.

Diabetes Care

Conversations with registered nurses confirmed that the ward had access to advice from diabetic specialist nurses based at The Royal Gwent Hospital. We also found they were aware of the correct treatment for low blood sugar. In

addition, we saw that the ward staff had access to 'hypo-boxes' on the ward to enable them to address patients' low blood glucose levels in a prompt way.

We selected and looked at the records of two patients who had been diagnosed with diabetes. Both records provided evidence of care plans and evaluation of the care provided. However, the detail could have been improved to provide staff with a clearer guide in terms of the individualised care required. Discussion with registered nurses revealed that training could be arranged for patients who were able to administer their own insulin in accordance with their wishes.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Penhow Ward at St Woolos Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan


Hospital: St Woolos

Ward/Department: Penhow

Date of Inspection: 3 and 4 December 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Page 8	The Health Board is required to demonstrate how it will ensure that the ward environment is clean, fresh and free from hazards.	Monthly environmental rounds to be held jointly with Senior Nurse and Infection Control Nurse with works and estates. This will result in regular assessment of the ward to ensure cleanliness, that the environment is clutter free and Infection control standards are maintained. Issues will be reported at the local hospital environment board. Cleaning Schedules revisited with ward staff. Cleaning schedules monitored via Nursing Metrics. Infection Control rates monitored measured and displayed at ward level on the " Knowing how we are doing" board.	Senior Nurse Ward Sister – Free to lead Free to care	With immediate effect :Jan 2015
Delivery of the Fundamentals of Care				
Page 11	The Health Board is required to demonstrate how it will ensure that patients' comfort and dignity is maintained in the future.	Patients choice in respect of wearing nightwear continues to be respected and where necessary this will be recorded within the care plan.	Ward Sister	January 12 th 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
		<p>Intentional Rounding will be revisited with the ward staff by the Ward Sister. Intentional Rounding is a transforming care initiative to improve patient centred care based on the fundamentals of care. Attention to call bells being at hand , toileting needs , drinks and safety measures forms the basis of each intervention</p> <p>Leaflets explaining intentional rounding to be available at bedside for patients and carers</p> <div data-bbox="1048 762 1111 823" data-label="Image"> </div> <p>Leaflet.ppt</p> <p>Introduction of the carer's clinic to provide patients / carers and family the opportunity to discuss issues with the ward sister regarding care, treatment and environment. This will support patient centred care putting into action issues and suggestions for improvement made by service users</p>		
Page 12	The Health Board is required to demonstrate how it will ensure that patients' toilet and bathing areas are in good working order, clean and free from clutter.	Monthly environmental rounds held jointly with Senior Nurse, Infection Control Nurse and works and estates will assess the ward to ensure cleanliness, clutter free environment and that Infection control standards are maintained. As a result of	Senior Nurse	With Immediate effect :Jan 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Page 14	The Health Board is advised of the need to demonstrate how it will ensure that patients with disturbed sleep receive the support they require.	<p>HUSH leaflet distributed reminding staff of the importance to rest and a quiet environment</p> <p>Availability to offer and prepare hot drinks and provision of snacks throughout the night is in place</p> <p>Patients who may disturb other patients will be regularly assessed in order to ensure their own health and well being. In some circumstances the location of patients will be reviewed.</p> <p>A sufficient supply of blankets and pillows are available on the ward for pt comfort this is frequently reviewed.</p>	Ward Sister	With immediate effect : Jan 2015
Page 14	The Health Board is advised of the need to ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication.	<p>The Abby Pain Scale pain chart developed to support managing the assessment of pain in patients with dementia to be introduced</p> <p> SKM_C554e1501021 6390.pdf</p> <p>Daily pharmacy visits to the ward will take place to review medication prescribed</p> <p>Formal monthly meetings with Senior Nurse Pharmacist and Doctor set up to review issues related to medication and prescribing. Pain management to be</p>	Ward Sister	<p>January 2015</p> <p>With immediate effect</p> <p>First meeting 13th January</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
		subject for consideration.		
Page 15	The Health Board is required to demonstrate how it will ensure that the needs of all patients will be met in terms of their hygiene, appearance and foot care.	<p>Fundamentals of care audits in place.</p> <p>Ward Sister supported to work in a supervisory status to support and work alongside staff with care delivery. Thus ensuring standards are maintained</p> <p>Safe staffing levels are monitored daily with the Senior Nurse and ward sister at the daily ward board meeting reviewing staffing levels and patient acuity.</p>	<p>Ward Sister</p> <p>Senior Nurse</p>	With immediate effect ; Jan 2015
Page 17	The Health Board is required to demonstrate how it will ensure that patients are able to obtain timely and appropriate support at mealtimes in accordance with their identified needs.	<p>Mealtime companions are to be introduced using ABUHB staff volunteering time to assist patients at mealtimes. This has proved to be successful on the stroke unit at St Woolos</p> <p>The numbers of trained Red Robin volunteers has been increased at mealtimes to support with feeding and preparing patients for meals</p> <p>Open visiting starting on Penhow from 12th January 2015 encouraging relatives to help with mealtimes if patient wishes</p> <p>Protected mealtimes in place ensuring staff are available to support patients at mealtimes and patients are not disturbed with other activities/ treatment during their meal. This to be audited monthly</p>	<p>Senior Nurse</p> <p>Senior Nurse</p> <p>Ward Sister</p> <p>Senior Nurse</p>	<p>March 2015</p> <p>With immediate effect : Jan 2015</p> <p>Jan 2015</p> <p>With immediate effect Jan 2015</p> <p>January 2015</p>
Page 17	The Health Board is advised to ensure that it provides care and support to patients in	Food Interest Group meets bi monthly. Ward nurses , dietetics, hotel services are	Senior Nurse	With immediate

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
	accordance with the All-Wales Catering and Nutrition Standards.	<p>represented in this multidisciplinary forum which provides an opportunity to continually monitor and improve nutritional standards in St Woolos hospital</p> <p>Housekeeper role supports the ward sister in maintaining nutritional standards on the ward . The need to change water jugs 3 times per day; the red tray system and the ordering of nutritional supplements will be addressed as part of this role.</p> <p>Protected time to be rostered for on line training for the All Wales Nutrition and Hydration pathway</p> <p>Protected mealtime will be audited monthly</p>	<p>Ward Sister</p> <p>Divisional Nurse</p>	effect : Jan 2015
Page 17	The Health Board is required to describe how it will ensure that patients are offered the opportunity to wash their hands prior to eating their meals.	<p>Discussion held with ward staff to ensure that all patients have opportunity to wash their hands prior to meals.</p> <p>Patient hand washing to be considered at Sisters meeting Jan 2015</p> <p>Included in protected mealtime audit</p> <p>Red Robins to support the nursing staff with preparing patents at mealtimes by offering the opportunity to wash their hand.</p>	<p>Ward Sister</p> <p>Senior Nurse</p>	
Page 19	The Health Board is required to demonstrate how it will ensure that patients' toilet needs	Toileting equipment reviewed to ensure appropriate facilities in place.	Ward Sister	With immediate

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
	are met in a timely and appropriate manner.	<p>Continence assessment training arranged with continence specialist nurse for Jan 2015</p> <p>Call bells check carried out at each shift change to ensure good working order.</p> <p>Call ball audits, currently undertaken on neighbouring ward, to be adopted to ensure timely response at night.</p> <p>Intentional Rounding will be revisited with the ward staff by the Ward Sister. Intentional Rounding is a transforming care initiative to improve patient centred care based on the fundamentals of care. Attention to call bells being at hand, toileting needs, drinks and safety measures forms the basis of each intervention.</p>		effect Jan 2015
Quality of Staffing Management and Leadership				
Page 22	The Health Board is advised of the need to demonstrate how it will ensure that staffing levels within the ward are sufficient to meet the needs of patients.	This matter has been addressed through the relocation of patients within the ward. HIW have confirmed their assurance on this matter.		
Quality of the Patient Experience				
Page 24	The Health Board is required to demonstrate how it will ensure that deficits in workforce skills and knowledge are addressed.	<p>Dementia : Training is a priority for Penhow ward</p> <ul style="list-style-type: none"> • All staff have received the level 1 information leaflet • All staff to complete on line Dementia Awareness by end 		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
		<p>January 2015</p> <ul style="list-style-type: none"> • Bespoke training with Adult Mental Health arranged for January 2015 • The Older Adult Liaison Service to provide training based on the RAID project (rapid assessment interface and discharge) consisting of Dementia, Depression and Delirium all staff to have attended by End February 2015 • 2 Dementia Champions have been identified • Backfill of staff will be supported to complete training <p>Learning Disabilities</p> <ul style="list-style-type: none"> • All staff have received Health learning disability Liaison leaflet with support and contact details • Bespoke training to be arranged for January 2015 via Health and Learning Disability Liaison Nurse • Improved communication with LD lead nurse via transition group in order to escalate issues or gain support. <p>Contenance</p> <ul style="list-style-type: none"> • Bespoke Contenance assessment training to commence January 2015 • Virtual continence round to be commenced January 2015.with continence Specialist Nurse. This to be used as a learning opportunity to improve knowledge and practice <p>Mandatory training</p> <ul style="list-style-type: none"> • Ward Training Matrix in place 		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
		<ul style="list-style-type: none"> • Compliance monitored monthly – routinely reviewed at local Quality and Patient Safety group • POVA level 1 information has been received by all staff • POVA Level 2 to be completed by all staff on line by end January by 2015 • Protected Training time to be built into the roster • Target of 20% increase in overall mandatory training compliance by end March 2015 <p>Deteriorating Patient</p> <ul style="list-style-type: none"> • RRAILS (NEWS , sepsis pvc bundle) training for all staff to be completed commenced November 2014 end January 2015 (mop up session). Supporting staff to recognise the deteriorating patient and take early actions in escalation • All HCSW to attend Observation study skill training <p>Staffing & Support</p> <ul style="list-style-type: none"> • 2 experienced Registered Nurses (1.80 wte) due to commence Penhow ward to support the balance of inexperienced staff • Daily ward visits by Senior Nurse to discuss workload , Patient acuity Continue with PADR schedule to Identify individual skills, training need and development. 		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Delivery of a Safe and Effective Service				
Page 26	The Health Board is advised of the need to demonstrate how it will ensure that patients' care and treatment is provided in accordance with DoLS legislation.	<p>Training in the Mental Capacity Act and guidance in Dols assessment is planned for all staff on Penhow.</p> <p>Older Adult Mental Health services are providing support to Penhow staff.</p> <p>Further support and guidance is provided by the liaison service based in at St Woolos Hospital</p> <p>Dementia training is planned as detailed above.</p>	Senior Nurse	Jan 2015
Page 29	The Health Board is required to demonstrate how it will ensure that improvements are made to the medicines management system in place within Penhow ward.	<ul style="list-style-type: none"> • All Penhow staff have been reminded of the importance of the safe administration of medicines and the ABUHB Medicines management Policy • The NMC Standard for medicine management has been circulated via the Senior Nurse for the attention of Registered nurses reminding staff of their professional accountability when administering prescribed medication • Immediate action taken with staff member whose poor practice was observed, Supervised medication administration by ward sister and competency signed off • All Registered nurses will undertake a supervised practice drug round with the ward sister or deputy ward sister to be completed by end January 2015 • All Registered nurses will complete 	Senior Nurse and Divisional Nurse	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
		<p>a yearly supervised medication round with the ward sister and document competence in PADR</p> <ul style="list-style-type: none"> • Leadership rounds taken by Senior Nurse , Divisional Nurse and Assistant Divisional Nurse will include a regular unannounced time when medication is being administered (drug round) to observe practice • All staff reminded that all patients are to wear name bands • Patient identification band to be checked at every medication administration • Patient identification band Audit to be completed by staff (band 5 registered nurse) weekly • All registered nurses to attend medication management workshop. To start on 22nd January to be completed by March 2015 • Backfill of staff will be supported to ensure attendance at workshop • Trusted to Care medicine management audit to be completed monthly – initially by ward sister then supported by band 5 registered nurse to encourage peer compliance. 		
Page 29	The Health Board is advised of the need to demonstrate how it will ensure that improvements are made to the recording of all aspects of patients' care.	<p>Documentation training has been reviewed using revised UAP booklet adapted in ABUBH to be rolled out.</p> <p>Ward Sister supported to be in supervisory role to ensure improved</p>	<p>Ward Sister</p> <p>Divisional Nurse</p>	With immediate effect Jan2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
		<p>documentation embedded</p> <p>Ward based documentation training and guidance by ward Sister</p> <p>Documentation audit using trusted to Care audit tool to be carried out by Senior Nurse monthly.</p>	Senior Nurse	

Health Board Representative:

Name (print): Denise Llewellyn

Title: Director of Nursing

Signature: 

Date: 5 January 2015