

Dignity and Essential Care Inspection (Unannounced)

● Powys teaching Health
Board:

● Bro Ddyfi Community
Hospital, Twymyn Ward

17 and 18 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Twymyn Ward at Bro Ddyfi Community Hospital, Newtown Road, Machynlleth, Powys, SY20 8AD, part of Powys teaching Health Board on the 17th and 18th February 2015.

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
- 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

Powys teaching Health Board (Powys tHB) provides primary and secondary healthcare to the population of Powys. Powys is the most sparsely populated county in Wales, yet it covers the largest landmass and extends from as far north as Llanymynech near Oswestry, down to Ystradgynlais near Swansea.

Bro Ddyfi Community Hospital provides inpatient and outpatient health services to people in the Machynlleth and local surrounding North West area of Powys.

A range of outpatient clinics are run from the hospital including cardiology, diabetes, paediatric, ophthalmic, chest, gynaecology, surgical, orthopaedic, oncology and urology.

A day hospital service is run for two days a week, offering patients a nominal six weeks attendance for assessment and therapy intervention. Physiotherapy and occupational therapy services are provided for inpatient and outpatients.

Bro Ddyfi Community Hospital is also the base for the community led maternity services for the local area, although there are no facilities to give birth at the hospital.

HIW's inspection visit on 17th and 18th February 2015 focussed on the inpatient services at Twymyn Ward. This ward provides general rehabilitation, medical management and palliative (end of life) care for up to 14 inpatients.

4. Summary

Quality of the Patient Experience

All the patients we saw spoke highly about the staff and about the care and treatment received on Twymyn Ward; they said that the ward was always clean and tidy. We observed that staff were kind and caring towards patients, responding promptly to their needs.

Delivery of the Fundamentals of Care

There was evidence of good communication and information systems, which took into account patients' language preferences and specialist communication needs. We saw that patients' dignity and privacy was strongly promoted on the ward. Staff were discreet when supervising or assisting patients with their personal care needs and were sensitive in their approach and manner.

We saw that the patients' choice to attend to their own needs whenever possible was respected by ward staff. The rehabilitation facilities available by the occupational and physiotherapy services were good.

Visiting hours are between 2.00 p.m. and 8.00 p.m. daily but can also be flexible in accordance with patients' best interest. Despite the long visiting hours, we did not observe any negative impact on patients. This is helped by the fact that the two bay areas only contain four patient beds and all the other patients are cared for in single rooms.

We saw that every effort was made to keep patients comfortable and as pain free as possible. All the patients we saw were well presented and groomed. We did not identify any needs in relation to patients' foot care during this inspection.

Overall, we saw that the drinks and meals co-ordination was good and that the patients' nutritional and dietary needs were being met. We observed positive interactions between the staff and patients. Plans were in progress to improve the communication flow between the ward and kitchen staff and to provide the kitchen staff with literature on specialist dietary requirements.

Patients' oral health and hygiene needs were being assessed upon admission and we saw evidence of regular reviews thereafter. There was evidence that patients' continence needs were being sensitively managed by staff through the use of appropriate, discreet and prompt methods. We also saw that every effort was made to reduce the incidents of pressure sores. Patients' needs were being assessed and reviewed on a weekly basis.

A number of patients had diabetes and, from one set of patient notes we looked at, we saw that their assessments and care planning documentation included the way in which their diabetes was to be monitored and managed.

Quality of Staffing, Management and Leadership

The day to day medical management of patient care was being undertaken by local GP's. The ward management was shared between the ward manager and deputy ward manager. At the time of our inspection the deputy ward manager position had not long been filled. Prior to that time and over a period of eight months, staff told us that there had been frequent occasions when there had been no ward manager on shift. Some of the staff were still covering additional shifts and there were indications that this situation was having an impact on staff morale. All the staff and managers we saw during the inspection were warm and welcoming towards us.

The ward manager and representatives from Powys teaching Health Board confirmed that additional staff were being recruited and, in the meantime, the minimum staffing levels were being consistently maintained.

There was evidence that most of the staff were behind with their mandatory training requirements and there was no clear training strategy for 2015. We could not therefore be confident that the needs of patients were being delivered in accordance with safe working practices and we therefore issued an immediate assurance letter and improvement plan to the health board. HIW has subsequently received written confirmation and supporting evidence from the health board, which provides us with sufficient assurance that all the staff members will be up to date with their mandatory training by the end of August 2015.

Delivery of a Safe and Effective Service

People's health, safety and welfare were being supported by the health board's risk management, policies, procedures and clinical guidelines. We have recommended improvements to ensure that staff learn from significant events so that a reoccurrence can be avoided wherever possible.

Overall, the management of medicines was satisfactory. A couple of recommendations have been made to ensure that the health board adheres to good practice guidelines with their controlled drugs management.

We saw examples of good record keeping in daily records. However the person centred approach we saw in these records was not always reflected in the

patients' care planning documentation. Therefore we have advised improvements in this area.

5. Findings

Quality of the Patient Experience

All the patients we saw spoke highly about the staff and about the care and treatment received on Twymyn Ward; they said that the ward was always clean and tidy. We observed that staff were kind and caring towards patients, responding promptly to their needs.

There were 11 inpatients on the ward at the time of our inspection. Nine were well enough to be seen and we spoke with all of them; three of the patients and a relative also responded to HIW's questionnaire. All of the patients we spoke with were full of praise about the staff and their questionnaire responses strongly agreed that staff were polite, that staff listened to them and were sensitive when carrying out care and treatment. The patients confirmed that staff respond quickly when they ask or press the buzzer for help. Patients' responses also confirmed that the ward was always clean and tidy.

We observed that the nursing and therapy staff were kind and caring towards patients and, on the very few times that the patients pressed their buzzer, the ward staff responded promptly to their needs.

We were informed that the average length of stay for patients was 25 days, but this can widely vary from patient to patient, depending on their needs and progress. Two of the patients did not know where they were up to in terms of their progress and were not aware of any plans for their return home. We were informed that patients are always consulted with about their progress and that one of the patients we had spoken with was being discharged in three days' time.

In the sample of patient records we looked at there was evidence that patients were being consulted about their progress and plans for discharge. One patient told us that she was waiting for a home care package before she could go home and a relative of another patient told us that they had attended a multi-disciplinary team meeting to discuss and agree on the plans for discharge. The multi-disciplinary team for Twymyn ward comprises of a GP, nursing staff, physiotherapy, occupational therapy and social work representatives.

Delivery of the Fundamentals of Care

Overall we saw that patients were receiving good care in all twelve of the fundamental of care areas below. We have recommended improvements under 'Rest, sleep and activity', 'Eating and drinking' and 'Toilet needs'. A few of the patients had diabetes therefore one further heading 'Diabetes Care' has been added to the bottom of this section. We saw that systems were in place to manage patients' diabetes needs, which we also observed in practice. However we have recommended that staff be provided with further specialist training in this area.

Communication and information

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

There was evidence of good communication and information systems, which took into account patients' language preferences and specialist communication needs.

We heard several Welsh speaking patients on the ward and there was a good balance between Welsh and non-Welsh speaking staff. The signage on the ward was generally good and consisted of bilingual Welsh/English notices and signs, with the addition of relevant symbols on toilet and bathroom facilities.

There was no loop system on the ward, although this system was available in the hospital's reception area. We did not see evidence of any other communication aids but the ward sister informed us that the speech and language therapist's advice is sought when needed and that communication aids are provided in accordance with individual patients' needs. The ward sister said that a health professional was visiting the following day to provide advice on additional communication methods that may be beneficial for staff and patients.

A GP visits the ward daily and we observed a GP working in close consultation with ward staff regarding a patient's progress. The main discussions were held away from the patient's bed, thereby protecting their privacy and confidentiality.

We saw examples of good record keeping on patients' notes and there was evidence that each GP visit was documented and that the patient and/or their relative/representative(s) were kept informed of progress.

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 saw that patients' dignity and privacy was strongly promoted on the ward. Staff were discreet when supervising or assisting patients with their personal care needs and were sensitive in their approach and manner.

Staff drew curtains around the patient's bed and attached a 'do not disturb' notice when care was in progress. The toilets/bathrooms were not marked as single gender. However there was a toilet within close proximity of each bay area (one of which accommodated males and the other females only) and we noticed that these toilets were therefore used by males or females only. We viewed the toilet and bathroom areas and found them to be clean and uncluttered; the toilet locks were in working order and there was also a curtain inside that could be pulled across the door area when in use, which provided an added sense of privacy and dignity for patients.

Promoting independence

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

We saw that the patients' choice to attend to their own needs whenever possible was respected by ward staff. The rehabilitation facilities available by the occupational and physiotherapy services were good.

Some of the patients were able to walk around the ward areas independently and we observed them going to the toilet/bathroom on their own. Other patients needed supervision or assistance from staff, which was provided sensitively and discreetly.

During our inspection we saw physiotherapists and occupational therapists visiting patients on the ward to provide therapy. The therapists had good rehabilitation facilities, including a large room containing various aids and equipment and a good sized kitchen area. These facilities enabled the therapists to assess the patients' abilities and levels of assistance likely upon discharge. The occupational therapist told us that, when appropriate, home visits are undertaken with the patient prior to discharge for the purpose of further assessing their needs.

Relationships

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

Visiting hours are between 2.00 p.m. and 8.00 p.m. daily but can also be flexible in accordance with patients' best interest. Despite the long visiting hours, we did not observe any negative impact on patients. This is helped by the fact that the two bay areas only contain four patient beds and all the other patients are cared for in single rooms.

Family and friends benefit from the flexibility of being able to visit between 2.00 and 8.00 p.m. and this helps patients to maintain their involvement with the wider community. Although we saw visitors coming in/out of the ward, the overall environment did not feel overly busy or noisy during these hours.

A notice was displayed on entry to the ward to notify visitors that arrangements can be made to visit outside these times, further demonstrating that there was flexibility in accordance with patients' best interests. We saw one visitor who had arrived before 2.00 p.m. and was sitting in the day room with the patient.

Rest, sleep and activity

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

The ward environment was conducive to enabling rest and sleep. However we noted that there were very few opportunities for stimulation and have therefore recommended improvements in the provision of activities.

Each bay and single room contained a television; although the televisions in the bay areas were not on during our visit there. There was a spacious conservatory/dining room adjacent to the nurses' station and this room had easy chairs, dining facilities, a television, DVD player and a small supply of DVDs and books.

We noted that the day room was not well utilised during our visit and we did not hear patients being given the choice of where to dine. Although there was a good size dining table in the day/conservatory room only one patient ate her meal there. One of the staff members told us that the conservatory area can feel cold at times which may discourage patients from using it, although when we visited this room felt comfortably warm.

There was a very quiet, calming atmosphere on the ward. However we were concerned at the lack of patient movement during the day as, aside from occupational and/or physiotherapy intervention, we did not witness any opportunities to stimulate patients. We did not hear patients being encouraged by the ward staff to walk about or use the day room and the patients receiving rehabilitative care were sitting beside their bed for most of the day.

Recommendation

We have advised the health board to improve the provision of activities for patients. In this respect we suggest that the individual patient's potential for rehabilitation is taken into account and that suitable activities/opportunities are considered accordingly.

We saw that the linen store room was well stocked with sheets and blankets and that the patients had enough pillows on their bed. Dimmer light switches are used in the evenings and night time to encourage rest and sleep. There are six single rooms and we observed that the ward environment was calm and quiet in the two bays for the remaining eight patients. The patients therefore had opportunities to rest and sleep during the day.

Ensuring comfort, alleviating pain

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

We saw that every effort was made to keep patients comfortable and as pain free as possible.

On examination of patients' records we saw that the level of patients' pain was being monitored and evaluated. The ward sister told us that new documentation, including a pain assessment and scoring tool, had been implemented on the ward earlier in February 2015 and was in the process of being rolled out for the existing patients. We saw that this documentation had been completed for a newly admitted patient.

We heard staff ask patients about their levels of comfort and pain and, when necessary, staff administered medication for pain relief.

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.

All the patients we saw were well presented and groomed. We did not identify any needs in relation to patients' foot care during this inspection.

Patients were wearing their own clothes and we observed that some of the patients were attending to their own personal hygiene needs at various points during the day.

Patients had access to bathrooms within close proximity of the ward. Two of these rooms contained baths and one also included a shower area. Staff informed us that there had been problems with the shower and therefore at present the patients were using the bath instead. However, during our feed back, representatives of the health board informed us that one bathroom is to be fitted with a new shower unit; thereby patients will be able to choose between having a bath or a shower.

We noted that, although staff were good at wearing and disposing of protective gloves, they did not always wear disposable aprons when assisting patients with their personal care or hygiene needs.

Recommendation

To remind staff to wear appropriate protective clothing when assisting patients with their personal care needs.

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.

Overall, we saw that the co-ordination of drinks and meals was good and that the patients' nutritional and dietary needs were being met. We observed positive interactions between the staff and patients. Plans were in progress to improve the communication flow between the ward and kitchen staff and to provide the kitchen staff with literature on specialist dietary requirements.

There were set meal times with breakfast being served between 8.00-8.30 a.m., lunch 12.30-1.00 p.m. and tea/supper between 5.30-6.00 p.m. Patients had a good choice of hot and cold meals and we saw drinks and snacks being served

between these times. The kitchen staff told us that a snack box of bread, butter, biscuits and cereals is left on the ward each evening and replenished daily. Patients told us that they enjoyed the food.

When we spoke with the cooks/kitchen staff we heard that menu planning is managed at Bronllys Hospital and the meals and ingredients are sourced for Bro Ddyfi accordingly. However some of the food is prepared freshly at Bro Ddyfi, including roast dinners which are served three times a week. We saw that the information kept in the kitchen regarding specialist dietary requirements was sparse. The head chef had obtained some of the information of his own accord to ensure that patients' dietary requirements were being safely met. However he added that the dietician will be issuing a file of dietary and nutritional information to all the local health board's hospital kitchens soon.

We were also told that a meeting was being arranged between the head chef and ward sister to agree on how the communications flow between them could be improved.

When looking through patient records we saw that patients' nutritional needs was being assessed upon admission and, if any risks were identified, food charts were used to record all liquids and meals consumed by the patient, including the portion size. We saw that one patient's weight had increased since being in hospital.

There was effective co-ordination during the lunchtime we observed and all the nursing, healthcare and domestic assistants assisted, which meant that there were no delays in patients receiving their meal. Patients were offered a hand wipe prior to their meal being served and their tables were tidied up beforehand.

The red tray system was being used to identify patients who required additional supervision or assistance. We heard positive interactions between staff and patients; staff took their time with the patients who required assistance and engaged in meaningful conversations with them. We checked one of the patient's records after the meal and saw that they accurately reflected the patient's food consumption.

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.

Patients' oral health and hygiene needs were being assessed upon admission and we saw evidence of regular reviews thereafter.

We saw that patients were able to clean their teeth/dentures as often as they needed to. Patients who had been unable to bring their own toiletries were supplied with a courtesy pack and we saw that a stock of toothbrushes, toothpaste and denture pots were available if needed.

Staff informed us that patients can be referred for specialist dental services when necessary. Patients who are on the ward for longer periods can be taken to see a dentist if they need to, or arrangements made for a dentist to see them on the ward.

Toilet needs

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

There was evidence that patients' continence needs were being sensitively managed by staff through the use of appropriate, discreet and prompt methods.

From looking at patients' records we saw that continence assessments were being undertaken upon admission and were regularly reviewed. Continence products were provided in accordance with the patients' needs and there was evidence that patients were encouraged to use the toilet regularly.

We observed staff promptly answering buzzer calls for toilet needs. Toilet doors were lockable and had prominent 'vacant' and 'engaged' notices. Bed pans and commodes were available for those patients unable to access the toilet. A tag was used to denote when the commodes had been cleaned. However we saw that the clean commodes were then left in the dirty utility area. We were informed that no other space was available on the ward to keep clean commodes.

Recommendation

We have recommended that an alternative room is found to store clean commodes to prevent the risk of contamination from accidental spillages/spray in the dirty utility area.

Preventing pressure sores

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

We saw that every effort was made to reduce the incidences of pressure sores. Patients' needs were being assessed and reviewed on a weekly basis.

Pressure relieving mattresses and cushions are provided to reduce the risk of sores developing. During our observations we saw one patient being supplied with a pressure relieving cushion to improve her comfort.

Skin bundle¹ information was displayed on a noticeboard in the staff area, which was a good educational tool and reminder for staff regarding how to look after patients' pressure care. We also saw pressure sore audit results on the ward, which indicated that the incidences of pressure sores were low.

Diabetes Care

A number of patients had diabetes and, from one set of patient notes we looked at, we saw that their assessments and care planning documentation included the way in which their diabetes was to be monitored and managed.

There was evidence that the patient's blood glucose level was being monitored daily and that this person's diabetes had remained stable during their stay at hospital, without the need for additional specialist intervention.

We saw that a 'hypo box'² was available on the ward and that written information was located with this box for staff. The ward had access to a diabetes link nurse within the health board.

¹ A bundle is a set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes. Further information can be obtained on: <http://www.ihl.org/resources/Pages/ImprovementStories/WhatsaBundle.aspx>

² A Hypo Box is stocked with relevant products to treat Hypoglycaemia (low blood glucose that may develop in patients with diabetes)

Recommendation

Although the staff we spoke with were aware of the protocol to follow for patients with diabetes, we have recommended that further specialist training (which should include diabetes) is considered. See the 'Training and Development' section of this report for further information.

Quality of Staffing, Management and Leadership

The day to day medical management of patient care was being undertaken by local GP's. The ward management was shared between the ward manager and deputy ward manager. At the time of our inspection the deputy ward manager position had not long been filled. Prior to that time and over a period of eight months, staff told us that there had been frequent occasions when there had been no ward manager on shift. Some of the staff were still covering additional shifts and there were indications that this situation was having an impact on staff morale. All the staff and managers we saw during the inspection were warm and welcoming towards us.

The ward manager and representatives from Powys teaching Health Board confirmed that additional staff were being recruited and, in the meantime, the minimum staffing levels were being consistently maintained.

There was evidence that most of the staff were behind with their mandatory training requirements and there was no clear training strategy for 2015. We could not therefore be confident that the needs of patients were being delivered in accordance with safe working practices and we therefore issued an immediate assurance letter and improvement plan to the health board.

HIW has subsequently received written confirmation and supporting evidence from the health board, which provides us with sufficient assurance that all the staff members will be up to date with their mandatory training by the end of August 2015.

Ward Management

On the first day of our inspection both ward managers were on leave and the ward was manned by two registered nurses and two healthcare assistants. We saw that the lead nurse for the hospital was on site and visited the ward to offer any advice or support that staff required.

We spoke with the ward manager during the second day of our visit and found her to be approachable and receptive to our suggestions and recommendations.

We noticed some good initiatives on the ward. For example we saw themed noticeboards specifically for staff. The theme for February was falls and included information on the likely causes of falls and what could be done to prevent these. There was also information on the staff code of ethics and

conduct, how to raise and escalate a concern and we saw a process diagram and written procedures for staff to follow in the event of witnessing or suspecting adult abuse.

Staffing levels and skill mix and professional accountability

Twymyn Ward comprises of 14 inpatient beds, split between two four bedded bays and six single occupancy rooms, all within close proximity of the nurses' station. We were informed that the minimum staffing level is two nurses and two healthcare assistants who assume responsibility for seven patients each.

At the time of our inspection there were four staff vacancies, two of which had already been filled by qualified nursing staff but whose recruitment checks were still being processed. Two posts were being advertised and, in the interim these vacancies were being covered by either existing staff or bank/agency staff. There was one bank and one agency staff member on shift during the inspection. We spoke with both of them and found that one of them used to be a ward manager in a community hospital for a similar patient group and one of them previously worked on Twymyn Ward. Both staff members were familiar with the ward and the patient group.

We saw that not all staff had received annual appraisals within the last 12 months. The personal development competencies had been copied onto an appraisal template and we suggested that this process could be improved if staff provided examples to demonstrate how they had met these.

Recommendation

The staff appraisal process could be improved if staff members provided examples to demonstrate how they had met the required competencies. Appraisals should be conducted annually.

From our discussions with staff, although there was evidence of a good working relationship between them, there were some indications of low morale. Staff informed us that the deputy manager's role had been vacant for eight months (up to December 2014) and there had been frequent occasions when there was no management cover on the ward. Staff had been covering, and were continuing to cover, additional shifts due to being short staffed. A self-rostering system had recently been introduced and some of the staff felt that the shifts were not equally distributed between them. We were informed that team meetings were held approximately twice a year and therefore staff felt that they were not receiving adequate formal opportunities to discuss matters or raise concerns.

We spoke with the domestic staff and heard that there were times, in particular the afternoons, when there was only one cleaner on the ward. In addition to cleaning all the ward areas, the day room, physiotherapy and occupational therapy rooms, their role also included assisting at drinks and meal times and, after patients have finished their evening meal, washing the cutlery and crockery. There was a team of six cleaners/domestic assistants and a couple of them informed us that they do not meet regularly as a team. Therefore some of the staff had developed their own way of working which could sometimes affect team working.

Recommendation

The health board is advised to increase the opportunities for staff, including cleaning/domestic staff, to participate in discussions and to improve collaborative practice and team working.

Effective systems for the organisation of clinical care

The day to day medical management of the inpatients is carried out by the local GP's based at Machynlleth Health Centre or Cemmaes Road Health Centre. Out of hours provision is provided by the out of hours' on-call doctor via the Shropdoc³ service.

The system of Intentional Rounding⁴ had not been implemented at Bro Ddyfi Hospital. However the ward manager said that, following a pilot in another Powys hospital, this system was being rolled out throughout the hospitals within the Health Board and would therefore be introduced shortly.

Training and development

When we looked at training records and spoke with the ward sister we found that staff were out of date with their mandatory training. In some cases staff

³ Shropdoc (Shropshire Doctors Co-operative Ltd) is a not-for-profit company, providing urgent out of hours medical services for patients living in the Shropshire, Telford and Wrekin and Powys area. Further information can be obtained on <http://www.shropdoc.org.uk/>

⁴ Intentional Rounding is a structured process where staff carry out regular checks with individual patients at set intervals, typically hourly. During these checks, staff carry out and maintain a record of scheduled or required tasks.

members' refresher due dates had expired by up to 18 months. We were informed that there were various reasons for this, for example staff had been covering additional shifts and hence had been unable to meet all their training needs. We saw that only up to five staff members had received mandatory training during 2014 and there was no obvious training strategy for 2015. We could not therefore be confident that the needs of patients were being met in accordance with safe working practices.

Computer e-learning training was encouraged but staff told us they did not have enough time in the day to access the computers and, although they could claim the time back if they undertook training in their own time, they were too tired after their shifts and had not managed to fit this in.

We suggested that the health board considers specialist training in some areas such as stroke awareness. Also several of the patients had diabetes but we found that staff had not received specialist training in diabetes care. Staff were not familiar with the requirements under Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)⁵, although the ward sister said that urgent authorisations are requested. We recommended that staff be provided with further training on this subject, especially given the ageing population that the ward provides services to and which frequently includes people who may lack capacity in certain aspects of their care and treatment.

There was no clear training and preceptorship programme for newly qualified staff.

Recommendation and subsequent action undertaken by the health board:

Because the lack of staff training could pose a risk to patient safety HIW issued an immediate assurance letter and improvement plan to the health board. HIW has subsequently received written confirmation and supporting evidence from the health board, which provides us with sufficient assurance that all the staff members will be up to date with their mandatory training by the end of August 2015.

⁵ DoLS. When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation under The Mental Capacity Act 2005, called The Deprivation of Liberty Safeguards (DoLS), has to be followed to ensure that people are not unlawfully deprived of their liberty. Urgent or standard authorisations can be considered if this is in the person's best interest.

HIW has subsequently received written confirmation and supporting evidence from the health board, which provides us with sufficient assurance that all the staff members will be up to date with their mandatory training by the end of August 2015.

Handling of complaints and concerns

There was an open, transparent ethos on the ward where patients and visitors' comments were encouraged. On entry to the ward we saw a suggestion box and comments forms for patients and visitors to use. The NHS Putting Things Right⁶ notice and leaflets were also displayed on the ward corridor.

As the manager was not in the first day of our inspection we did not have time to inspect the complaints log on this occasion. We were informed that there was one ongoing complaint but that this was nearing a satisfactory resolution.

⁶ Putting Things Right is the NHS arrangements for dealing with and responding to concerns regarding healthcare services in Wales.

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.

People's health, safety and welfare were being supported by the health board's risk management, policies, procedures and clinical guidelines. We have recommended improvements to ensure that staff learn from significant events so that a reoccurrence can be avoided wherever possible.

Overall, the medicines management was satisfactory. Recommendations have been made to ensure that the health board adheres to good practice guidelines with their controlled drugs management.

We saw examples of good record keeping in daily records. However the person centred approach we saw in these records was not always reflected in the patients' care planning documentation. Therefore we have advised improvements in this area.

Risk management

We spoke with one of the nurses and the ward sister who confirmed that staff can access and report incidents and near misses on the Datix⁷ system. The ward sister said that there were several incidents yet to be signed off on the system but, because of their heavy work commitment, it was difficult to find time to follow these up. We did not find evidence of any formal means of sharing information and learning from events and were informed that verbal feedback is provided to staff.

Recommendation

The health board is advised to improve their clinical incidents process to ensure that these are signed off in a timely manner once investigated.

⁷ Datix is a computer software tool used by NHS services to record, investigate and analyse causes of adverse events and near misses.

A more robust system should be considered for risk management, to demonstrate sharing and learning from events and aiming to improve services, avoiding a reoccurrence.

Policies, procedures and clinical guidelines

Staff told us that they can access the health board's policies and procedures on the intranet and hard copies of these are available on the ward or in the ward sister's office. We saw various procedures on the staff noticeboards and a copy of the medication procedure was displayed in the medication storage room, which is good practice.

A 'new policy' folder had been introduced so that staff could access new or amended policies implemented in a timely way. Staff also told us that they regularly access the Royal College of Nursing website to keep up to date with clinical guidance and practice.

Effective systems for audit and clinical effectiveness

We saw that there were fundamentals of care audits and clinical systems in place. Various results, including infection control, pressure care area, hand hygiene and cleaning audits and were displayed on a noticeboard within the ward. Fundamentals of care audits are recorded on the care metrics⁸ system. However there was no evidence to demonstrate how information was being cascaded to staff and of any learning points to achieve and maintain satisfactory results for patient care and safety.

Recommendation

Our previous recommendation under the 'staffing levels and skill mix and professional accountability' of this report, with regard to additional opportunities for staff to partake in team discussions and meetings, should include any learning points from each audit.

Patient safety

We observed that ward staff wore a name badge to identify themselves. Patient safety was being promoted through the completion of relevant risk assessments

⁸ The Care Metrics, known as the Fundamentals of Care System, was developed by the NHS to review the quality of care provided in hospitals.

and monitoring. The system of delegation of seven patients to each nurse and a healthcare assistant was effective. Staff informed us that there was also flexibility to cover each other's bay and single wards when needed to ensure that patients' needs were met.

We noticed that the call bells did not go off much and felt that the ward layout, where the bay areas and single rooms were in close proximity and largely visible from the nurses station, contributed to a safer environment. Also we observed that staff were responsive to patients' needs.

Medicines management

Ward routine and approach

The health board's medication policy was readily available in the medication room which was good practice. Staff told us that a pharmacist visits the ward on a weekly basis to offer support and advice as required by ward staff.

At the time of our inspection the ward staff were not trained to administer intravenous antibiotics to patients and therefore this care was not currently being provided.

Storage of drugs

There was a dedicated room to store medication and we were informed that only qualified staff hold the keys to the locked cupboards. Medication was being stored appropriately and a daily record was maintained of the medication fridge temperature.

We observed that, although there was a keypad, the medication room was kept unlocked and therefore other staff were accessing this room. As an added safety precaution we suggested that this room be locked when not in use.

Although there was a safe to keep patients' personal belongings, staff informed us that the controlled medication cupboard has occasionally been used for this purpose.

Recommendation

The controlled drugs cupboard should not be used to store patients' or other personal belongings.

Medication administration

We observed part of a medication administration round which was undertaken after lunchtime.

Patients' identification was checked prior to administration and the administration chart completed after observing that the medication had been taken, in accordance with good practice guidelines.

A second signatory is recommended⁹ for the administration of some controlled drugs. However we found a few occasions, including the evening period, where only one signatory was available due to there only being one qualified person on duty.

Recommendation

We have advised the health board to review their controlled drugs procedures to ensure adherence to good practice medication guidelines.

Documentation

Patient Assessment

New assessment and care planning documentation had been implemented by the health board which was rolled out to Bro Ddyfi hospital at the beginning of February 2015. Therefore we saw examples of the previous and new documentation during the inspection.

On the whole we saw that patient records were tidy and well organised. A care plan document was completed for each aspect of the patients' individual needs. However there were no care plans on two of the patient records we inspected; although one of the patients had only been admitted the previous day.

Recommendation

The health board should ensure that patient care plans are completed as soon as practically possible.

We saw examples of daily records that had been completed by nursing and healthcare assistants. Some of these included clear details and demonstrated a

⁹ For example the Nursing and Midwifery Council (NMC) Standards for Medicine Management

person centred approach, taking into account the individual patient's wishes and abilities. However this approach was less apparent in the care planning documentation, which we felt followed a more 'task orientated' model, lacking detail with regard to the individual's preferences, abilities and routines.

Recommendation

Consider improving the quality of the care planning documentation by introducing a more person centred care approach (as was evident in some of the daily notes we viewed).

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 Twymyn Ward at Bro Ddyfi Community 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: Bro Ddyfi Community Hospital

Ward/ Department: Twymyn

Date of Inspection: 17th and 18th February 2015

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
	Quality of the Patient Experience				
	N/A				
	Delivery of the Fundamentals of Care				
11	We have advised the health board to improve the provision of activities for patients. In this respect we suggest that the individual patient's potential for rehabilitation is taken into account and that suitable activities/opportunities are considered accordingly.	<ol style="list-style-type: none"> 1. Ward Sister in liaison with Therapists and seating specialist to review the seating options in the day room. 2. Ward Sister to 	<p>Patient Environment PDSA cycle with photo pre improvement and then post improvement.</p> <p>PDSA Highlight</p>	Ward Sister	To be completed 30 th June 2015

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
		<p>develop an activities schedule for patients</p> <p>3. Ward Sister to support the development or procurement of activity aids suitable for patients with dementia or sensory difficulties.</p>	report.		
12	To remind staff to wear appropriate protective clothing when assisting patients with their personal care needs.	1. Ward Sisters and Shift leaders to remind staff to stay safe and keep patients safe through the use of appropriate protective clothing during hand over.	Observation visit	Ward Sister	To be actioned during April 2015
14	We have recommended that an alternative room is found to store clean commodes to prevent the risk of contamination from accidental spillages/spray in the dirty utility area.	1. Ward Sister and Facilities manager to review the opportunities to develop a dedicated	Plans Observation Visit	Ward Sister	To be completed end July 2015

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
		space for clean commodes to be stored.			
		Quality of Staffing Management and Leadership			
18	The staff appraisal process could be improved if staff members provided examples to demonstrate how they had met the required competencies. Appraisals should be conducted annually.	<ol style="list-style-type: none"> 1. Ward Sisters to support the training of staff nurses in delivering PDP 2. Local PDP improvement plan to be actioned to bring the figures back into normal levels. 3. Training and delivery of revalidation to be completed to strengthen the arrangements for PDP 	PDP rates on ESR Staff feedback	Ward Sister	To be returned to normal levels by end of June 2015
19	The health board is advised to increase the opportunities for staff, including cleaning/domestic staff, to participate in discussions and to improve collaborative	<ol style="list-style-type: none"> 1. Ward sister, catering and domestic staff to support local 	Minutes of meetings	Ward sister	To Be Completed by end of June 2015

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
	practice and team working.	<p>meetings to discuss areas of common working.</p> <p>2. Ward Sister, catering and domestics to develop common, agreed and shared goals which improve the experience for patients.</p>	Examples of shared goals		
Delivery of a Safe and Effective Service					
22	The health board is advised to improve their clinical incidents process to ensure that these are signed off in a timely manner once investigated.	1. Ward Sister to work with staff to establish a local system for the discussion and feeding back of incidents.	<p>Documented evidence of local system in place</p> <p>Discussion with staff.</p>	Ward Sister	End of April 2015
23	A more robust system should be considered for risk management, to demonstrate sharing and learning from events and aiming to improve services, avoiding a reoccurrence.	1. Ward Sister to discuss with staff how they want to receive and be involved with the	<p>Documented evidence</p> <p>Discussion with staff.</p>	Ward Sister	End of April 2015

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
	Our previous recommendation under the 'staffing levels and skill mix and professional accountability' of this report, with regard to additional opportunities for staff to partake in team discussions and meetings, should include any learning points from each audit.	learning from incidents			
25	<p>The controlled drugs cupboard should not be used to store patients' or other personal belongings.</p> <p>We have advised the health board to review their controlled drugs procedures to ensure adherence to good practice medication guidelines.</p>	<ol style="list-style-type: none"> 1. Ward Sister to ensure all staff aware of this appropriate use of the CD cupboard. 2. Ward Sister to check the CD cupboard is being used effectively. 	<p>Observational visit.</p> <p>Minutes of ward meeting.</p>	Ward Sister	End of April 2015
26	<p>The health board should ensure that patient care plans are completed as soon as practically possible.</p> <p>Consider improving the quality of the care planning documentation by introducing a more person centred care approach (as was evident in some of the daily notes we viewed).</p>	<ol style="list-style-type: none"> 1. Ward Sister to undertake a monthly documentation audit on 5 random notes. 2. Ward sister to review and sign off all nursing 	<p>Evidence of audit cycle.</p> <p>Copies of regular audits and improvement plans.</p>	Senior Nurse	Commenced by 15 th April then ongoing.

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
		<p>assessment for three months to enable issues to be identified and dealt with.</p> <p>3. Ward Sister to undertake a monthly documentation audit on 5 random notes.</p> <p>4. Ward sister to review and sign off all nursing assessment for three months to enable issues to be identified and dealt with.</p> <p>5. Ward Sister and Ward Clerk to review the documentation storage and security to ensure</p>			

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
		these comply with Health Board Policy.			
	(Health Board Supplemental) Strengthen the training delivered to staff around the management of diabetes, DOLS and MCA	1. Ward Sister to ensure the revised training schedule includes the key training identified.	Documented training schedules Observational evidence in practice	Ward Sister	End July 2015
	(Health Board Supplemental) Although the staff we spoke with were aware of the protocol to follow for patients with diabetes, we have recommended that further specialist training (which should include diabetes) is considered. See the 'Training and Development' section of this report for further information.	See action on page 34, which covers this recommendation'			

Page Number	Recommendation	Health Board Action	Evidence Type	Responsible Officer	Timescale
	(Health Board Supplemental) Support patients to utilise the day room for meals	1. Ward Sister and Catering manager to work together to develop a normalised meal time experience for patients to make the meal times more attractive away from the bed side.	Observation visits	Catering Manager / Ward Sister	End July 2015

Health Board Representative:

Name (print):Wendy Morgan.....

Title:Assistant Director (Quality and Safety)

Signature:

Date:2nd April 2015.....