

Dignity and Essential Care Inspection (Announced, follow-up)

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

24 March 2015

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	3
4.	Summary.....	4
5.	Findings	6
	Quality of the Patient Experience	6
	Delivery of the Fundamentals of Care	8
	Quality of Staffing, Management and Leadership.....	14
	Delivery of a Safe and Effective Service.....	17
6.	Next Steps	21

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced (follow-up) dignity and essential care Inspection of Penhow Ward at the St Woolos Hospital, part of Aneurin Bevan University Health Board on the 24 March 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

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.

4. Summary

This report relates to a follow-up inspection completed by HIW on the 24 March 2015 at Penhow Ward, St Woolos Hospital, Newport. The purpose of this visit was to establish the extent of the progress made by the health board to address the areas for improvement identified at the previous HIW inspection (3 and 4 December 2014), particularly given the number of issues identified. Also, to ensure that improvements made were consistent with The Fundamentals of Care guidelines and the essential NHS standards of care in the *Doing Well, Doing Better: Standards for Health Services in Wales*.

We found that the standards of hygiene had improved considerably at this follow-up inspection. All areas occupied by patients were visibly clean and toilet and bathing areas were fresh. We also found that the ward cleaning schedule had been revised and improved and the care environment was free from clutter and trip hazards.

We found that the health board and ward team had introduced a variety of systems and procedures to ensure that improvements were made to the quality of aspects of health and social care for patients within Penhow Ward. This was in direct response to findings at our previous inspection and in accordance with the current Fundamentals of Care.

Penhow ward has 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 however made a decision (September 2014) to keep Penhow ward open until October 2015 and appointed a new manager to the ward (on secondment) four weeks prior to our December 2014 inspection.

During the course of this follow-up inspection we found demonstrable improvement with regards to workforce skills, knowledge and stability of the ward team. Use of bank and agency staff had diminished and the health board had recruited five additional registered nurses at St Woolos Hospital, some of whom had been assigned to Penhow ward.

We found that improvements had been made in an effort to ensure that patients' health, safety and welfare was actively promoted and protected. More specifically, staff were in the process of being provided with training regarding the application of The Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The ward team was also being supported and advised by representatives from the health board's Older Adult Mental Health services to ensure that no patients were being unlawfully deprived of their liberty.

Since our first inspection all staff at Penhow ward had been reminded of the importance of the safe administration of medicines and the health board medicines

management policy. In addition, all registered nurses had completed a supervised practice drug round with the ward manager which had resulted in the consistent application of professional standards and health board policy.

Overall, we found evidence that the health board had made significant improvements to the service provided to patients within Penhow Ward. The challenge for the health board will be to ensure that it can maintain and even build upon the improvements identified during this visit.

Also important for HIW will be to get a sense of whether our findings have been a catalyst for the health board's overarching audit and quality assurance activity, or if the health board's actions have been limited to delivering improvement to Penhow ward.

This will be a factor for consideration during HIW's 2015/2016 inspection programme as part of a broader evaluation of the arrangements the health board has in place to monitor and ensure the effectiveness of its services. In this respect, HIW will give consideration to, but not be limited by, the following issues in relation to systems for audit and clinical effectiveness:

- The extent to which front-line professionals, both clinical and managerial who deal directly with patients, are sufficiently empowered to speak up and take action if they identify areas for improvement similar to those identified by HIW, and in line with the requirements of their own professional conduct and competence.
- The extent to which there is a culture of openness and learning within the health board that supports staff to identify and solve problems.
- The extent to which the health board has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

5. Findings

Quality of the Patient Experience

We found that the standards of hygiene had improved considerably at this follow-up inspection. All areas occupied by patients were visibly clean and toilet and bathing areas were fresh. We also found that the ward cleaning schedule had been revised and improved and the care environment was free from clutter and trip hazards.

During the previous HIW inspection (December 2014), we saw that the ward was cluttered throughout 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; some areas presenting as unhygienic during our two day inspection.

At this inspection, we found that the standards of hygiene had improved considerably. All areas occupied by patients were visibly clean and toilet and bathing areas were fresh. We also found that the ward cleaning schedule had been revised, the effect of which was being monitored via well recognised quality indicators (otherwise known as care metrics). Specifically, the new cleaning arrangements had resulted in the establishment of deep cleaning procedures for one patient bay each day of the week, over and above general cleaning and housekeeping duties throughout the ward.

Since the last inspection, the health board had introduced monthly environmental rounds which were completed by the ward manager, senior nurse, infection control nurse and estates staff. Consideration of the written records held as a result of such 'rounds' clearly demonstrated that issues identified for improvement, had been actioned. We also saw the visual display of the results of completed infection control audits on the wall of the main corridor in the form of safety crosses¹. This meant that staff, relatives and other members of the public were able to see, via a simple system, the incidence of relevant infection control events regarding Penhow ward.

¹ The Safety Cross has been adapted from industry to make highly visible the incidence of avoidable adverse events. In doing so it ensures that the whole team is aware of avoidable events and thus instils a sense of purpose in working to avoid future events.

We saw that the ward was free from clutter and trip hazards; moving and handling equipment now being stored in a discreet area of the ward environment.

There was no malodour in any area of the ward and universal cleaning wipes were available in sufficient quantities at various places for ease of access by staff.

Patients who spoke with us at this inspection did not raise any issues of concern about the cleanliness of the ward.

Delivery of the Fundamentals of Care

During this one day announced HIW inspection, we found that the health board and ward team had introduced a variety of systems and procedures to ensure that improvements were made to the quality of aspects of health and social care for patients within Penhow Ward. This was in direct response to findings at our previous inspection and in accordance with the current Fundamentals of Care.

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.

At our last inspection, 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 at that time 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.

During this visit, we saw that patients were appropriately clothed in pyjamas whilst others were either wearing hospital nightwear or their own day wear. Conversation with the ward manager revealed the efforts being made to encourage relatives to bring patients' clean clothing into the hospital at regular intervals to assist with maintaining individuals' dignity.

Discussion with the ward manager highlighted the introduction of an initiative known as 'I Care' which is a form of intentional rounding.² The 'I Care' approach required staff to spend a minimum of two hours each day with patients to ensure that patients' call bells were placed close to them so that they were able to request assistance as and when required. In addition, this transforming care initiative had improved patient care in terms of staff assistance with patients' toilet needs, the provision of regular drinks and safety measures. Conversations with staff confirmed that they felt more

² Intentional rounding is a process which requires health care professionals to carry out regular checks with individual patients regarding their care, at set intervals.

empowered to provide care and support to patients in a prompt way at all times of the day and night as a result of the above arrangements.

We were also informed about the introduction of a 'carer's clinic' which provided patients and their relatives with the opportunity to be involved in discussing issues regarding care, treatment and the ward environment. To date, this had resulted in the purchase of a new, larger wall mounted television for the patients' day room.

During our previous inspection (December 2014), we found that one of the two baths available on the ward was not in use due to an identified fault. We also saw that a toilet seat was soiled with dried faeces.

Since that time, the bath has been repaired and all toilet/bathing areas at this inspection were visibly clean and hygienic.

Promoting independence

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

During our previous inspection 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 also saw that the day room (which was also used as a dining area) was not used by any patients on day one of unannounced inspection.

On this occasion, conversation with the ward manager and senior nurse revealed that they were working effectively with the volunteer service (Red Robin scheme). This was, with a view to improving the number of volunteer hours available to establish an activities programme and a luncheon club which would encourage more patients to spend time away from the bedside in preparation for discharge. During this inspection, the availability of red robin volunteers was evident within the ward; patients being asked what they would like to eat prior to the lunchtime meal. A small number of volunteers were also seen to be distributing food and offering assistance during the lunchtime period.

We saw that patients were assisted to spend time in the day room to watch television at times when bed areas were subject to deep cleaning and in preparation for lunch. Conversation with staff also revealed that they had been provided with the opportunity to be involved in the refurbishment of the day room.

Formerly, we saw that a large number of patients remained in bed for long periods of time over a two day period; no explanation being provided for this. We also 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.

During this announced inspection we held discussions with nursing staff and physiotherapists and found that there was a greater emphasis on encouraging and assisting patients to mobilise around the ward and vary the amount of time spent in bed (in accordance with the presenting needs, wishes and abilities of patients). The ward manager also told us that the ward had introduced open visiting hours since January 2015 which had resulted in increased visits from patients' relatives which helped to encourage patients to do some things for themselves.

Rest, sleep and activity

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

During our previous inspection, 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.

At this visit we found that signs had been placed at key areas of the ward which reminded staff of the importance of patient rest periods and the need for a quiet environment. Conversations with some patients revealed that they were not unduly disturbed by noise or other patients during the night.

The ward manager was able to confirm that hot drinks and snacks were available to patients throughout the night if required. We were also told that the care planning arrangements associated with any patients who may become distressed at night, were closely monitored and action taken to assist them, in accordance with their presenting needs.

Ensuring comfort, alleviating pain

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

We spoke with registered nurses and viewed a sample of five patients' records during the course of our December 2014 inspection. 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 also found that a large number of patients in the ward had complex communication difficulties.

Following our first inspection, the ward team had introduced the use of a recognised pain assessment tool to improve its approach to the administration of pain relief medication to patients. Conversation with the dedicated ward pharmacist confirmed the emphasis placed on ensuring that patients were as pain free as possible. We were also made aware that formal monthly meetings involving the senior nurse, pharmacist and doctor were taking place, in order to discuss a range of issues relating to prescribed medication. Pain management was subject to consideration at such meetings.

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.

During the previous HIW inspection 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.

Since the last inspection, the ward manager had completed further audits in relation to the provision of patients' care (in accordance with the Fundamentals of Care guidance) and had noted improvements in this area, as stated. The ward manager had also been supported to manage the ward in a supernumerary capacity for approximately 95 per cent of the time. This meant that she had protected time to supervise and support staff to improve and maintain the standards of care provided to patients.

We were told that staff levels were monitored daily to ensure that sufficient numbers of staff were available to meet the complex, changing needs of patients in the ward.

We also observed that patients appeared to be well cared for at this visit.

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.

When HIW inspected Penhow Ward during December, we found the following areas which required improvement:

- *Having observed the lunchtime meal on the two days of our inspection, 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

- 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*
- One patient's food had been 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*
- 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*
- Patient's water jugs were only refreshed twice daily. This was not in-keeping with guidelines produced by the All-Wales Catering and Nutrition Standards³ which suggest that they should be refreshed three times daily*
- Patients were not routinely offered the opportunity to wash their hands prior to eating their meals*

During the course of this inspection, we found that the presenting needs of some of the patients were less complex than those receiving care in the ward during December 2014.

However, we found there were more volunteers present in the ward acting as mealtime 'companions and the open visiting arrangements meant that relatives and carers were encouraged to come along to the ward and assist patients with eating and drinking if required. We observed that food was covered on arrival at the ward

³ Link to All Wales nutritional standards.

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

and was being served in a prompt manner by the ward hostess to prevent patients' meals getting cold. We observed that there were a number of patients eating their meals in the day room; in close proximity to the food trolley which was positioned in a central point within the ward.

We saw that patients were helped to sit in a comfortable and safe position to eat their food and bedside tables were cleared before the lunchtime meal was served. We were also able to confirm that staff had access to sufficient supplies of universal cleaning wipes so that patients (who could not independently reach the sink), could clean their hands prior to eating.

We observed that patients' food and drink was placed within their reach. At no stage did we see that anyone in need of support was left unattended. Neither did there appear to be any delay in offering assistance to patients as there was sufficient staff present in all areas of the ward.

Discussion with staff confirmed that patients' water jugs were replenished and refreshed three times a day. We were also told that bi-monthly meetings of the Food Interest Group had taken place. This is a multi-disciplinary forum which provides an opportunity to continually monitor and improve nutritional standards at the hospital.

We have been informed that staff had been provided with protected time to complete on-line training regarding the All Wales Nutrition and Hydration pathway.

Conversation with a small number of patients indicated that they enjoyed their food and did not have any concerns with regard to this aspect of their care.

Toilet needs

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

The previous HIW inspection highlighted the following areas for improvement:

- *We were unable to find evidence that patients were offered a choice whether they wished to use the toilet or a commode*
- *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*
- *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

At this inspection, we found that the ward team had received continence assessment training from the appropriate specialist nurse. The effectiveness of such training to date had been evaluated by the ward manager and further training was planned. This was to ensure that this element of care was delivered and maintained in accordance with the Fundamentals of Care guidelines.

Conversation with the ward manager confirmed that the availability of a range of equipment had been subject to review to ensure that patients would be offered a choice of toilet methods.

We were told that the 'I Care' initiative had provided staff with an effective system for regularly checking that patients had their call bells to hand to request assistance. The initiative was also working well regarding those patients who were unable to use the call bell due to short term memory loss/dementia. This was because staff were now regularly approaching patients to check whether they were comfortable needed a drink or use of the toilet.

Quality of Staffing, Management and Leadership

Penhow ward has 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 however made a decision (September 2014) to keep Penhow ward open until October 2015 and appointed a new manager to the ward (on secondment) four weeks prior to our December 2014 inspection.

During the course of this follow-up inspection we found demonstrable improvement with regards to workforce skills, knowledge and stability of the ward team. Use of bank and agency staff had diminished and the health board had recruited five additional registered nurses at St Woolos Hospital, some of whom had been assigned to Penhow ward.

Staffing levels and skill mix and professional accountability

Discussions with senior staff at the previous HIW inspection demonstrated that staffing levels and skill mix (that is, the mixture of registered nurses and health care assistants (HCAs) associated with patient care) within Penhow ward had essentially been achieved through the use of bank nurses and agency nurses. Very few staff worked on the ward as part of a permanent team at that time. We also found that the health board had appointed a new manager to the ward (on secondment) four weeks prior to our inspection.

Conversations with staff also revealed that they often felt rushed in their attempts to fully meet the changing/complex needs of patients.

Since that time, the health board has employed more registered nurses on a permanent basis to work at St Woolos Hospital, some of which have been assigned to Penhow Ward. This has resulted in a more stable workforce who are encouraged to understand and promote the values and ethos of the ward.

Conversations with staff working on the day of this inspection provided us with positive comments about the level of support and guidance they receive during the course of their work. They also told us that they have been actively involved in making improvements to the way which care and support was provided to patients.

We looked at the staff duty rota for the two week period prior to our inspection and the two weeks that followed and found that there was a much reduced reliance on agency and bank staff. This meant that patients were now more likely to receive care from a group of staff that were familiar to them.

Discussion with the ward manager also revealed that the overall needs of patients' in the ward were reviewed at a daily multi-disciplinary meeting. We were told that the location of patients within the ward sometimes changed as a result of those meetings. This was to bring about an equal distribution of work across each of the three designated staff teams and to ensure that patients' needs were met at all times.

Training and development

Conversations with the majority of staff present during the previous HIW inspection revealed that 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 learning disabilities. Scrutiny of a sample of five patient records and conversations with patients at that time clearly demonstrated that a number of individuals presented with complex needs associated with varying degrees of cognitive impairment and physical frailty.

At this inspection, we found that staff had recently been provided with a variety of training opportunities. For example, staff had attended ward based training in relation to continence assessment, infection prevention and control and nutrition awareness. We were also told that staff had completed on-line training on a variety of patient related topics via Health Learning Wales (for example, dementia care). The ward manager further informed us that all staff had received written information with regard to level 1 adult protection arrangements; and level 2 training was underway.

The health board also informed HIW that health care support workers would be attending observation skills training on an ongoing basis.

Bespoke training had been delivered to staff in relation to adult mental health; providing a focus on the care of patients with dementia, depression and delirium. As a result, two dementia 'champions' had been identified within the ward. We were informed that the two members of staff concerned would continue to cascade relevant information to the remainder of the ward team in the future.

We were told that staff had received written information about learning disability services, bespoke training being arranged by the end of April 2015.

On the day of this inspection, we spoke with a representative from the RAID team (this stands for rapid assessment, interface and discharge). This specialist multi-disciplinary mental health team now works with the staff on Penhow ward on a regular basis to support patients during their ward assessment, diagnosis and treatment.

Conversation with the ward manager and consideration of training documentation held on the ward confirmed that registered nurses had all undergone a formal assessment of their ability to administer and record prescribed medicines. We were also told that all registered nurses would be subject to an annual review of their competency in this area.

The ward manager confirmed that future staff training would be determined through personal development reviews.

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.

We found that improvements had been made in an effort to ensure that patients' health, safety and welfare was actively promoted and protected. More specifically, staff were in the process of being provided with training regarding the application of The Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The ward team was also being supported and advised by representatives from the health board's Older Adult Mental Health services to ensure that no patients were being unlawfully deprived of their liberty.

Since our first inspection all staff at Penhow ward had been reminded of the importance of the safe administration of medicines and the health board medicines management policy. In addition, all registered nurses had completed a supervised practice drug round with the ward manager which had resulted in the consistent application of professional standards and health board policy.

Risk management

Previously, we found that ward staff were unable to identify '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 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).

Since our first inspection, the health board indicated that staff were to be provided with appropriate training with regard to the use and application of The Mental Capacity Act and Deprivation of Liberty Safeguards. At this inspection, we were able to confirm that training was underway; however, not all staff had been able to attend training due to time constraints. Sessions would therefore continue throughout April 2015. In the interim, staff were receiving advice and support from the Older Adult Health team and the liaison service based at St Woolos hospital to ensure that patients were not being unlawfully deprived of their liberty whilst receiving care and treatment within the ward environment.

Medicines management

Ward routine and approach

During the previous HIW inspection we identified a number of areas for improvement 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 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*

Since our December 2014 inspection, registered nurses have been required to wear red 'do not disturb' tabards. Conversation with staff and the ward manager indicated that this simple measure has reduced interruptions at those crucial times in the day or night. We were also told that this change has provided registered nurses with more time to pay attention to the recording of prescribed medication following patient administration.

- *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*

Conversation with the ward manager indicated that all registered nurses have been reminded of the need to ensure that the drugs trolley is never left unattended. The drugs trolley was not left attended at any point during our follow-up inspection.

- *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

Since our first inspection, the ward manager had introduced weekly audits to check that all patients were wearing a name band. To date, there have been no further instances where patients were not wearing with a name band as stated.

- *Discussions with registered nurses revealed that they had not received medicines awareness training for a significant period of time*

All registered nurses have been required to attend a medication management workshop since our December 2014 inspection. This would have been achieved by the end of March 2015. In addition, we were told that the ward manager and another registered nurse would complete a medicines management audit every month to ensure compliance with professional standards and health board policy.

Documentation

Patient Assessment

At the previous inspection, 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.

At this inspection, we held conversations with the ward manager and other senior nursing staff and were informed that staff documentation training had been reviewed and subsequently delivered to the ward team by the ward manager.

We were also told that a sample of patient documentation would be audited by the senior nurse on a monthly basis.

We looked at three patient records at this inspection and found that there had been some improvements in terms of the detail contained within risk assessments and care plans which would assist staff to understand patients' needs, wishes and preferences.

6. Next Steps

The health board was not required to complete a further improvement plan as a result of this follow-up HIW inspection.