

Hospital Inspection (Unannounced)

**Ysbyty Penrhos Stanley
Betsi Cadwaladr University
Health Board**

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Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

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

In November 2015, HIW conducted an inspection of Fali Ward and Cybi Ward at Ysbyty Penrhos Stanley, Holyhead, within Betsi Cadwaladr University Health Board. During the inspection, a number of areas for improvement were highlighted, the majority of which related to the service provided on Fali Ward. The health board produced an action plan outlining measures to improve the service. However, a decision was subsequently made to close Fali Ward.

On the 29 and 30 March 2017, HIW conducted an unannounced, follow up inspection at Ysbyty Penrhos Stanley and as Fali Ward remained closed, we focussed on the services provided within Cybi and Glasmor Wards. During the inspection, we reviewed the service against the Health and Care Standards and the action plan completed in response to the inspection conducted in November 2015. This was to confirm that improvements had been made and sustained.

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

During this inspection 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.
- Examination of staff files including training records
- Examination of complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Implementation of Deprivation of Liberty Safeguards (DOLS).
- Consideration of the quality of food

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. During this review, there were no patients subject to detention under the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

Further information about how HIW inspect NHS hospitals services can be found in Section 6.

Context

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham). The Health Board has a workforce of approximately 16,500.

There are three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases. The Health Board also coordinates the work of 109 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

Ysbyty Penrhos Stanley

Penrhos Stanley Hospital opened in February 1996 and replaced the Valley Hospital and the former Stanley Sailors Hospital. The hospital currently has 33 inpatient beds within two wards, Cybi and Glasmor. The inpatient specialities are Care of the Elderly and GP Medical beds. Seventeen patients were accommodated on Cybi Ward and nine patients were accommodated on Glasmor Ward at the time of this inspection.

Consultant outpatient and community clinics are held within the hospital and dental and X-ray services provided.

The rehabilitation department provides:

- Outpatient and inpatient Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Chiropody

The Child Development Team also has consulting rooms at the hospital.

The hospital has a small shop and an information point which is staffed by volunteers.

Summary

We found that significant progress had been made by the health board in addressing the areas for improvement highlighted during the inspection of the hospital conducted in November 2015 and that the majority of those improvements had been sustained.

Patients and relatives spoken with during the inspection told us that they were happy with the care provided by the staff team. We saw staff being courteous to patients and treating them with respect and compassion. We saw that the health board had arrangements in place for patients and/or their carers to provide feedback on their experiences and to raise concerns (complaints) about care and treatment.

We saw evidence of good record keeping and auditing processes.

We found that patients' care needs had been assessed by staff and that staff monitored patients to promote their wellbeing and safety. We found that care was being provided in a patient centred and individualised way and that the care records supported this approach. However, some work is required to ensure that the documentation reflects the person centred approach to the provision of care.

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

Staff confirmed they were well supported and able to access training that helped them to do their jobs effectively. Some work is required to ensure that all staff have undertaken mandatory training.

We saw that robust management structures and lines of delegation and reporting were in place and that members of the management team were visible and accessible on both wards.

The health board continues to experience difficulties in recruiting trained nurses.

The environment on both wards was clean and decorated and furnished to an acceptable standard.

Efforts were being made to keep patients occupied and stimulated. However, we identified that more work was required in relation to the provision of

activities on the wards and to make the ward environment more dementia friendly.

Some improvement is also required to promote and encourage patients' independence and rehabilitation.

Findings

Quality of the patient experience

Patients and relatives expressed satisfaction with the care and treatment received on both wards. People told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We found that patients were able to move freely around the ward area and had unrestricted access to the lounge and dining areas. We saw staff attending to people who required one to one support in a calm and reassuring manner.

The environment on both wards was clean, tidy and free from obvious hazards to patients' health and safety.

Staying healthy

Standard 1.1 Health promotion, protection and improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

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

Both wards promoted protected meal times. This ensured that patients were not unduly disturbed when they were eating as a means of ensuring adequate nutritional and fluid intake. However, where deemed appropriate, relatives were able to visit at mealtimes in order to provide assistance and encouragement to patients with eating their meals.

We observed mealtimes and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food.

We also saw staff providing encouragement and support to patients to eat independently.

Specific attention was being given to patients' oral health in order to enhance well being.

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

We saw items such as games, puzzles and books on both wards to stimulate and occupy patients. Radios and televisions were also available within the day rooms on both wards. However, we were informed that the television on Glasmor ward only worked intermittently. Measures had been set in place to replace this television. We were told that a therapy dog visited the wards once a week and that many patients benefitted from this service. Volunteers also visited the wards to spend time talking with patients and engaging them in activities. We suggested however, that more one to one activities could be provided to stimulate patients.

A dementia care support worker was employed until recently and we were told that the vacancy was being advertised. We were also informed that the employment of a dementia care support worker had greatly enhanced one to one engagement with patients. The health board should therefore continue with their efforts to recruit into this post.

We found that efforts had been made to assist patients to find their way around the ward with pictures and signs in place on doors leading into bathroom and toilet areas. However, more could be done to improve signs on both wards and to make existing ones more visible and dementia friendly.

Improvement needed

The health board should continue with their efforts to recruit a dementia care support worker. This is in order to improve the health and wellbeing of patients receiving care.

The health board is required to describe how it will improve signs on both wards and make existing signs more visible and dementia friendly. This is in order to assist patients move around the ward environment safely and independently.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

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

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

Patients appeared well cared for with staff paying specific attention to people's appearance and clothing.

The environment on both wards was clean and tidy, adding to the sense of patients' well being.

There was a mix of Welsh and English speaking staff working on the wards. This allowed patients to discuss their care and support needs care in the language of their choice.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Health promotion Information for patients and their families/carers was displayed and available on the ward. There was a formal complaints procedure

in place which was compliant with 'Putting Things Right'¹. Information about how to make a complaint was posted on the wards.

A Patient Status at A Glance board (PSAG) was located within the nurses' station on both wards. This recorded information about patients' care needs. Efforts had been made to protect the identity of patients and the board was of a folding design ensuring that information was kept confidential.

We found that relatives were involved in discussing aspects of care provision in cases where patients were unable to understand the information.

We suggested that the provision of a staff identification board and a board explaining the significance of different coloured uniforms would greatly assist patients and visitors to identify 'who was who', and what their roles were on the wards.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

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

Some staff told us that they were not always clear about medical cover during weekends and when the on-site staff grade doctor was on leave. The health board must take steps to ensure that medical cover arrangements are clearly

¹ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

communicated to staff so that staff know who to contact when medical advice or support is required.

Improvement needed

The health board is required to inform HIW of the action taken/to be taken to ensure that medical cover arrangements are clearly communicated to staff so that they know who to contact when medical advice or support is required in response to the changing needs of the patients.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

Through examination of a sample of patients care records, we confirmed that there were robust assessments and care planning systems in place. We found that the care planning process took account of patients' views on how they wished to be cared for. The care plans were however, pre-printed and generic in format. We therefore highlighted the need for these to be more person centred in future to reflect the holistic care being delivered.

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients and visitors also told us that staff assisted and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk and assisting them to eat and drink independently.

We did find that more could be done in order to promote independence and suggested that patients should be encouraged to take responsibility for their own medication where this is deemed appropriate. We also suggested that patients should be supported to change out of their nightwear during the day in order to maintain dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

We found that there were adequate discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospital.

However, we found that there were delays in some patients being discharged. These delays were, in the main, due to a lack of suitable social care provision or the need to await modifications to people's properties.

Improvement needed

The health board should take steps to ensure that care plans are more person centred in format.

The health board should explore ways of promoting and encouraging patients' independence by enabling patients to take responsibility for their own medication where this is deemed appropriate. Patients should also be encouraged to change out of their nightwear during the day. This is in order to maintain patients' dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

Standard 6.2 Peoples rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

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

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

Deprivation of Liberty Safeguards (DoLS) referrals were made as required. However, we did note that the date of commencement had not been entered on one DoLS referral.

During the first day of the inspection we found that the doors to both wards were locked. This meant that patients and visitors wishing to enter and leave the wards had to ask a member of staff to unlock the doors. This could be regarded as a restriction on people's liberty. This was discussed with the hospital matron and Clinical Nurse Director who agreed that there was no need for the doors to be locked as there were no patients, accommodated at the time, who were deemed at risk of leaving the ward unnoticed or unsupervised.

Consequently, arrangements were made for the main doors to both wards to be unlocked.

Improvement needed

The health board must monitor the use of locked doors on the wards and discourage this practice where there are no clinical or safety reasons for doors to be locked. If a decision is made for doors to be locked, then appropriate assessments need to be set in place to ensure that patients' movements are not unduly restricted and that they are not unlawfully deprived of their liberties.

The health board must ensure that Deprivation of Liberty Safeguards (DoLS) referrals are accurately completed and that commencement dates are recorded.

Standard 6.3 Listening and learning from feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

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

There were good systems in place for managing complaints. As previously mentioned, Putting Things Right leaflets were available in the reception area by the main entrance into the hospital. There was also information available to patients and visitors on both wards about how to make a complaint.

Delivery of safe and effective care

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

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

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

There were robust medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Safe care

Standard 2.1 Managing risk and promoting health and safety

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

We found both wards to be well maintained and systems were in place to report environmental hazards that required attention and repair. We were told that the health board's estates and maintenance department were supportive and responded in a timely way when requests for work were submitted.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients and staff, the outcomes of which were reported to senior management on a monthly basis.

We were informed that some housekeeping staff prepared cleaning materials within an unventilated room. This presented a risk to staff who may be inhaling harmful gases. Measures must be set in place to reduce the risks involved in dealing with toxic or harmful cleaning materials and staff must ensure that they are adhering to Control of Substances Hazardous to Health (COSHH) regulations and guidance when dealing with such fluids.

Improvement needed

The health board must set measures in place to reduce the risks involved in dealing with toxic or harmful cleaning materials and ensure that staff adhere to Control of Substances Hazardous to Health (COSHH) regulations and guidance when dealing with such fluids.

Standard 2.2 Preventing pressure and tissue damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

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

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

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

Standard 2.3 Falls prevention

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

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

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

There was a comprehensive infection control policy in place and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. We saw that a recent hand washing audit had been undertaken with a positive outcome score of 100%. These together with other audit results were posted on notice boards within both wards for patients, visitors and staff to see.

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

We recommended that foot operated sanitary waste bins be made available in toilets.

Improvement needed

The health board should consider providing foot operated sanitary waste bins in all female and unisex toilets.

Standard 2.5 Nutrition and hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

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

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

Patients' weights were being monitored regularly to assess whether they were well nourished and the effectiveness of care.

We observed lunchtime meals being served. The meals appeared well presented and appetising. All the food was prepared on site. Patients told us that the food was very good and that extra portions would be provided if requested. We were also told that the catering staff monitored any food wastage on an individual patient basis and discussed this with the ward staff to see whether changes could be made to the menu and alternatives offered.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

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

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

None of the patients in receipt of care at the time of the inspection were self-medicating. Patients should be assessed as to their ability to take responsibility for their own medication. This would encourage independence and would maintain and enhance skills prior to safe discharge from hospital.

An electronic medication storage and dispensing machine had recently been installed. This was not in use at the time of the inspection.

Improvement needed

The health board should ensure that patients are assessed as to their ability to take responsibility for their own medication in order to maintain and enhance skills prior to discharge from hospital.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

There were written safeguarding policies and procedures in place. However, only 80 per cent had received training on this subject.

Improvement needed

The health board must ensure that all staff receive adult and children safeguarding training on an ongoing basis.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

There was good evidence of multi disciplinary working between the nursing and medical staff. There was also evidence of good working relationships with other professionals outside of the hospital such as local GPs and social workers.

We found that there was an effective handover process in place between staff shifts, with the ward manager taking part in all sessions when on duty and the hospital matron attending sessions on a weekly basis. This meant that there was an effective mechanism in place for sharing relevant care and safety information about all patients.

Within the sample of patients' care records viewed, we saw a number of completed patient assessment tools based upon best practice professional guidelines and national initiatives. This was with a view to helping staff provide safe and effective care. Examples we saw included those in relation to preventing pressure sores and ensuring adequate nutrition.

We found that the ward manager and hospital matron conducted monthly audits of care records to ensure accuracy and adherence to health board policies and procedures. This included audits of patient resuscitation protocols.

Standard 3.4 Information governance and communications technology

Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.

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

Through examination of training records, we confirmed that the majority of staff had received training on information governance and that further training was planned for those who had not completed the course.

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

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

We viewed a sample of patient care notes and found them to be generally well maintained. We found that patient information was kept out of sight in the nurses' station on both wards to maintain confidentiality.

As previously mentioned, there was a robust auditing process in place with the ward manager and matron conducting monthly sampling of patients' care notes to ensure accuracy and adherence to health board record keeping policies and procedures.

Quality of management and leadership

We found the quality of leadership and management to be good, with clear communication and reporting links from ward level to senior managers.

We found that the ward manager, hospital matron and clinical nurse director were visible on the wards and that they made themselves available to patients, staff and visitors.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found good management and leadership at ward level with staff commenting positively on the support that they received from the ward manager and hospital matron. Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

The ward manager post on Glasmor had recently become vacant and it was expected that the post be advertised as soon as practicable. Recruiting into this post should be made a priority to ensure effective management oversight, staff support and supervision on the ward.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

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

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

We were told that the recruitment of trained nurses was proving problematic, particularly the recruitment of mental health trained nurses, and that this had resulted in the reduction in the number of patients accommodated on Glasmor Ward. We were also told that the patient occupancy level on Glasmor would remain unchanged until additional trained nurses were recruited to ensure the ongoing delivery of safe and effective care.

We distributed questionnaires to staff in order to gather information about their experience of working on the ward. We received 12 completed questionnaires. Staff comments were generally positive about the quality of the service and the support that they received.

Staff confirmed they were able to access training which had helped them to do their jobs effectively. We were shown copies of staff training records which confirmed that the majority of staff (97.9%) had undertaken training on 'mandatory' subjects such as Moving and Handling, Health and Safety, Fire Safety, Basic life Support and Infection Control. We advised that steps must be taken to ensure that all staff have undertaken training in all mandatory subjects.

In addition to mandatory training, staff had also received training on other subjects such as Equality, Diversity and Human Rights, De escalation, Mouth Care, Nutritional Screening, Dementia Awareness, Tissue Viability and Information Governance. Staff members who spoke with us however, indicated that they would benefit from additional training on subjects such as care of people with dementia, the Mental Capacity Act and Deprivation of Liberty Safeguards.

We found that there were good formal and informal staff supervision and support processes in place. Nursing and care staff members told us that they felt well supported, respected and valued by the ward manager and hospital matron. The cleaning staff told us they felt valued, supported and very much a part of the ward team. However, they reported that they did not always feel well supported by their line managers who were based off site.

We found that 96 per cent of staff had received annual appraisals and that the remaining staff appraisals had been scheduled.

The health board had provided additional support, guidance and training to staff focusing on developing positive culture and values as a consequence of some of the findings of the previous HIW inspection. This was said to have been well received and had also assisted staff from Fali Ward in adjusting to working within a new team on a different ward. We were informed that 84 per cent of staff had taken part in this initiative to date and that the health board was keen to ensure that all the staff working on Cybi and Glasmor Wards received this training.

Some staff also told us that team meetings were held on a regular basis. However, others indicated that they would benefit from more frequent staff meetings and involvement in decision making, particularly during times of change.

An Advanced Nurse Practitioner had been employed at the hospital until December 2016. We were informed that the post was to be reviewed and a new model of care considered before a decision was made to advertise the vacancy.

Improvement needed

The health board must continue with efforts to recruit trained nurses in order to ensure that there are sufficient numbers of staff, with the right skills, to meet patients' care needs. Recruitment of a ward manager on Glasmor ward should be regarded as a priority.

The health board must ensure that all staff have undertaken mandatory training.

The health board must take steps to ensure that the cleaning staff receive regular support from their line managers.

The health board should explore additional ways to ensure that staff are fully engaged in decision making processes, particularly during times of change.

Next Steps

This inspection has resulted in the need for the health board to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

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

Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards 2015



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:**
We speak with patients (adults and children), their relatives,

representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

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

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

7. Appendix A

Hospital Inspection: Improvement Plan

Hospital: Ysbyty Penrhos Stanley

Ward/ Department: Cybi and Glasmor

Date of inspection: 29-30 March 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
Quality of the patient experience					
8.	The health board should continue with their efforts to recruit a dementia care support worker.	1.1	To go out and advertise for this post. Hospital in discussion with Dementia services Wales to implement a Dementia accredited Course for HCSW to support this position and to increase staff knowledge	Matron and Vacancy Control panel	Advert out by end of June 2017 Commence course by Mid July 2017
8.	The health board is required to describe how it will improve signs	1.1	Many of the signs on both wards have now been improved. Toilet	Matron and Ward Sisters	Completed ✓

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	on both wards and make existing signs more visible and dementia friendly. This is in order to assist patients move around the ward environment safely and independently.		signs in particular are now more dramatic and distinguishable for the benefit of all patients but with special consideration given for Dementia and visually impaired patients.		
11.	The health board is required to inform HIW of the action taken/to be taken to ensure that medical cover arrangements are clearly communicated to staff so that they know who to contact when medical advice or support is required in response to the changing needs of the patients.	5.1	<p>Since HIW visit there has been a very productive meeting with our Colleagues from Out of Hours and their representatives. OOH's cover has been re established at YPS as well as to an option to continue to contact the Medical Registrar on call in the case of a rapidly deteriorating patient.</p> <p>Adequate cover is provided by Consultant Dr Sion Jones team when staff grade at YPS is on Study or annual Leave.</p> <p>This change of having OOH's re established is being cascaded to staff via the safety brief over a 4 week period.</p>	<p>Area Director for clinical services</p> <p>Site matron</p> <p>Ward Sister</p>	Commence d end of April and to be completed by end of May 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
12.	The health board should take steps to ensure that care plans are more person centred in format.	6.1	Discussed with senior staff and will introduce slowly to ensure that it becomes embedded into practice. The BCUHB will be launching new nursing documentation in May 2017	Ward sisters and Staff Nurses with Coaching and Mentoring and Matron.	Ongoing – Transition to Individual care plans by end of 2017
12.	The health board should explore ways of promoting and encouraging patients' independence by enabling patients to take responsibility for their own medication where this is deemed appropriate. Patients should also be encouraged to change out of their nightwear during the day. This is in order to maintain patients' dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.	6.1	The Area team will review the possibility of introducing patient self administration of medication. The BCUHB has a Medicines Management Guideline for the self administration of medication. Senior staff on site to meet and discuss options to promote the use of day wear more consistently than is currently happening. Aim to have a plan to encourage both family and patient to engage more in this aspect of promoting their dignity.	HON, Matron and Ward Sisters	End of August for self medication. Discussions and background elements already being addressed regarding day clothes. Complete by end of July 2017
13.	The health board must monitor the use of locked doors on the wards	6.2	The locked doors practice was stopped following the HIW visit.	Area director of clinical	Immediate action post

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	and discourage this practice where there are no clinical or safety reasons for doors to be locked. If a decision is made for doors to be locked, then appropriate assessments need to be set in place to ensure that patients' movements are not unduly restricted and that they are not unlawfully deprived of their liberties.		<p>However, on occasions it may need to be reintroduced if it is for safety of the patient.</p> <p>In the instance of reintroduction the patient MUST have a DOLS in place.</p> <p>The Area team will further discuss this issue at its leadership team meeting as it applies to all sites.</p>	<p>services and Matron</p> <p>Admin Officer to ensure sufficient staff trained in applying the doors locking and unlocking system can be accessed</p>	<p>HIW✓</p> <p>Ongoing standardisation across the HB.</p>
13.	The health board must ensure that Deprivation of Liberty Safeguards (DoLS) referrals are accurately completed and that commencement dates are recorded.	6.2	This issue of human error noted and all staff to be reminded of the importance of all referrals being completed accurately.	Ward sisters to share this as ongoing agenda item in ward meetings.	Completed but will be monitored
Delivery of safe and effective care					
15.	The health board must set measures in place to reduce the risks involved in dealing with toxic or harmful cleaning materials and ensure that staff adhere to Control	2.1	The Domestic Services Manager is working with the supplying company to arrange formal, recorded annual training.	Domestic manager	July 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	of Substances Hazardous to Health (COSHH) regulations and guidance when dealing with such fluids.				
16.	The health board should consider providing foot operated sanitary waste bins in all female and unisex toilets.	2.4	To discuss with the company	Hospital administrator Arwel Hughes and Domestic manager	August 2017
17.	The health board should ensure that patients are assessed as to their ability to take responsibility for their own medication in order to maintain and enhance skills prior to discharge from hospital.	2.6	As noted earlier .	HON & Matron	August 2017
18.	The health board must ensure that all staff have received adult and children safeguarding training.	2.7	Safeguarding training is very high on Area West agenda and YPS have a high percentage of compliance – this is monitored on a monthly basis with Matron	Matron - Admin support to supply monthly rate of compliance	September 2017
Quality of management and leadership					

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
22.	The health board must continue with efforts to recruit trained nurses in order to ensure that there are sufficient numbers of staff, with the right skills, to meet patients' care needs. Recruitment of a ward manager on Glasmor ward should be regarded as a priority.	7.1	Recruitment of a ward Manager on Glasmor ward is very high on YPS agenda. VCP approval gained and currently 3/5/2017 the post is advertised nationally.	Matron	Person in post by end of Summer 2017 - Depending on applications
22.	The health board must ensure that all staff have undertaken mandatory training.	7.1	Mandatory training is currently at 88.4% in YPS. This has been a key driver within Area West over the last 12 months.	Matron and all individual staff members.	Ongoing and continual
22.	The health board must take steps to ensure that the cleaning staff receive regular support from their line managers.	7.1	Matron at YPS has had meetings with Domestic staff and supports them in the absence of an onsite line manager. Matron meets and discusses any issues with domestic supervisor on a regular basis. A Domestic Services Supervisor is	Domestic Manager	July 2017 Ongoing

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			on site once a week as a minimum, there is also telephone support from YG from 7 am to 8 pm seven days a week.		and continual
22.	The heath board should explore additional ways to ensure that staff are fully engaged in decision making processes, particularly during times of change.	7.1	<p>Many of the processes and recommendations provided by the Workforce & OD during our Culture workshops and discussions has been adopted and used in practice.</p> <p>Matron will call ad hoc meetings to share important information with staff.</p> <p>Also support is given to all band 6&7 to attend the Generation 15 programme which gives them skills that assists them manage change within their environment and give staff support.</p> <p>Monthly team briefings are held at each site which gives staff the opportunity to meet and discuss issues of concern with senior staff</p>	Head of Nursing	September 2017

Health Board Representative:

Name (print):Christine Lynes.....

Title: Area Director for Clinical Services West

Date:10/5/17.....