

Hospital Inspection (Unannounced)

Tywyn Memorial Hospital and
Dolgellau and Barmouth District
Hospital, Betsi Cadwaladr
University Health Board

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	9
	Delivery of safe and effective care	16
	Quality of management and leadership	24
4.	What next?	31
5.	How we inspect hospitals	32
	Appendix A – Summary of concerns resolved during the inspection	33
	Appendix B – Immediate improvement plan	34
	Appendix C – Improvement plan	35

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Tywyn Memorial Hospital and Dolgellau and Barmouth District Hospital within Betsi Cadwaladr University Health Board, on the 28 and 29 November 2017. The following wards were visited during this inspection:

Tywyn Memorial Hospital

- Dyfi Ward

Dolgellau and Barmouth District Hospital

- Cader Ward

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

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients appeared well cared for
- Attention to hydration and nutrition
- Care provided in a discreet way
- Good staff engagement with patients during care giving
- Good general and specific risk assessments
- Staff open and engaging.

This is what we recommend the service could improve:

- Provision of one to one and group activities
- Make the ward environment more dementia friendly
- Display Putting Things Right Posters in prominent areas within both wards
- Infection control on Dyfi ward
- Medication management
- Staffing levels
- Staff appraisals

3. What we found

Background of the service

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 based teams. The health board also coordinates the work of 109 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

Tywyn Memorial Hospital

Tywyn Memorial Hospital was built in the 1920's by public subscription as a memorial to those who lost their lives in the 1st World War. The hospital was extended in 2015, to provide a new ward environment and medical centre housing the local GPs and community nursing service.

The hospital itself provides the following services:

- A minor injuries unit which is open from 10.00 am to 6.00 pm, Monday to Friday
- Visual fields and Ophthalmic clinics
- Maternity services
- Memory clinic
- Physiotherapy and occupational therapy
- Podiatry
- Lymphoedema clinic and other outpatient clinics.

All the management and services support are provided by the Betsi Cadwaladr University Health Board whilst consultant, laboratory services and outpatient

services are provided by Bronglais Hospital, part of Hywel Dda Health Board (with the exception of Psychiatry).

Dyfi ward is a 16 bed care of the elderly ward. Medical cover is provided by the GP surgery during the hours of 08:30 to 18:30 hours. The care is then taken over by the Out of Hours Service.

There were 10 patients accommodated at the time of the inspection. We were informed that admissions to the ward had been limited due to staff recruitment issues.

Dolgellau and Barmouth District Hospital

Dolgellau and Barmouth District Hospital was opened in 1929.

The hospital itself provides the following services:

- A minor injuries unit open from 8.00 am to 8.00 pm, 7 days a week
- Physiotherapy Unit
- Occupational Therapy Unit
- Speech Therapy
- Dietetics
- Home from Home Maternity Unit
- Outpatient Department
- X- ray Facilities
- Chiropody Services
- Dental Services.

The hospital also provides a base for the GP out of hours service.

Cader ward is a 20 bed ward. A consultant geriatrician provides medical cover for the majority of the beds with a small number being managed by local GPs.

There were 18 patients accommodated at the time of this inspection.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received on both wards. Patients 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 areas. We saw staff attending to patients in a calm and reassuring manner. The environment on both wards was clean and tidy.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of three questionnaires were completed by patients on Cader ward and three by patients on Dyfi ward. We also spoke with patients on both wards during the inspection. Comments from patients on Dyfi ward included the following:

"Staff are all extremely kind and always very friendly."

"Staff are very helpful and are very quick to help out whenever asked."

Comments from patients on Cader ward included the following:

"The staff are really helpful and always polite."

"The staff are very polite and very good to me."

Staying healthy

We found that patients were involved in the planning and provision of their own care, as far as was possible. However, this was not always reflected in the care planning documentation. 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 during meal times so as to ensure adequate nutritional and fluid intake. However, where deemed appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals. Relatives were also encouraged to participate in other aspects of patient care and a Carers' Passport¹ scheme was in operation on the wards.

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.

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. However, we saw little evidence of arranged activities taking place on the wards and suggested that more could be done to stimulate patients.

The Butterfly² scheme was in operation on both wards, whereby butterfly symbols were used to identify patients with a diagnosis of dementia or cognitive impairment who required additional support or a different approach to the provision of care. However, we found its application to be inconsistent across the two wards.

¹ This is a way of identifying relatives of patients who are regarded as their main carers so that they too can be supported and enabled to visit at almost any time to assist with feeding, dressing or just keeping patients company.

² The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

The Robin scheme³ was also in operation on both wards whereby volunteers attend the wards to spend time talking with patients and engaging them in various activities. The wards had also signed up to John's Campaign⁴ which enables extended visiting rights for family carers of patients with dementia in hospitals in the United Kingdom.

We found that more could be done on both wards to make the environment more dementia friendly and to encourage independence e.g. pictorial signage. We also recommended that handrails be fitted to the corridor area on Dyfi ward to promote independence by assisting patients when mobilising.

Improvement needed

Patients' involvement in the planning and provision of their own care should be reflected in the care planning documentation.

More could be done to stimulate patients through the provision of one to one and group activities.

Measures should be taken to ensure that the Butterfly scheme is applied consistently across both wards.

Measures should be taken to improve the environment on both wards to make them more dementia friendly and to encourage independence.

Handrails should be fitted to the corridor area on Dyfi ward to promote patients' independence.

Dignified care

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

³ <http://www.wales.nhs.uk/sitesplus/861/page/66609>

⁴ <http://johnscampaign.org.uk/>

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients 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. Patient hygiene daily logs were being used to assist with this.

The environment on both wards was generally 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.

Patient information

Bilingual health promotion information for patients and their families/carers was displayed and available on the wards.

A Patient Status at a Glance board (PSAG)⁵ was located on both wards. Both boards were located in a discreet area within the nurses' station and were designed so that the information could be covered when not in use to ensure patient confidentiality.

We suggested that the PSAG boards include details of patient estimated discharge dates to support timely planning and ensure patients' safe discharge back into the community. This would ensure that patients and families have definite goals in terms of discharge planning and would assist them in securing any support required.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their

⁵ The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

As previously mentioned, some staff on both wards were Welsh speaking, thus ensuring that patients were able to receive care in a language of their choice.

Translation services could be accessed should patients wish to communicate in other languages other than English or Welsh.

Timely care

We found that there were generally good assessment and care planning processes in place on both wards.

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.

We found that there were generally 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. We were informed that two patients had been on the wards for over 9 months. These delays were, in the main, due to a lack of suitable social care provision.

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wished to be cared for with the use of What Matters to Me⁶ assessment documentation. However, we found the use of these documents to be inconsistent.

⁶ A structured conversation between professionals and service users to determine what they value most and how they wish to be cared for.

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. However, as previously mentioned, this was not always recorded in the care documentation. Patients 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 also saw that patients were 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.

Improvement needed

Measures should be set in place to ensure that What Matters to Me assessments are undertaken and that supporting documentation is completed on admission.

People's rights

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.

During the inspection, the doors leading into Dyfi ward 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 using a swipe-card. The main doors leading on to Cader ward were unlocked at the time of the inspection.

Deprivation of Liberty Safeguards (DoLS)⁷ referrals were made as required.

⁷ DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

Listening and learning 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 and we were told by staff that the number of complaints received about the service on both wards were few and far between.

There was a formal complaints procedure in place which was compliant with Putting Things Right⁸. Information about how to make a complaint was available in leaflet form on both wards. However, we recommended that Putting Things Right Posters be displayed in prominent areas within both wards to better highlight how people can raise concerns. We also suggested that a comments box and response slips be made available on both wards to enable patients and visitors to express their views about the service provided.

Improvement needed

Putting Things Right Posters should be displayed in prominent areas within both wards to better highlight how people can raise concerns.

Consideration should be given to providing a comments box and response slips on both wards to enable patients and visitors to express their views about the service provided.

⁸ 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.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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 wards were generally clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place. However, we found that some elements of medication management required addressing.

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

Safe care

Managing risk and promoting health and safety

We found both wards to be adequately maintained and systems were in place to report environmental hazards that required attention and repair. Dyfi ward, being located in a comparatively recently constructed extension to Tywyn hospital, was spacious, light, well decorated and furnished to a high standard. Cader ward, being located within an older building, was in need of refurbishment in some areas.

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.

Preventing pressure and tissue damage

We saw that staff 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 ulcers.

We found that a patient's consent had not been sought and recorded on the care file when photographs of their pressure areas had been taken on Cader ward.

Improvement needed

Patients' consent should be sought and recorded on the care file when photographs of their pressure areas are taken.

Falls prevention

From examination of a sample of individual care files, we found that assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response. However, we found that falls risk assessments needed to be undertaken on a more regular basis on Dyfi ward.

Improvement needed

Falls risk assessments should be undertaken on a more regular basis on Dyfi ward.

Infection prevention and control

There was a comprehensive infection control policy in place on both wards and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

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.

On Dyfi ward, we found dust on some of the bed curtain rails and behind some of the radiators. Disposable curtains were not being used routinely. We also noted that the cleaning manual on Dyfi ward required reviewing and updating in order to reflect practice.

Improvement needed

Measures should be taken to ensure that staff on Dyfi ward routinely clean bed curtain rails and behind the radiators.

Consideration should be given to using disposable curtains/screens around beds to reduce the risk of cross infection.

The cleaning manual on Dyfi ward should be reviewed and updated in order to reflect practice.

Nutrition and hydration

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 saw that drinks were readily available and within reach of patients. However, the health board should consider providing a range of utensils to

assist those patients who are physically frail or those with cognitive impairment in maintain their independence, such as coloured plates⁹.

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. However, we found that the use of nutritional and fluid intake and output charts was inconsistent across both wards.

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. Patients told us that the food was very good.

Improvement needed

The health board should consider providing a range of utensils to assist those patients who are physically frail or those with cognitive impairment in maintain their independence.

Medicines management

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 an unhurried way, taking time to ensure that patients were able to take their medication without becoming anxious or distressed.

A pharmacist visited the wards twice a week to 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.

⁹ Coloured plates have been proven to encourage patients with dementia to eat more.

We found that the temperature to be high within the treatment room where medication was stored on Cader ward. We also found that the fridge temperatures on Cader ward were not being monitored and recorded on a daily basis. Measures must be taken to ensure that medication is stored appropriately and within the temperature parameters set out in Royal Pharmaceutical Society guidance and by the medicine manufacturers.

We found, on both wards, that medication no longer in use, which included some controlled drugs, was not being disposed of in a timely fashion.

We found that oxygen was being administered to a patient on Dyfi ward when this had not been formally prescribed.

We found that the cardiac arrest trolley on Cader ward required checking on a regular basis to ensure that all equipment is in working order and drugs are available and within expiry dates.

Improvement needed

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.

Measures must be taken to ensure that medication is stored appropriately and within the temperature parameters set out in Royal Pharmaceutical Society guidance and by the medicine manufacturers.

Medication no longer in use must be disposed of in a timely fashion.

Oxygen must only be administered when prescribed.

The contents of the cardiac arrest trolley on Cader ward should be checked on a regular basis to ensure that all equipment is in working order and drugs are available and within expiry dates.

Safeguarding children and adults at risk

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues on either ward at the time of the inspection.

Blood management

We were told that staff on Cader ward administered blood transfusions. One staff member told us that they would benefit from further training on blood transfusion.

Improvement needed

Ensure that staff are given adequate training on blood transfusion in order to ensure and maintain competency and patient safety.

Effective care

Safe and clinically effective care

There was evidence of multi disciplinary working between the nursing and medical staff. Consultant clinics were held on Cader ward every month to six weeks with GPs conducting ward rounds every Monday, Thursday and Friday. However, we were informed that, although Dyfi ward was a GP managed ward, the doctors only attended when requested to do so by ward staff. It was felt that the GPs could be more proactive in this respect by conducting regular ward rounds.

We found that there was an effective handover process in place between staff shifts. This meant that there was a 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.

Pain assessment tools were being used on both wards. However, we found gaps in some records on Dyfi ward.

We also saw that care bundles, linked to the National Early Warning Scores (NEWS)¹⁰ system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness or sepsis.

We found that there were generally good care planning systems and processes in place. We found that the care planning took account of patients' views on how they wished to be cared for. However, daily progress evaluations were not always reflective of patients' strengths and needs as detailed in the care plans.

Improvement needed

The health board should encourage GPs to be more proactive in terms of their support of patients on Dyfi ward.

Measures must be set in place to ensure that pain assessment tools are being updated regularly and consistently.

Information governance and communications technology

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

Through examination of training records, we confirmed that staff had received training on information governance.

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

¹⁰ NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

Record keeping

We viewed a sample of patient care notes and found them to be generally well maintained. We saw that health care assistants completed care evaluation notes on Cader ward. However, entries were not always countersigned by the registered nurses.

Care files on Cader ward were organised. However, care files on Dyfi ward were disorganised and difficult to navigate.

As previously mentioned patients' social history and preferences were identified and recorded within What Matters to Me documents.

We found that the ward managers conducted monthly audits of care records to ensure accuracy and adherence to health board policies and procedures.

Information was kept out of sight on Dyfi ward to maintain confidentiality. However, we highlighted the need for the trolleys containing patient case notes on Cader ward to be locked when not being used to maintain confidentiality.

Improvement needed

Registered nurses must countersign when health care assistants have completed care evaluation notes.

Reorganise care files on Dyfi ward to make them easier to navigate.

Ensure that trolleys containing patient case notes on Cader ward are locked when not being used to maintain confidentiality.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Overall, we found good management and leadership on ward level with staff commenting positively on the support that they received from the ward managers.

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.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the health board focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Staff and resources

Workforce

We found friendly, professional staff teams on both wards 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 informed that the health board were actively recruiting nursing staff. However recruitment remains challenging within the national context of nurse shortages, necessitating initiatives reaching overseas to secure registered nurses.

During our inspection we distributed HIW questionnaires to staff working on both wards to find out what the working conditions are like, and to understand their views on the quality of care provided to patients on the ward or in their department.

In total, we received four completed questionnaires from staff working on Cader ward and five completed questionnaires from staff working on Dyfi ward. Staff completing the questionnaires undertook a range of roles on the wards and had worked at the hospital ranging from a few months to more than 20 years.

Your Professional Development

All staff indicated in the questionnaires that they had undertaken a wide range of training or learning and development while at the hospital. The only training that most staff on Cader ward told us that they hadn't completed in the last 12 months was around dementia/delirium.

All staff members, apart from one on Cader ward, who completed a questionnaire said that the training or learning and development they complete helps them to do their job more effectively, that it always helps them to stay up to date with professional requirements, and always ensures that they deliver a better experience for patients.

Five staff members on Dyfi ward and only two of the four staff members on Cader ward, who completed a questionnaire, said that they have had an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in these meetings, staff members told us in the questionnaires that their manager supported them to achieve these needs.

We found, during discussions with staff, that there were good informal, day to day staff supervision and support processes in place on both wards. However, additional pressures on both ward managers meant that formal support, supervision and appraisal processes had lapsed of late. This was partly due to

the ward managers having to cover the Minor Injuries Units located within both hospitals and also covering staffing shortfalls by working hands-on on the ward. The health board must continue to monitor the staffing levels on both wards and take steps to ensure that the wards are adequately staffed at all times, and ensure that the ward managers are given sufficient time and necessary support in order to fulfil their administrative and managerial responsibilities.

Patient care

In the questionnaires, staff were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. Most of the staff who completed a questionnaire generally agreed that in the department, patient's privacy and dignity is maintained, that patient independence is always promoted and that patients and/or their relatives are involved in decisions about their care.

Staff on both wards indicated in the questionnaires that they weren't always able to meet all the conflicting demands on their time at work, and told us that there are not always enough staff at the organisation to enable them to do their job properly.

A staff member of Dyfi ward provided the following feedback in the questionnaires about the resources at the hospital:

"Immediate Manager frequently has to give up management days to help on ward or cover the Minor Injuries Unit".

Staff members, on both wards, felt that they usually have the adequate materials, supplies and equipment to do their work. The majority of staff members who completed a questionnaire said that they were always able to make suggestions to improve the work of their team or department and told us that they are always involved in deciding on changes introduced that affects their work area, team or department.

The majority of staff, on both wards, felt that they were usually, or always, satisfied with the quality of care they give to patients.

Your organisation

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. Most staff members, on both wards, who answered these questions, felt that the organisation is usually supportive, but didn't think that front line professionals who deal with patients are that empowered to speak up and take action when

issues arise in line with the requirements of their own professional conduct and competence.

Most staff, on both wards, who completed this set of questions in the questionnaire, thought that the health board does have access to the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings, and that there is a culture of openness and learning with the health board that supports staff to identify and solve problems.

Three of the four staff members on Cader ward and four of the five staff on Dyfi ward, who completed a questionnaire, told us that the organisation always encourages teamwork.

All staff members on Cader ward and all but one staff member on Dyfi ward, who completed a questionnaire, strongly agreed that care of patients is the organisation's top priority, and agreed that the organisation acts on concerns raised by patients. Staff members who completed a questionnaire also agreed that they would recommend the organisation as a place to work, and that they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

Staff members on Dyfi ward provided the following comments about their organisation in the questionnaires:

“The local community is so lucky to have a place like this where they know loved ones will be cared for in a dignified and caring way.”

“This hospital has always been very close to my heart, we work as a very close team, patient care and support. I always try to give 100%.”

Patient / service user experience measures

The majority of staff members, on both wards, who completed a questionnaire, knew that patient experience feedback (e.g. patient surveys) was collected within their directorate or department. Staff members also said that they received regular updates on the patient experience feedback and felt that patient experience feedback is used to make informed decisions within their directorate or department.

Your immediate manager

Staff were asked questions in the questionnaire about their immediate manager, and the feedback received was very positive. All staff members, on both wards, agreed that their manager always encourages those that work for them to work as a team and that their manager was always supportive in a personal crisis.

All staff members, apart from one on Cader ward, told us in the questionnaires that their managers always give clear feedback on their work, always ask for their opinion before decisions were made that affect their work, and could always be counted on to help them with a difficult task at work.

One staff member on Cader provided the following feedback in the questionnaires about their manager:

“My ward manager has inspired me to achieve my goals, always motivates me and is always helpful. She has made a lot of changes to the ward for the better and is always looking to improve and considers staff in the decision.”

One staff member on Dyfi ward provided the following feedback in the questionnaire about their manager:

“Good working relationship with your Manager is important to me, and knowing at end of the day that person is always there if you need to speak to them for help or support.”

Senior managers

All staff members, on both wards, who completed a questionnaire, reported that they always knew who the senior managers were in the organisation. Two of the four staff members, on Cader ward, who completed a questionnaire, thought that senior managers were always committed to patient care.

Staff on both wards felt that communication was generally effective between senior management and staff, but felt that senior managers didn't always involve staff in important decisions, or act on staff feedback.

Most staff members who completed a questionnaire said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

Your health, well-being and safety at work

Staff were asked in the questionnaires whether they agreed or disagreed that in general, their job was good for their health. Staff on Cader ward gave a mixed

response whilst all five on Dyfi ward all agreed that it was. One staff member on Dyfi ward provided the following comment in the questionnaire:

“I have worked here for many years and I always feel very proud when any patients say special thanks to me or one of my colleagues. It boosts up your morale to face another hard day.”

One staff member of Cader ward provided the following comment in the questionnaire:

“Occasionally stressful due to shortages.”

All staff members agreed that their immediate manager takes a positive interest in their health and well-being, but did not agree or disagree about whether their organisation takes positive action on health and well-being.

All staff on Dyfi ward told us in the questionnaires that they have not seen errors, near misses or incidents in the last month that could have hurt staff or patients. However, staff on Cader ward told us in the questionnaires that they have witnessed errors, near misses or incidents in the last month that could have harmed patients. All such incidents were reported by either the staff member or their colleague. In relation to this question, one staff member on Cader ward commented:

“Medication errors/misses.”

The majority of staff who completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents, and agreed that when they are reported, the organisation would take action to ensure that they do not happen again. We saw documented evidence, in the form of performance reports, confirming that medication errors were being highlighted and dealt with appropriately.

Staff on Cader ward, who completed a questionnaire, generally agreed that the organisation treats staff who are involved in an error, near miss or incident fairly, and that the organisation would treat any error, near miss or incident that is reported, confidentially and would not blame or punish people who are involved in errors, near misses or incidents. However, staff on Dyfi ward were undecided about whether the organisation treats staff who are involved in an error, near miss or incident fairly. Staff on Dyfi ward also indicated that, while they felt the organisation would treat any error, near miss or incident that is reported confidentially, they weren't sure whether the organisation would blame or punish the people who are involved in errors, near misses or incidents.

Staff, on both wards, told us in the questionnaires that they were informed about errors, near misses and incidents that happen in the organisation and are given feedback about changes made in response to such incidents.

Raising concerns about unsafe clinical practice

All five staff members on Dyfi ward and two of the four staff members on Cader ward, who completed a questionnaire, said that if they were concerned about unsafe clinical practice they would know how to report it. Most staff who completed a questionnaire indicated that they would feel secure raising concerns about unsafe clinical practice, but only one staff member, on Cader ward, felt confident that their organisation would address their concerns.

Most of the staff who completed a questionnaire felt that their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

The responses given by staff in the questionnaires suggested that no staff members had personally experienced discrimination at work from patients or from their manager, team leader or other colleagues.

It was positive that, throughout the inspection and at the feedback session, the staff on both wards were receptive to our views, findings and recommendations.

Improvement needed

The health board must continue to monitor the staffing levels on both wards and take steps to ensure that the wards are adequately staffed at all times and ensure that the ward managers are given sufficient time and necessary support in order to fulfil their administrative and managerial responsibilities.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified and escalated during this inspection.			

Appendix B – Immediate improvement plan

Hospital: Tywyn Memorial Hospital
and Dolgellau and Barmouth District Hospital

Ward/department: Dyfi Ward and Cader Ward

Date of inspection: 28 and 29 November 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate improvements were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: [Tywyn Memorial Hospital
and Dolgellau and Barmouth District Hospital]

Ward/department: [Dyfi Ward and Cader Ward]

Date of inspection: [28 and 29 November 2017]

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
[Patients' involvement in the planning and provision of their own care should be reflected in the care planning documentation.]	[1.1 Health promotion, protection and improvement]	[New documentation has been introduced which includes the 'What Matters' template. This document is used to ascertain what is important to the individual and what outcomes they wish to achieve, this in turn will inform the basis of the care plan. Completion is monitored on a monthly basis]	[Ward Manager]	[April 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale
[More could be done to stimulate patients through the provision of one to one and group activities.]		[Dementia support workers have been employed in Tywyn Hospital and Dolgellau Hospital is in the process of appointing]	[Matron]	[March 2018]
[Measures should be taken to ensure that the Butterfly scheme is applied consistently across both wards.]		[This will form part of the dementia support worker role]	[Ward Manager]	[April 2018]
[Measures should be taken to improve the environment on both wards to make them more dementia friendly and to encourage independence.]	[]	[An environmental audit of both wards has been completed and work is ongoing to achieve the recommended changes Hand rails to be installed in Tywyn Hospital Signage and decor in Dolgellau Hospital Installation of LED daylight units along main corridor Completion of a dementia activities room in Dolgellau Hospital]	[Matron, Estates department and Administrator]	[June 2018]
[Handrails should be fitted to the corridor area on		[As above]	[Estates Department]	[May 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale
Dyfi ward to promote patients' independence.]				
[Measures should be set in place to ensure that What Matters to Me assessments are undertaken and that supporting documentation is completed on admission.]	[6.1 Planning Care to promote independence]	[New documentation has been introduced which includes the 'What Matters' template. This document is used to ascertain what is important to the individual and what outcomes they wish to achieve, this in turn will inform the basis of the care plan. Completion is monitored on a monthly basis]	[Ward Manager]	[April 2018]
[Putting Things Right Posters should be displayed in prominent areas within both wards to better highlight how people can raise concerns.]	[6.3 Listening and Learning from feedback]	[Completed]	[]	[]
[Consideration should be given to providing a comments box and response slips on both wards to enable patients and visitors to express their views about the service provided.]		[Comment Card Boxes are on order for both hospitals]	[Matron]	[March 2018]

Delivery of safe and effective care

Improvement needed	Standard	Service action	Responsible officer	Timescale
[Patients' consent should be sought and recorded on the care file when photographs of their pressure areas are taken.]	[2.2 Preventing pressure and tissue damage]	[Matron will be discussing this issue with staff at team meetings]	[Matron]	[April 2018]
[Falls risk assessments should be undertaken on a more regular basis on Dyfi ward and falls safety crosses should be completed in line with current guidance.]	[2.3 Falls Prevention]	[This is reviewed each month in the ward to board quality audit Peer reviews are completed each quarter and the area is establishing a community falls group]	[Ward Manager]	[April 2018]
[Measures should be taken to ensure that staff on Dyfi ward routinely clean bed curtain rails and behind the radiators.]	[2.4 Infection Prevention and Control (IPC) and Decontamination]	[Cleaning of bed curtain rails is included in the C4C assessments which are undertaken monthly Radiators – this is included in the estates department annual programme of work, and has been actioned following the HIW visit]	[Estates and Facilities]	[April 2018]
[Consideration should be given to using disposable curtains/screens around beds to reduce the risk of cross infection.]		[A review of infection prevention issues at Tywyn over the last 12 months has shown that there were no patients requiring isolation admitted. There are also 6 single rooms available should an infectious patient be admitted.]	[Matron]	[March 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Advice has also been sought from the Senior Infection Prevention nurse]		
[The cleaning manual on Dyfi ward should be reviewed and updated in order to reflect practice.]		[The HB has implemented the 90 day Safe Clean Care programme with a new cleaning manual.]	[Deputy Head of Nursing]	[March 2018]
[The health board should consider providing a range of utensils to assist those patients who are physically frail or those with cognitive impairment in maintain their independence.]	[2.5 Nutrition and Hydration]	[A selection of utensils is available and further advice sought form the dietetic and occupational therapy departments]	[Matron]	[March 2018]
[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.]	[2.6 Medicines Management]	[This has been discussed as an area team, a policy is already in place, however the number of individuals assessed as having capacity to undertake this is considered small. Advice and guidance sought from medicines management nurse]	[Matron]	[May 2018]
[Measures must be taken to ensure that medication is stored appropriately and within the temperature parameters set out in Royal Pharmaceutical Society guidance and by the		[Completed in Dolgellau Hospital. Options available being discussed with the Estates team]	[Matron and Estates department]	[March 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale
medicine manufacturer.]				
[Medication no longer in used must be disposed of in a timely fashion.]		[Completed]	[Pharmacy]	[]
[Oxygen must only be administered when prescribed.]		[A memorandum has been sent to the GP cluster lead reminding GPs to prescribe oxygen]	[Matron]	[February 2018]
[The contents of the cardiac arrest trolley on Cader ward should be checked on a regular basis to ensure that all equipment is in working order and drugs are available and within expiry dates.]	[]	[Completed]	[]	[]
[Ensure that staff are given adequate training on blood transfusion in order to ensure and maintain competency and patient safety.]	[2.8 Blood management]	[Staff in Tywyn Hospital have attended training in Bronglais on the 13 th February 2018 and this is being arranged for staff in Dolgellau Hospital.]	[Ward Manager]	[April 2018]
[The health board should encourage GPs to be more proactive in terms of their support of patients on Dyfi ward.]	[3.1 Safe and Clinically Effective care]	[]	[GP Cluster lead]	[April 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale
[Measures must be set in place to ensure that pain assessment tools are being updated regularly and consistently.]		[This is monitored each month via the ward to board audits]	[Ward Manager]	[April 2018]
<p>[Registered nurses must countersign when health care assistants have completed care evaluation notes.</p> <p>Reorganise care files on Dyfi ward to make then easier to navigate.]</p>	[3.5 Record keeping]	<p>[Matron is discussing and reminding both ward managers that all records must be countersigned</p> <p>Ward manager will review the files with Matron]</p>	[Matron]	[March 2018]
[Ensure that trolleys containing patient case notes on Cader ward are locked when not being used to maintain confidentiality.]		[Completed]	[]	[January 2018]
Quality of management and leadership				
[The health board must continue to monitor the staffing levels on both wards and take steps to ensure that the wards are adequately staffed at all times and ensure that the ward managers are given sufficient time and necessary support in order to fulfil their administrative and managerial	[7.1 Workforce]	[A review of staffing at community hospitals is being led by the Area Director of Clinical Care. Specific parameters will be developed to include management time for the ward manager. A review of the staffing	[Area Director of Clinical Care]	[May 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale
responsibilities.]		establishment will be undertaken for both sites]		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): [Lowri Welnitschuk]

Job role: [Assistant Director of Nursing West]

Date: [20.03.2018]