

Hospital Inspection (Unannounced)

Twymyn Ward, Machynlleth Community
Hospital, and Graham Davies Ward,
Llanidloes War Memorial Hospital,
Powys Teaching Health Board

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Twymyn Ward, Machynlleth Community Hospital and Graham Davies Ward, Llanidloes War Memorial Hospital, within Powys Teaching Health Board on 30 and 31 July 20219.

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and two lay reviewers (one in each ward). 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

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

We found good management and leadership on both wards with staff commenting positively on the support that they received from the ward managers.

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:

- Staff engagement
- Dignified care
- Patient and carer information
- Environment
- Provision of food
- Palliative care suite on Graham Davies ward
- Infection prevention and control
- Management overview and visibility of managers
- Staff support and supervision.

This is what we recommend the service could improve:

- Person centred care plans
- Patient care files
- DOLS assessment documentation
- Policy for the use of thickening agent
- Fluid balance charts

- Use of personal protective equipment and hand washing between patients
- Some elements of staff training
- Some elements of medication management.

3. What we found

Background of the service

Powys Teaching Health Board provides healthcare services across Powys, mid Wales. It is a rural health board with around 133,000 people living across an area that is a quarter of the area of Wales. It provides services through General Practitioners (GPs) and other primary care services, community hospitals and community services.

Machynlleth Community Hospital is located in the town of Machynlleth, and Twymyn Ward comprises of 14 beds and offers medical and rehabilitation services. Medical services are provided by GPs based at Glantwymyn Health Centre.

Llanidloes War Memorial Hospital is a community hospital located in the town of Llanidloes, Powys, mid Wales. Graham Davies Ward comprises of 14 beds and offers medical and rehabilitation services. At the time of the inspection only seven beds were in use. Medical services are provided by General Practitioners from Llanidloes practices.

There were 10 patients on Twymyn ward and seven patients on Graham Davies ward at the time of the inspection.

Both wards are well supported by a multidisciplinary team which incorporates Physiotherapy, Occupational Therapy, Dietetics, Speech and Language Therapy, Parkinson's Specialist Nurse, Respiratory Nurse Speciality, Tissue Viability, Incontinence Nurse Specialist, Mental Health Team and Social Workers.

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 both wards.

We saw staff attending to patients in a calm and reassuring manner.

The environment on both wards was well maintained, clean and tidy.

During the inspection we distributed HIW questionnaires to patients and carers on both Twymyn and Graham Davies wards to obtain their views on the standard of care provided to patients at the hospital. A total of 15 questionnaires were completed (six from Twymyn and nine from Graham Davies ward). We also spoke to patients on both wards during the inspection.

All of the patients who completed a questionnaire had been on the wards for more than a week.

Patients rated the care and treatment provided during their stay on both wards as excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients who completed a questionnaire also agreed that staff provided care when it was needed.

Patients on Graham Davies ward commented:

"Patient feels ward is very friendly. Good choice of food"

“Nice and peaceful for recovery. Patients encouraged to go outside”

Staying healthy

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 during meal times, 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. Red trays were being used on both wards to highlight those patients who required additional support.

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.

The Butterfly¹ 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

¹ 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.

provision of care. However, we found the use of the butterfly symbol to be inconsistent on Twymyn ward. We discussed this with the ward manager who took immediate steps to remedy the situation.

We found that steps had been taken, on both wards, to make the environment more dementia friendly with pictorial signage provided to help patients to locate rooms, such as bathrooms and toilets.

The Red Robin scheme² (known as the Red Kite scheme in Powys), was in operation on Graham Davies Ward, whereby volunteers attend the wards to spend time talking with patients, and engaging them in various activities.

Dignified care

Patients who responded to the questionnaires, and those spoken with during the inspection visits, told us that staff on both wards were always polite and listened, both to them and to their friends and family. All of the patients who completed a questionnaire told us that staff called them by their preferred name.

We found that patients were treated with dignity, respect and compassion by the staff team on both wards. We also observed staff being kind and respectful to patients, and making efforts to protect patients' privacy and dignity when providing assistance with personal care needs in a discreet manner. 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.

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

There was a palliative care suite on Graham Davies ward which had been funded through donations and fund raising activities arranged by the hospital's League of Friends. The palliative care suite comprised of two well furnished and decorated single rooms, with direct access into the garden.

² <http://www.wales.nhs.uk/sitesplus/861/page/66609>

Patient information

Ample bilingual health promotion information for patients and their families/carers was displayed and available on both wards.

Patient Status at a Glance boards (PSAG)³ were in use on both wards. The boards were located in the nurses' office, which meant that information relating to patients was kept confidential.

Communicating effectively

There was a mix of Welsh and English speaking staff working on the wards, and all of the patients who completed a questionnaire told us that they were offered the option to communicate with staff in the language of their choice.

The majority of patients on Graham Davies ward, and a third of patients on Twymyn ward, who responded to questionnaires, told us that staff always talked to them about their medical conditions, and helped them to understand them.

Throughout our inspection visit, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

We were informed that translation services could be accessed should patients wish to communicate in other languages other than English or Welsh.

Timely care

The ward teams worked well with other members of the multidisciplinary 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.

³ The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

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, due in the main, to a lack of suitable social care provision.

All of the patients, on both wards, who completed a questionnaire told us that they had time to eat their food at their own pace, and agreed that staff would assist them to eat and drink if needed; patients agreed that water was always accessible.

A third of the patients who completed a questionnaire, told us that they were given a choice by staff about which method they could use, if they needed the toilet. In addition, they also agreed that when necessary, staff helped with their toilet needs in a sensitive way so they didn't feel embarrassed or ashamed.

The vast majority of patients who completed the questionnaire confirmed that they had access to a buzzer, and agreed that staff would come to them when they used the buzzer.

Improvement needed

The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.

Individual care

Planning care to promote independence

We found that the care planning process on both wards took account of patients' views on how they wished to be cared for. A My Life My Wishes⁴ document was being used routinely to capture some of this information on Graham Davies ward.

⁴ The 'My Life, My Wishes' document is for people with the mental capacity to make their own advance care decisions. A person with the mental capacity can make any decision they wish, even if others view that decision as unreasonable or unwise.

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 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, staff encouraged patients to walk and assisted 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 their dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

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.

We found that two patients were subject to Deprivation of Liberty Safeguards (DoLS)⁵ on Twymyn ward. However, the supporting documentation was not completed to an acceptable standard. No patients on Graham Davies ward were subject of DoLS. However, we identified a patient who may have required a mental capacity assessment, to determine if a DoLS application was required, and this was escalated to the nurse in charge of the ward for action.

Some staff on both wards had received DoLS training with further training scheduled.

⁵ 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.

Improvement needed

The health board must ensure that timely mental capacity assessments are completed for patients requiring a Deprivation of Liberties Safeguards application, and that all supporting documentation is completed to an acceptable standard.

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 low.

There was a formal complaints procedure in place, which was compliant with the NHS Wales Putting Things Right⁶ process. Putting Things Right leaflets were available on both wards, however, there were no Putting Things Right posters on display within Graham Davies ward. A comments box was available on Graham Davies ward as an additional means for patients and visitors to express their views on the service provided.

Improvement needed

The health board should ensure that Putting Things Right posters are displayed on Graham Davies ward.

⁶ 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 well maintained, 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 well-being and safety.

Safe care

Managing risk and promoting health and safety

We found both wards to be well maintained and systems were in place to report environmental hazards that required attention and repair.

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.

However, we found cleaning material, tubes of denture cleaning tablets and bottles of shampoo in areas where patients had access to, on Graham Davies ward. We also found an intravenous infusion set, with a bag of infusion fluid attached, (used for training purposes), in an unlocked store room on Graham Davies ward. We brought this to the attention of the nurse in charge who immediately removed the items.

Preventing pressure and tissue damage

We looked at a sample of care records on both wards (four on Graham Davies ward and five on Twymyn ward), and confirmed that pressure area 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. We found that the recording of pressure area damage could be improved on Graham Davies ward, through accurate recording of the pressure ulcer size.

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.

Improvement needed

The health board must ensure that staff routinely and accurately record pressure ulcer sizes.

Falls prevention

From examination of a sample of individual care files, we found that assessments were being undertaken on admission to the wards, to help reduce the risk of falls. Patients at risk of falls were identified through the use of yellow symbols above their beds. However, we found that reviews of initial falls risk assessments were not being undertaken routinely.

Improvement needed

The health board must ensure that patients' falls risk assessments are reviewed on a regular basis.

Infection prevention and control

All of the patients who completed a questionnaire felt that the wards were clean and tidy.

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 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. However, we observed a staff member on Twymyn ward attending to a patient's care needs without using appropriate PPE. We also found little evidence of staff undertaking hand washing in between patients on Twymyn ward.

Improvement needed

The health board must ensure that staff adhere to infection prevention and control policies and procedures at all times, and pay particular attention to the correct use of PPE and effective handwashing.

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.

We looked at a sample of care records and saw that monitoring charts were being used when required, to ensure patients had appropriate nutritional and fluid intake. However, we found that the use of fluid balance charts to record intake and output, was inconsistent on Graham Davies ward.

Patients' weights were being monitored regularly to contribute to the assessment of their nutritional and hydration state.

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 must ensure that fluid balance charts are completed consistently.

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. Staff administering medication on Graham Davies ward wore a red tabard, so that they were not disturbed or distracted during the process.

Medication administration records were seen to be generally well maintained. However, we found that controlled drugs were being checked by only one registered nurse instead of two on Graham Davies ward, and there were some gaps in the controlled drug checking register on both wards. In addition, we found a tub containing thickening agent, used to thicken drinks to reduce the risk of choking in some patients, in one patient's room that was not prescribed, not recorded on the medication administration chart, and had no patient identification label on it. There was guidance available to staff on the use of thickening agents but no policy in place.

Medication storage facilities were found to be appropriate. However, there was no thermometer available to record the temperature within the medication storage room on Graham Davies ward and the medication fridge temperatures were not being recorded consistently on Twymyn ward.

A pharmacy technician visited Graham Davies ward once a week and Twymyn ward three times a week to undertake medication checks and to offer guidance and support to staff. In addition, a pharmacist based at Bronglais Hospital in Aberystwyth visited both wards on a regular basis in order to undertake medication audits and offer guidance to staff.

None of the patients in receipt of care at the time of the inspection were self-medicating.

We found that the contents of cardiac arrest trolleys were checked on a regular basis and any items past their expiry date replaced

Improvement needed

The health board must :

- Review the practice where only one registered nurse checks the controlled drugs, to comply with local and national policies

- Ensure that staff maintain an accurate record, each time they check the controlled drugs
- Ensure that thickening agents are securely stored and produce a policy on the administration and storage of thickening agents
- Ensure that staff monitor and record the temperature daily, within the medication storage room and for the medication fridge.

Safeguarding children and adults at risk

There were 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 Graham Davies ward sometimes administered blood transfusions and that these were planned events, with blood being transported from Bronglais Hospital when needed. Some staff had received training in blood transfusion, and we were told that arrangements would be made for those staff members to be on duty when transfusions took place.

Medical devices, equipment and diagnostic systems

All equipment in use on the wards was checked on a regular basis to ensure that it is safe to use.

Effective care

Safe and clinically effective care

There was evidence of multidisciplinary working between the nursing and medical staff. Both wards were medically covered by General Practitioners (GPs) from local practices who attended the wards on a regular basis. Out of hours GP cover was provided by the Shropdoc out of hours service.

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. However, we found little evidence of formal pain assessment tools being used on both wards.

We found that there were generally good care planning systems and processes in place. The care planning took account of patients' views, on how they wished to be cared for. However, we found care plans to be generic in format although the care provided was person centred.

Improvement needed

The health board must:

- Ensure that formal pain assessment tools are being used on both wards
- Ensure that all care plans are person centred in format.

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.

Record keeping

We viewed a sample of patient care records and found them to be generally well maintained. However, care records on both wards required improvement in filing to make them easier to navigate.

Information was kept out of sight on both wards to maintain confidentiality. However, we highlighted the need for the trolleys containing patient records on Graham Davies ward, to be locked when not being used, to maintain confidentiality.

Improvement needed

The health board must ensure:

- improvements are made to the filing of care records on both wards, to ensure that they are easy to navigate
- That trolleys containing patient care records on Graham Davies ward are locked when not being used.

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.

We found good management and leadership on both wards 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. However, measures must be taken to ensure that the most up to date audit results are displayed on both wards for patients and visitors to see how the service is performing.

Regular staff meetings took place on both wards.

Improvement needed

The health board must ensure that the most up to date audit results are posted on noticeboards on both wards.

Staff and resources

Workforce

We found friendly and 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 was actively recruiting nursing staff. However, recruitment remains challenging within the national context of nurse shortages. Consequently, there was reliance on agency staff to cover some shifts on both wards. This may impact on the continuity and quality of patient care, when using temporary staff, who may not be familiar with the ward and local processes.

During the inspection we distributed HIW questionnaires to staff working on both wards. This was to establish what in their opinion, the working conditions are like, and to understand their views on the quality of care provided to patients on the ward or in their departments.

In total, we received nine completed questionnaires from staff working on Twymyn ward and six completed questionnaires from staff working on Graham Davies 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.

Most staff indicated in the questionnaires that they had undertaken mandatory learning and development, in areas such as, health and safety, fire safety and infection control in the last 12 months. A majority of staff had undertaken training for dementia, privacy and respect in the last 12 months. However, a minority said they had undertaken training on DoLS and Mental Health Act in the last twelve months.

Most staff that completed a questionnaire said that the training or learning and development they complete helps them to stay up to date with professional requirements, and ensures that they deliver a better experience for patients, and helps them to do their job more effectively.

Inspection of staff training records showed that further work is required to ensure that all staff have undertaken all mandatory training.

Most staff members who completed a questionnaire told us that they had an appraisal, annual review or development review of their work in the last 12 months. In addition, the majority said that their learning or development needs were identified in such meetings, and that their manager always supported them to achieve these needs.

Inspection of staff Performance, Appraisal and Development Review (PADR), records, showed that the documentation was not always fully completed, and in particular the 90 day review section of the PADR forms was not filled in on most records viewed.

Most questionnaire respondents said they were able to make suggestions to improve patient care, and the majority said they felt involved in decisions that were made that affected them.

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. Nearly all staff told us that they have adequate materials, supplies and equipment to do their work. However, most indicated that they are sometimes unable to meet all the conflicting demands on their time at work, although they felt generally satisfied with the quality of care they can give to patients. Around half of the staff felt that there were usually enough staff at the organisation to enable them to do their job properly.

All staff agreed in the questionnaires that the privacy and dignity of patients is maintained, and that patient independence is promoted, and they also felt satisfied with the quality of care they are able to give to patient. Nearly all staff agreed that patients and/or their relatives are always involved in decisions about their care.

Staff comments included:

“The team and Doctor work well to a high standard and even go out of their way to care for relatives in their time of need and also they care for one another”

“I can go home feeling I’ve delivered the high standard dignified care I want to deliver”

All staff who completed a questionnaire thought that the organisation encourages teamwork and is supportive. In addition, staff said that front line professionals

who deal with patients, are empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence.

Staff comments included:

“My manager is very supportive and encouraging”

“I feel the team here provide excellent care and would be happy for family/friends to receive care here.”

“Feel that we are a good team, help each other and think we provide excellent care.”

Nearly all questionnaire respondents said there was a culture of openness and learning within the health board, and it supports staff to identify and solve problems. All staff additionally thought that the health board has access to the right information to monitor the quality of care across all clinical interventions. Furthermore, all staff agreed that the care of patients is the organisation's top priority, and it acts on concerns raised by patients.

All of the staff who completed a questionnaire said they would recommend the organisation as a place to work, and they would be happy with the standard of care provided by the organisation, if a friend or relative needed treatment.

All but one of the staff members who completed a questionnaire told us that patient experience feedback, such as patient surveys was collected. Staff also said that they received regular updates on the feedback, and felt that the feedback is used to make informed decisions within their directorate or department.

Staff were asked about their immediate manager in the questionnaire, and the feedback received was positive. Staff members commented:

“Senior has always been supportive and goes well beyond her role to support all staff.”

“Does approach and discuss issues: also, very open to listening regarding being given updates/new information garnered 'as it happens'. Therefore, the manager is also kept in the picture of current status of ward.”

All staff members agreed that their manager encourages those that work for them to work as a team, can be counted on to help them with a difficult task at work, gives feedback, and is always supportive in a personal crisis.

Nearly all staff felt that their managers ask for their opinion before decisions were made that affect their work, and can always be counted on to help them with a difficult task at work.

All staff who completed a questionnaire reported that they know who the senior managers are in the organisation, and there is effective communication between senior management and ward staff. Most staff also said that senior managers regularly involve staff in important decisions and act on staff feedback.

Two thirds of the questionnaire respondents said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

Most staff members agreed that their immediate manager took a positive interest in their health and well-being, and that their organisation took positive action on health and well-being.

Two thirds of the staff told us in the questionnaires that they had seen errors, near misses or incidents in the last month that could have hurt staff and around one third said they had seen errors, near misses or incidents that could have hurt patients. All staff agreed that the organisation encourages them to report errors, near misses or incidents, and that it treats staff who are involved in an error, near miss or incident, fairly.

All staff indicated that the organisation would treat any reported error, near miss or incident, confidentially, and few felt that the organisation would blame or punish those who are involved in such incidents.

When asked in the questionnaire if they were concerned about unsafe clinical practice, would they know how to report it, and all said they would. Staff also told us that they would feel secure raising concerns about unsafe clinical practice, and felt confident that their organisation would address their concerns once reported.

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

Improvement needed

The health board must ensure that:

- Staff receive DoLS and Mental Health Act training and undertake all other elements of mandatory training

- Staff PADR documentation is fully completed, and in particular the 90 day review section
- Consideration is given to the less favourable staff responses in the HIW questionnaire, particularly noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.

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, measurable, 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
We found the use of the butterfly symbol to be inconsistent on Twymyn ward.	Not using butterfly symbols to identify patients with a diagnosis of dementia or cognitive impairment could result in staff not supporting or treating the patient appropriately which, in turn, could lead to the patient become distressed or anxious.	We discussed this with the ward manager.	Immediate steps were taken to ensure that butterfly symbols were used appropriately.
We found an intravenous infusion set, with a bag of infusion fluid attached, (used for training purposes), in an	The infusion set and fluid could be accidentally used to treat a patient, and as a	We brought this to the attention of the nurse in charge of the ward.	The items were removed.

unlocked store room on Graham Davies ward.	consequence could cause harm.		
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Appendix B – Immediate improvement plan

Hospital: Machynlleth Community Hospital

Ward/department: Twymyn Ward

Date of inspection: 30 July 2019

and

Hospital: Llanidloes War Memorial Hospital

Ward/department: Graham Davies Ward

Date of inspection: 31 July 2019

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 assurance issues 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: Machynlleth Community Hospital

Ward/department: Twymyn Ward

Date of inspection: 30 July 2019

and

Hospital: Llanidloes War Memorial Hospital

Ward/department: Graham Davies Ward

Date of inspection: 31 July 2019

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				
The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.	5.1 Timely access			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that timely mental capacity assessments are completed for patients requiring a Deprivation of Liberties Safeguards application, and that all supporting documentation is completed to an acceptable standard.	6.2 Peoples rights			
The health board should ensure that Putting Things Right posters are displayed on Graham Davies ward.	6.3 Listening and Learning from feedback			
Delivery of safe and effective care				
The health board must ensure that staff routinely and accurately record pressure ulcer sizes.	2.2 Preventing pressure and tissue damage			
The health board must ensure that patients' falls risk assessments are reviewed on a regular basis.	2.3 Falls Prevention			
The health board must ensure that staff adhere to infection prevention and control policies and procedures at all times and pay particular attention to the correct use of personal	2.4 Infection Prevention and Control (IPC) and Decontamination			

Improvement needed	Standard	Service action	Responsible officer	Timescale
protective equipment and effective handwashing.				
The health board must ensure that fluid balance charts are completed consistently.	2.5 Nutrition and Hydration			
The health board must review the practice where only one registered nurse checks the controlled drugs, to comply with local and national polices.	2.6 Medicines Management			
The health board must ensure that staff maintain an accurate record each time they check the controlled drugs.				
The health board must ensure that thickening agents are securely stored and produce a policy on the administration and storage of thickening agents.				
The health board must ensure that staff monitor and record the temperature daily, within the medication storage room and for the medication fridge.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that formal pain assessment tools are being used on both wards.	3.1 Safe and Clinically Effective care			
The health board should ensure that all care plans are person centred in format.				
The health board must ensure that improvements are made to the filing of care records on both wards, to ensure that they are easy to navigate.	3.5 Record keeping			
The health board must ensure that trolleys containing patient are records on Graham Davies ward are locked when not being used.				
Quality of management and leadership				
The health board must ensure that the most up to date audit results are posted on noticeboards on both wards.	Governance, Leadership and Accountability			

Improvement needed	Standard	Service action	Responsible officer	Timescale
Staff must receive DoLS and Mental Health Act training and undertake all other elements of mandatory training.	7.1 Workforce			
The health board must ensure that all staff undertake all elements of mandatory training.				
Staff PADR documentation must be fully completed, and in particular the 90 day review section.				
Consideration should be given to the less favourable staff responses in the HIW questionnaire, particularly noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.				

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: