

**Dignity and Essential Care  
Inspection (unannounced)  
Cardiff and Vale University  
Health Board – Rookwood  
Hospital – Ward 7 and 8  
Neurological Rehabilitation**

**18 and 19 June 2014**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in Ward 7 and 8 (neurological rehabilitation), at Rookwood Hospital, part of the Cardiff and Vale University Health Board (C&VUHB) on 18<sup>th</sup> and 19<sup>th</sup> June 2014.

Our inspection considers the following issues:

- Quality of the Patient Experience
- Delivery of the Fundamentals of Care
- Quality of Staffing Management and Leadership
- Delivery of a Safe and Effective Service

## 2. Methodology

HIW's 'Dignity and Essential Care Inspections', review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

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

- Information held to date by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the Health Board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. These inspections may point to wider issues about the quality and safety of essential care and dignity.

### 3. Context

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists and optometrists is also the responsibility of the Board. Additionally, it serves a wider population across South and Mid Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

Cardiff and the Vale Health Board includes nine hospitals and seventeen health centres including the University Hospital of Wales (UHW) which is a major 1000-bed hospital situated in the Heath district of Cardiff. UHW is a teaching hospital of Cardiff University School of Medicine. Constructed between 1963 to 1971, at a cost of £22 million, it was Europe's first fully integrated hospital and medical school. The hospital was officially opened in 1971 and is the third largest University Hospital in the UK and the largest hospital in Wales.

Ward 7 and 8 neurological rehabilitation is a 22 bedded ward with two 11 bedded wings. Each wing contains one 10-bedded ward; and one single room which are used for patients requiring closer observation, or those with possible infections. The ward specialises in neurological rehabilitation and has a large proportion of patients with brain injury.

## 4. Summary

Overall we found that the environment of ward 7 and 8 (neurological rehabilitation) was challenging, with areas below expected standard due to the age of the estate, layout of the ward and refurbishments which are planned but as yet to be fully implemented. However, we observed that staff delivered good care despite the environment and patients told us the environment was friendly and staff allowed a degree of personalisation of bed areas such as patient family photographs, posters and own drinking mugs.

The service caters for patients with acquired brain injury and by the nature of their condition and complex needs some patients were resident on the ward for a long period for both care and rehabilitation, for example a number of years.

We observed the multi disciplinary staff team providing skilled care to meet patients' individual communication, physical and emotional needs while accounting for sometimes challenging symptoms of brain injury.

We found that the multi disciplinary staff team worked effectively to involve patients family and carers in their ongoing care and assisted with training to support future discharge home including acclimatising family and carers to the equipment, routine and care skills to enable this to happen, therefore we observed a high standard of dedicated movement towards discharge planning based on individual patient requirements.

Staff were aware of the need to protect the privacy and dignity of all patients and had measures in place to ensure that this happened. We observed a number of very positive interactions between staff and patients during the inspection.

We concluded that although there was a high standard of privacy, dignity and person centred care observed the environment in which the staff delivered this was not ideal and patients and families would benefit from a more appropriately designed facility with this patient group in mind.

We felt that the nursing staff met the required standards of nursing care and staff were clear how to escalate if problems arose. The main issue identified related to a period of limited leadership due to the recruitment process for a new ward sister. We felt it may be beneficial to review the balance of multi disciplinary staffing levels and skills mix to provide for both the rehabilitation and the changing needs of the patient group.

We identified that patients on this neurological rehabilitation ward have limited access to specialist physiotherapy services and patients would benefit from more physiotherapists on the ward. We identified environmental challenges of the ward due to its location within an old building requiring refurbishment. The access for patients to call buzzers was inconsistent. We found inconsistent adherence with the All Wales Infection Prevention and Control Guidance.

Overall, we were satisfied that there is attention paid by the ward staff to delivering a safe service to patients, taking into account the environmental challenges of the ward.

## 5. Findings

### Quality of the Patient Experience

**Overall we found that patients felt the quality of their experience whilst on this ward was high. Generally feedback was positive on staff attitude and the way in care was provided and they felt that their dignity and privacy was respected during their stay. Patients made a number of suggestions on how their experience could be improved further and the Health Board should consider how these can be captured on an ongoing basis.**

During our inspection we spoke to a number of patients and relatives and offered the opportunity to patients and relatives to complete a feedback questionnaire.

Generally patients agreed that the ward was clean. They felt that staff were polite and friendly and that communication was good.

When asked about their care, respondents were generally satisfied overall with the way in which care was provided and felt they were listened to and involved in decisions about their care including plans for planning for future discharge, phased discharge options, and goals to reach to work towards full discharge.

Patients who were able use their own tablet computers were pleased to have access to Wi-Fi. We also observed patients taking part in group activities led by a physiotherapist. However, as detailed in promoting independence, some patients told us they would like more mental stimulation activities on the ward and suggested “bingo”.

One or two respondents did express a degree of dissatisfaction at not always being listened to regarding what they felt works for their relative, however they made positive comments about the staff on ward 8 being more proactive at assisting independence. A selection of the comments received are highlighted below:

*“Ward 8 is a very exciting ward, just ask for what is needed and you will get all help wanted”*

*“They are fantastic”*

*“There should be more buzzers on the ward.”*

## ***Delivery of the Fundamentals of Care***

**Staff were aware of the need to protect the privacy and dignity of all patients and had measures in place to ensure that this happened. We observed a number of very positive interactions between staff, relatives and patients during the inspection and staff displayed a good rapport with all patients.**

**It was also evident that some environmental factors need attention. These included:**

- **Appropriate facilities are not available for staff to hold sensitive and private conversations with patients and relatives**
- **The ward was untidy with a large amount of equipment and clutter stored throughout the ward**
- **The outside/ garden area required clearing to ensure there are no hazards for patients**
- **The ward layout was not conducive for clear observation by staff for all patients particularly those at the far end of the ward. However, the staff have a system of ensuring regular observation of all patients**

## **Communication and Information**

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

**In general patients and relatives felt that they were communicated with effectively in a manner sensitive to their needs. We observed a good standard of personalised communication and information which included family and carer involvement through a system of key link staff member and goal planning meetings.**

Generally patients and most relatives felt that they were listened to, and had a key link staff member who was available to direct any questions. Patients and families felt they had involvement in care planning and treatment choices were good and that they understood the care and treatment being provided.

We observed staff communicated appropriately and displayed good communication with patients with brain injury. Staff were able to access specialist services to support patients unique communication needs for example access to psychology advice. Our review of a number of records showed patients are assessed by psychologists to advise of particular needs and changes to needs at various intervals.

We noted that staff had access to a good range of translation facilities through an agency and through switchboard contact numbers.

We observed good communication with patients and relatives including an example of involvement of patients and relatives in a multi-disciplinary discussion about their care and treatment.

### **Respecting People**

*Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.*

**Overall it was clear that the attitude of the staff was generally of a high standard and staff were aware of the need to protect the privacy and dignity of all patients. We observed a number of very positive interactions between staff, patients and relatives. However the health board should provide appropriate facilities for staff to hold sensitive and private conversations with patients and relatives.**

We found that patients were spoken to in a calm and courteous way and patients we were able to speak to reported that they were very happy with the way that staff approached and spoke to them.

We were informed by relatives that staff provided feedback and assisted relatives with decision making regarding future discharge.

During treatment, we noted an instance where curtains were not fully closed when treating a patient and another where a patient's notes were left open on a table next to their bed and it was possible for these to be seen by others.

***The Health Board must ensure patient dignity is maintained at all times and curtains are fully closed during care or treatment and notes are not left on display.***

We observed a number of interactions with patients which were undertaken in a particularly sensitive manner and demonstrated empathy. We also observed staff continuing to be friendly and polite with patients who required a lot of attention.

However, there were a number of environmental issues which compromised the ability of staff to ensure patients and relatives received consistent dignity and privacy. There was no fully private and comfortable room for providing sensitive information to patients and/or relatives and for breaking bad news. Staff noted that currently they may have to use the patients' day room with a risk of interruption or to ask staff to vacate their offices.

***The Health Board should ensure that appropriate facilities are available for staff to hold sensitive and private conversations with patients and relatives.***

### **Promoting Independence**

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

**In general patients were encouraged to regain as much independence as their medical condition could allow. However, there is scope to improve the multi disciplinary team approach to include further focus on more rapid rehabilitation aimed at discharging patients from the ward to home or other suitable community environment in accordance with patients and family wishes.**

We observed where possible patients who were able to were sitting in their chairs as well as in beds. Those able to walk were also observed walking around the ward.

There was a large day room available for the use of patients with various board games, books a large television and tables available. Families were encouraged to use the day room with patients, for example we observed a family mealtime.

Patients were occupied with activities such as reading books and crosswords. Patients had access to Wi-Fi and were able to use their own tablet computers to watch television. However staff and patients reported they would benefit from the provision of mental stimulation such as structured group activities to encourage routines they would have been accustomed to outside of hospital, for example Bingo.

***The Health Board should consider how it could provide a greater range of activities that provide patients with both mental and physical stimulation.***

### **Relationships**

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

**We have not made any recommendations against this standard.**

Visiting hours are in place and displayed on the ward, although arrangements are made to accommodate individual patient and relatives circumstances.

Families are encouraged to participate in daily routines with their loved ones and we observed patients families attending mealtime with their families.

### **Rest, Sleep and Activity**

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

**We have made one recommendation regarding the provision of adequate linen supply for the needs of the ward.**

Staff paid attention to individual patient need in relation to sleep and rest. We observed efforts by staff to ensure all patients used headphones for watching individual televisions or listening to the radio on the ward in order to avoid disruption to other patients.

Patients we spoke to did not report any concerns or problems and were able to rest at will throughout the day or night.

Staff reported that clean linen was delivered once a week, however at times the amount of linen delivered was not adequate and staff encountered difficulties obtaining additional supplies from other wards.

***The Health Board must ensure that the ward has an adequate stock of linen available at all times.***

### **Ensuring Comfort, Alleviating Pain**

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

**We have not made any recommendations against this standard.**

Staff were observed being attentive to the individual needs of the patients taking into consideration communicative challenges and assessing levels of pain. Pain scores were recorded where appropriate dependent on the needs of the individual patients.

Nursing staff use intentional rounding to regularly observe patients and patients have a named nurse who provides pain medication when required. Patients and relatives are able to discuss pain medication with the nurses at any time.

We observed that all patients appeared to be in a comfortable position in bed.

Patients we spoke to reported that when they experienced pain they received adequate pain relief.

## **Personal Hygiene, Appearance and Foot Care**

*People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.*

**Patients appeared well cared for, but we identified issues with linen storage and suitability of one of the bathrooms.**

Patients on the ward appeared generally well cared for and were washed, clean and where patients preferred, shaven. Relatives are supported by nursing staff to provide personal care and patients are able to use their own belongings.

The majority of patients were highly dependent on nursing care and we observed patient needs being met appropriately.

The nursing staff had access to chiropody and dental services to aid personal care.

One of the shower rooms on ward 7 contained appropriate equipment however staff reported the room was too small to accommodate the number of staff required to undertake manual handling.

***The Health Board should consider the space requirements within the shower room and ensure it meets the needs of the patient group.***

## **Eating and Drinking**

*People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.*

**Patients nutritional needs were met however we have identified one issue with preparation for mealtime.**

Our documentation review demonstrated that patients' nutritional needs are assessed and where patients required, monitoring of food intake. All Wales Food Charts were in place and we observed real-time documentation of food intake.

Patients able to drink independently have ready access to fluids. Their water was replaced regularly throughout the day and on request. The water jugs were within reach and hot drinks were also available regularly on request. Patients requiring assistance to drink were observed being helped.

We observed good interaction between nursing staff and patients at mealtimes. Patients were observed being given appropriate assistance to eat and staff were observed regularly encouraging patients to eat, fetching an alternative

meal choice. However we observed meal time was not guided by a specific member of nursing staff, patients were not prepared for mealtimes before the meal trolley arrived and were not offered hand wipes/ washing prior to their meals.

***The Health Board must ensure patients are offered hand wipes or washing prior to mealtimes and prepared to avoid unnecessary delays in providing patients with their meals.***

Staff kept a stock of fruit, biscuits and cake for patients available on request. For patients whose condition did not allow for solid meals medically assisted nutrition was provided and monitored.

Protected mealtimes are established on the ward and during mealtimes relatives were encouraged to attend and interact, maintaining a home routine where possible.

### **Oral health and hygiene**

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

**We have not made any recommendations against this standard.**

Patients were assessed by a dentist and dental technician on admittance and a care plan agreed with nursing staff. Where necessary staff clean teeth for patients and where patients are able they are encouraged to do this themselves.

The dentist visits the ward regularly to re-assess patients needs.

Patients who had dentures were provided with an individual denture pot which had their name on for safe storage of dentures.

We observed mouth care being provided by relatives as well as staff.

### **Toilet Needs**

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

**Patients were well-cared for and supported and were able to use their toileting method of choice. We have made a recommendation concerning patient access to emergency buzzers in the ward bathroom facilities.**

Our review of documentation showed that the continence needs of patients are being assessed.

Patients stated that they were offered a choice of toilet method and patients reported they did not have to wait too long for assistance.

For patients confined to bed who were highly dependent nursing staff provided regular rounding which paid attention to patients toilet needs.

We found toilet facilities to be clean, tidy and all had emergency assistance buzzers. However, in one toilet the pull cord for the emergency buzzer was found to be too far away from the toilet if a patient needed to use it.

***The Health Board must ensure emergency buzzers within toilet facilities are within easy reach of patients.***

### **Preventing Pressure Sores**

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

**We have not made any recommendations against this standard.**

We saw evidence of, and use of, a pressure area assessment recorded in two different documents. A pressure area assessment and was undertaken on admission.

Staff reported that they had two patients with grade 1 pressure areas and nursing documentation detailed how these areas were assessed regularly and appropriate pressure area care applied.

The skin bundle was being applied and there was evidence of pressure area care carried out during intentional rounding.

We also observed safety crosses being used on the ward to communicate with the public the ward's performance on the quality indicator of the incidence of pressure areas.

## ***Quality of Staffing Management and Leadership***

**We felt that the nursing staff met the required standards of nursing care and staff were clear how to escalate if problems arose. The main issue identified related to a period of limited leadership due to the recruitment process for a new ward sister. We felt it may be beneficial to review the balance of multi disciplinary staffing levels and skills mix to provide for both the rehabilitation and the changing needs of the patient group.**

The guiding principles for nurse staffing issued by the Chief Nursing Officer for Wales state that on a medical ward during the day there should be no more than seven patients allocated to each registered nurse. Although staffing on the day of our inspection appeared to be adequate, we observed potential for patient dependency to change due to their complex needs and staff reported they would wish to see an increased number of nurses to account for the changing acuity of patients within this specialist neurological rehabilitation ward.

***The Health Board should undertake a review of the current staffing levels to ensure adequacy given the complex nature of the patient group.***

We were informed that there had been no permanent ward sister for a period of time. However, a new appointment has been made and in the interim period the ward sister from an adjacent ward was covering the role. We observed this appeared to result in a lack of constant senior leadership to provide a clear coordination role for staff during the inspection.

There was an open culture on the ward and the senior nurses were visible throughout the inspection. However staff reported at times there was limited senior nurse visibility as the ward did not have a ward sister in post and provision was provided from an adjacent ward.

All staff we spoke to felt they could escalate problems to the senior nurses, and were aware of the relevant clinical policies and procedures in place and had access to various training modules for these via online learning tools

Staff we spoke to were aware of safeguarding adults policies and procedures and the health board structure for further advice. The ward had access to psychology services that undertook any required mental health capacity assessments and reviewed these as necessary.

There was a clear professional accountability structure in place: a nurse was in charge and each nurse had allocated patients for whom they were responsible. The healthcare support workers were working under the direction of the registered nurse.

Senior staff had a good understanding of the complaints system and provided examples of how they communicated with relatives who had concerns. At all

times relatives were encouraged to raise any concerns with staff who were empowered by senior staff to openly provide information. Each patient had a named nurse which enabled continuity of real time information. Relatives provided positive feedback about the named nurse system and continuity of care.

## ***Delivery of a Safe and Effective Service***

*People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.*

**We identified that patients on this neurological rehabilitation ward have limited access to specialist physiotherapy services and patients would benefit from more physiotherapists on the ward. We identified environmental challenges of the ward due to its location within an old building requiring refurbishment. The access for patients to call buzzers was inconsistent. We found inconsistent adherence with the All Wales Infection Prevention and Control Guidance. Overall, we were satisfied that there is attention paid by the ward staff to delivering a safe service to patients, taking into account the environmental challenges of the ward.**

### **Access to Multi-Professional Services**

We noted that there is a limited availability of physiotherapist time due to staff shortages in this area and staff reported they could not provide all things to all patients due to the current availability.

Staff we spoke to and our review of patient documentation confirmed that the ward has good access to most specialist services including a dentist, psychologist, tissue viability nurse, and diabetes nurse.

***The Health Board should review the physiotherapy requirements of the patient group and establish if additional provision is required.***

### **Environment**

We found the overall environment is old, tired and some areas require refurbishment. We were informed a programme of modernisation and refurbishment has been planned and will start once contractors have been appointed. The current ward layout poses an observational challenge for nursing staff who are aware of the challenges and address this by ensuring extra attention is paid to areas of the ward which are more challenging to observe and patients in these areas are assessed as being at lower risk.

The ward contained a large amount of clutter and equipment which we observed domestic and nursing staff bumping into and moving around in order to navigate their way through the ward.

***The Health Board should ensure when equipment is not in use it is stored appropriately so it does not clutter the ward.***

We found the sluices to be untidy and the ward had a number of items which had been condemned and required disposal. Some of the items had been reported to estates three months previously however had still not been removed from the ward and disposed of.

***The Health Board must ensure condemned items are disposed of promptly in accordance with the All Wales Infections Prevention and Control Policy.***

We noted patient information boards were located in an area which was a main thoroughfare for the ward and contained useful information for relatives such as the named nurse. However, the boards also contained patient sensitive information such as patient mobility which should not be visible to all relatives entering the ward.

***The Health Board must ensure the appropriate placement of patient sensitive information.***

There was an enclosed garden available which patients could use and staff felt this was an asset to the ward. However, we noted the garden was cluttered with trip hazards for patients with reduced mobility.

***The Health Board should undertake an assessment of the suitability of the garden for patient use and ensure it is cleared of any trip hazards.***

### **Cleanliness and Hand Hygiene**

We did not undertake a cleanliness spot check, however our general observations of cleanliness practice concluded that at times the standard of cleaning was inconsistent. Not all areas were thoroughly cleaned by moving equipment to reach all corners, for example. We observed full linen bins containing soiled linen being moved from one ward area to another. This is not consistent with good infection prevention and control practice. We also observed that a table was left un-cleaned following a lunch in the day room.

We observed inconsistent compliance with the disposal of a used syringe which, following use, was left unattended at a patient's bedside.

We observed inconsistent compliance with hand hygiene, and observed the disposal of used gloves with inappropriate use of a foot operated bin using a bare hand to open the bin not the foot pedal.

***The Health Board must ensure adherence with the All Wales Infection Prevention and Control Guidance.***

## **Patient Safety**

We found a number of patients did not have access to buzzers in order to call for assistance and one patient told us they had to call out loudly to alert nursing staff, however once called nurses attended quickly.

***The Health Board must ensure all patients have access to a buzzer.***

We noted that not all staff present on the ward were wearing name badges or other forms of official identification.

***The Health Board should ensure that all staff wear visible identification for safety purposes and are actively challenged where this is not visible.***

## 6. Next Steps

The Health Board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit their Improvement Plan to HIW within two weeks of the publication of this report.

The Health Board Improvement Plan should clearly state when and how the findings identified within Ward 7 and 8 at Rookwood Hospital will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments/ units of the Health Board.

The Health Boards Improvement Plan, once agreed, will be published on Health Inspectorate Wales website and will be evaluated as part of the ongoing Dignity and Essential Care inspection process.

**Appendix A**

**Dignity and Essential Care: Improvement Plan**

**Hospital: Rookwood Hospital**

**Ward/ Department: Ward 7 and 8 Neurological Rehabilitation**

**Date of inspection: 17<sup>th</sup> and 18<sup>th</sup> June 2014**

Finding	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>			
<b>Delivery of the Fundamentals of Care</b>			
<p>During treatment, we noted an instance where curtains were not fully closed when treating a patient and another where a patient's notes were left open on a table next to their bed and it was possible for these to be seen by others.</p> <p>The Health Board must ensure patient dignity is maintained at all times and curtains are fully closed during care or treatment and notes are not left on display.</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>We noted that there was no fully private and comfortable room for providing sensitive information to patients and/or relatives and for breaking bad news. Staff noted that currently they may have to use the patients' day room with a risk of interruption or to ask staff to vacate their offices.</p> <p>The Health Board should ensure that appropriate facilities are available for staff to hold sensitive and private conversations with patients and relatives.</p>			
<p>Patients reported that they would like to be provided with more mental stimulation in the form of group game activities such as Bingo. Some staff reported patients would benefit from the provision of more mental stimulation such as structured group activities to encourage routines they would be accustomed to outside of hospital.</p> <p>The Health Board should consider how it could provide more structured mental activities as well as physical activities.</p>			
<p>Staff reported that clean linen was</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>delivered once a week, however at times the amount of linen delivered was not adequate in order to provide a consistent stock for the week and staff would have to try and obtain additional supplies of linen from other wards which was difficult.</p> <p>The Health Board must ensure that the ward has an adequate stock of linen available at all times.</p>			
<p>We found one of the shower rooms on ward 7 contained appropriate equipment however was small and staff reported the room was inadequate to accommodate the number of staff required to undertake manual handling.</p> <p>The Health Board should consider the space requirements within the shower room and ensure it meets the needs of the patient group.</p>			
<p>We observed meal time was not guided by a specific member of nursing staff; patients were not prepared for mealtimes before the meal trolley arrived and were not offered hand wipes/ washing prior to their meals.</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>The Health Board must ensure patients are offered hand wipes or washing prior to mealtimes and prepared to avoid unnecessary delays in providing patients with their meals.</p>			
<p>We found the pull cord for the emergency call buzzer in one toilet to be too far away from the toilet if a patient needed to use it.</p> <p>The Health Board must ensure emergency buzzers within toilet facilities are within easy reach of patients.</p>			
<p><b>Quality of Staffing Management and Leadership</b></p>			
<p>The guiding principles for nurse staffing issued by the Chief Nursing Officer for Wales state that on a medical ward during the day there should be no more than seven patients allocated to each registered nurse. Although staffing on the day of our inspection appeared to be adequate, we observed potential for patient dependency to change due to their complex needs and staff reported they would wish to see an increased number of nurses to account for the changing acuity of patients within this specialist neurological rehabilitation ward.</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>The Health Board should undertake a review of the current staffing levels to ensure adequacy given the complex nature of the patient group.</p>			
<p><b>Delivery of a Safe and Effective Service</b></p>			
<p>We noted that there is a limited availability of physiotherapist time due to staff shortages in this area and staff reported they could not provide all things to all patients due to the current availability.</p> <p>The Health Board should review the physiotherapy requirements of the patient group and establish if additional provision is required.</p>			
<p>The ward contained a large amount of clutter and equipment which we observed domestic and nursing staff bumping into and moving around in order to navigate their way through the ward.</p> <p>The Health Board should ensure when equipment is not in use it is stored appropriately so it does not clutter the ward.</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>We found the sluices to be untidy and the ward had a number of items which had been condemned and required disposal. Some of the items had been reported to estates three months previously however had still not been removed from the ward and disposed of.</p> <p>The Health Board must ensure condemned items are disposed of promptly in accordance with the All Wales Infections Prevention and Control Policy.</p>			
<p>We noted patient information boards were located in an area which was a main thoroughfare for the ward and contained useful information for relatives such as the named nurse. However, the boards also contained patient sensitive information such as patient mobility which should not be visible to all relatives entering the ward.</p> <p>The Health Board must ensure the appropriate placement of patient sensitive information.</p>			
<p>There was an enclosed garden available which patients could use and staff felt this</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>was an asset to the ward. However, we noted the garden was cluttered with trip hazards for patients with reduced mobility.</p> <p>The Health Board should undertake an assessment of the suitability of the garden for patient use and ensure it is cleared of any trip hazards.</p>			
<p>We found the practice of cleaning and hand hygiene did not consistently meet the All Wales Infection Prevention and Control Standards. We observed not all areas were thoroughly cleaned, full bins containing soiled linen were moved from one ward area to another, and a used syringe was left unattended at a patient's bedside.</p> <p>The Health Board must adhere to the All Wales Infection Prevention and Control Standards.</p>			
<p>We found a number of patients did not have access to buzzers in order to call for assistance.</p> <p>The Health Board must ensure all patients have access to a buzzer.</p>			

Finding	Health Board Action	Responsible Officer	Timescale
<p>We noted that not all staff present on the ward were wearing name badges or other forms of official identification.</p> <p>The Health Board should ensure that all staff wear visible identification for safety purposes and are actively challenged where this is not visible.</p>			

**Health Board Representative:**

**Name (print):** .....

**Title:** .....

**Signature:** .....

**Date:** .....