

Dignity and Essential Care Inspection (unannounced)

Betsi Cadwaladr University
Health Board, Ysbyty Eryri,
Padarn and Peblig Ward

11 and 12 December 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Padarn and Peblig Ward at Ysbyty Eryri, part of Betsi Cadwaladr University Health Board on the 11th and 12th December 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 by HIW

Conversations with patients, relatives and interviews with staff

Discussions with senior management within the health board

Examination of a sample of patient medical records

Scrutiny of policies and procedures which underpin patient care

General observation of the environment of care and care practice

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

3. Context

Betsi Cadwaladr University Health Board (BCUHB) is currently the largest health organisation in Wales, providing a range of primary, community, mental health and acute hospital services. It serves a population of around 676,000 people across the six counties of North Wales, namely Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, as well as some parts of mid Wales, Cheshire and Shropshire.

BCUHB is responsible for three district general hospitals: Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital. There are also 18 other acute and community hospitals across North Wales, which includes Ysbyty Eryri, Lôn Parc, Caernarfon, Gwynedd, LL55 2YE.

Ysbyty Eryri was originally built in 1913. The services include outpatient clinics, physiotherapy and speech therapy departments, a conference room and two inpatient wards, mainly providing rehabilitation services for older people discharged from Ysbyty Gwynedd.

We inspected both inpatient wards during this inspection. These were: Padarn Ward, providing care for up to 20 female patients and Peblig Ward for up to 14 patients, including eight male patients and up to six male/female palliative care patients who were nursed in single en-suite rooms. At the time of this inspection two beds were not being utilised on Padarn Ward due to staff shortage, which BCUHB were attempting to address through staff recruitment drives.

4. Summary

All the patients and relatives indicated they were happy with the treatment received at Eryri Hospital and that the staff were kind and caring.

We observed that staff treated patients respectfully; they were courteous and attentive to patients' needs. We saw noteworthy practice, including the facilities to assist patients regain their independence, the communication books used with patients and the assistance provided with patients' personal and continence care.

We have however made recommendations for the health board to consider a wider range of communication methods suitable for patients with additional needs, and to ensure that written communication is up to date.

Although there were set visiting times we saw that there was flexibility for relatives to visit outside these times and to stay overnight when in the best interest of the patient. Generally we observed that the ward provided a suitable environment in which patients could rest and sleep during the day.

Conversations with patients indicated that their personal hygiene needs were being met. We observed that patients looked well presented and cared for. Patients had a good choice of meals and the meal time was not rushed. We have recommended improvements in the mealtime co-ordination and, in relation to Peblig Ward, that the recording of pain management, fluids and meals consumed by patients is improved.

We saw that patients' assessment included any support they required with oral health and continence care and there was evidence that patients were being well supported in these areas. Patients were treated with dignity by being assisted to the toilet, thereby not requiring to use the commode behind the curtains by their bedside. A review of documentation demonstrated that every effort is made to prevent from developing pressure sores.

Scrutiny of assessment and care planning records demonstrated excellent recording by nursing and healthcare staff. We have recommended improvements to therapy records, which was specifically in relation to one staff member.

Patients did not have easy access to the complaints procedures and the leaflet we saw was out of date. We have therefore recommended that an up to date complaints procedure is made available.

At the time of our inspection work was in progress to review the overall management structure for Eryri Hospital and HIW will be notified of the outcome in due course.

Whilst we saw that the staff were kind and caring with patients and the delivery of care was good, the staffing levels were not always adequate to provide the level of rehabilitation care required for the patients. HIW issued an immediate assurance letter to the local health board immediately after the inspection. This was in relation to staffing levels and staff training. The local health board's response to address these matters is currently being followed up by HIW.

We observed a medication round on Padarn ward during the inspection and overall found evidence of safe and effective medication procedures. We have recommended improvements relating to the audit of controlled drugs and medication administration records.

There was evidence that regular audits were being undertaken at ward level and the audit results were displayed within the ward for patients and staff to see.

5. Findings

Quality of the Patient Experience

All the patients and relatives indicated they were happy with the staff and treatment received in Eryri Hospital.

We spoke with several patients on Padarn and Peblig wards during the inspection and obtained eight completed HIW patient questionnaires. Many patients expressed additional positive comments such as:

“staff are lovely, patient and understanding. Dr’s are lovely, you can ask them anything”

“all [staff] very nice and kind – not just to me but to everybody”

“staff here are excellent”

“staff go out of their way to make you feel comfortable”

Although staff were very busy there was a relaxed and welcoming atmosphere on the wards.

Ward areas were visibly clean and generally clutter free. We noticed that the space between some of the beds in the bays was limited and that some of the patients sat beside their bed were therefore sitting within close proximity of each other. Potentially this could compromise patients’ privacy and also be a trip hazard.

There was a day room on each ward and these rooms were pleasantly furnished and decorated. Each bay on the wards contained a TV and a large clock, enabling some degree of independence for patients. Other rooms were available within the hospital, however many of these rooms, such as a large room on Padarn ward, were not currently being used by patients.

Delivery of the Fundamentals of Care

We observed that staff treated patients respectfully; they were courteous and attentive to patients' needs. We saw noteworthy practice, including the facilities to assist patients regain their independence, the communication books used with patients and the assistance provided

We have however made recommendations for the health board to consider a wider range of communication methods for patients with additional needs, and to ensure that written communication is up to date.

Although there were set visiting times we saw that there was flexibility for relatives to visit outside these times and to stay overnight when in the best interest of the patient. Generally we observed that the ward provided a suitable environment in which patients could rest and sleep during the day.

Conversations with patients indicated that their personal hygiene needs were being met. We observed that patients looked well presented and cared for. Patients had a good choice of meals and the meal time was not rushed. We have recommended improvements in the mealtime co-ordination and, in relation to Peblig Ward, that the recording of fluids and meals consumed by patients is improved.

We saw that patients' assessment included any support they required with oral health and continence care and there was evidence that patients were being well supported in these areas. Patients were treated with dignity by being assisted to the toilet, thereby not requiring to use commodes. A review of documentation demonstrated that every effort is made to prevent from developing pressure sores.

A separate recommendation regarding staffing levels and training was made immediately after the inspection and this is discussed further in the Quality of Staffing, Management and Leadership section of this report.

Communication and information

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

We saw good examples of communication methods being used. Many of the patients spoke Welsh and we heard many of the staff speaking to them in Welsh. There were Welsh and English notices on each ward to promote effective communication skills. To aid communication with people whose speech had been affected following a stroke, individual patient books had been

created by the speech and language therapist, in consultation with the patient and their relatives.

A weekly ward round was held between the ward consultant, nursing staff and therapists. We observed part of a meeting on one of the days we inspected and saw that staff were discreet when discussing patient needs. Patients and relatives confirmed that they are involved in decisions about their treatment and discharge planning.

Facilities to promote patients' independence were limited. For example, there was no pictorial signage outside toilet and bathroom doors and there was no loop system at ward level for people with a hearing impairment, although we did see a hearing loop sign in reception on entrance to the hospital. We found that there was a good supply of hearing aids batteries for patients.

A range of information was displayed on entry to and on noticeboards within the wards. Some of this information, for example complaints procedure, was out of date. We requested that the information displayed in the leaflet racks were generally tidied up and that all the expired information was disposed of.

Recommendation

The health board should ensure that up to date information is available for patients.

The health board should consider implementing a wider range of communication methods, for example pictorial signage, for patients with additional communication needs.

We saw that buzzers were within reach of patients and patients told us that staff respond in good time after they have called for assistance.

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.

We observed staff being attentive to patients' needs and speaking with people in a warm and respectful manner. Patients told us that staff were kind and caring. Although staff were very busy we saw that care giving to individuals was unhurried. Nursing records clearly documented patients' individual abilities. Curtains were drawn around the bed to promote patients' privacy and dignity.

Promoting independence

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

We saw that patients were encouraged to retain as much independence as was possible within a hospital environment. There was a good supply of equipment such as walking aids; some of the physiotherapists' facilities were excellent and included a large gym room that housed a small kitchen area and various pieces of equipment to assess and promote patients' independence.

When needed, the therapists informed us that they undertake home visits with the patient prior to their discharge. During this time an assessment of the patient's home environment is undertaken and consideration given to any adaptations or equipment that may be necessary upon discharge.

At the time of our inspection we saw occupational and physiotherapist intervention with patients. However there was a general staff shortage in the therapy services and this meant that patients were not always receiving the full rehabilitation service, as assessed. Therefore patients' progress was potentially being delayed and their rehabilitation was not always being achieved as quickly as would otherwise be possible. We also noticed that, although the delivery of care was good, the nursing and health care staff were exceptionally busy during the morning period and we questioned whether the overall staffing levels were sufficient to maximise patients' potential for rehabilitation. Several of the staff members we spoke with indicated that the staffing levels were not always sufficient and at the busiest times they were concerned regarding the impact on patients' care and safety.

An immediate action letter regarding staffing levels and staff training was sent to the local health board immediately after the inspection. The health board has subsequently responded to HIW's improvement plan, which included increasing the staffing levels on Peblig Ward with immediate effect. Their overall response is currently being followed up by HIW.

Relationships

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

Visiting times were generally restricted to an hour during the early afternoon and an hour early evening. However, staff confirmed that there was flexibility for relatives to visit between these times. During our inspection we noticed relatives visiting within and outside of visiting hours.

We did not observe patients or relatives using the day rooms during our inspection. However, staff told us that these rooms are used occasionally, for example when patients and/or relatives want some privacy or quiet time away from the ward environment.

There are single occupancy en suite rooms on both wards. There is no designated room for relatives to stay overnight but staff told us that arrangements can be made to accommodate close relatives. We saw that a patient's relatives had stayed in a single room with the patient the night prior to our inspection.

There is no public telephone service for patients to use but the hospital's portable handset can be taken to the patient when their relatives phone, as we observed during the inspection.

Rest, sleep and activity

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

Generally we observed that the ward provided a suitable environment in which patients could rest and sleep during the day. We noticed that patients looked comfortable and alternated between their bed and chair during the day, according to their preference. Some patients were able to walk around independently in the ward and surrounding area.

There was plenty of bed linen and pillows for patients who wanted additional bedding and we noticed that patients had various amounts of pillows on their beds. Patients said they were not woken up too early in the morning.

Each bay had a television set and the sound was not too loud. A couple of patients had their own radio which again were on but did not sound distracting for other patients. We observed many patients reading the newspaper, which were being delivered to the ward daily by a voluntary organisation.

Ensuring comfort, alleviating pain

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

From our review of documentation we saw that whilst medication charts were routinely completed on both wards the use of pain assessment tools was inconsistent. The pain assessment documentation on Padarn Ward was good and there was written evidence that patients' pain was assessed and medication administered for pain relief accordingly. However, on Peblig Ward, whereas we observed a patient being asked if they wanted medication for pain, no documentation was completed and there was no recognised pain assessment on the patient record. We were informed that no specific pain assessment documentation was used on this ward, which meant that no documentary evidence was available to indicate how often staff were assessing patients' comfort and pain or whether they were monitoring that pain relief was in fact effective.

Recommendation

The health board should improve the system for monitoring patients' comfort and pain (Peblig Ward).

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.

Conversations with patients indicated that their personal hygiene needs were being met. We saw patients being assisted with their personal care during the morning and staff maintained their privacy and dignity throughout. We observed that patients who required assistance looked well presented and cared for. When necessary ward staff made arrangements to provide clothing and laundering of patients' clothes, as was confirmed by staff and one of the patients we spoke with.

We were informed by patients that a hairdresser visits the wards once weekly.

We did not undertake an inspection of foot care during this inspection.

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.

We observed a lunch time meal and saw that patients ate their meals by their bedside; the patient's table was cleared prior to the meals arriving. A hand wipe pack was provided for patients on Peblig ward prior to the mealtime but the staff member did not tell them what it was and did not offer to open the pack for patients. We noticed that most of these were left unopened. On Padarn ward the hand wipe was provided after the patients had finished their meal.

We saw the breakfast, lunch and tea menu for the following day. There was a selection of cold and hot main meals and deserts, which was freshly prepared and cooked for them in the hospital kitchen. The meals looked appetising and the portions were generally large; we were informed by the cook that smaller portions are served upon request or to patients who have been assessed as requiring smaller portions. We saw a list of patients' specialist dietary needs in the kitchen. Some patients required the assistance of a staff member at meal times and we observed staff engaging in conversation with them and taking their time for patients to finish their meal. We observed that the meal time was generally unrushed.

The red tray system, which is commonly used in care settings as a means of identifying patients who require assistance at mealtimes, was not in use at Eryri Hospital, although Padarn ward used a red lid on water jugs to identify patients who were on restricted liquid intake. Patients were provided with fresh water every morning but the water jugs were not routinely emptied and refreshed during the day. Patients told us that they are offered drinks throughout the day and we observed hot drinks being offered at various times during our inspection.

We noticed that, despite encouragement from a health care assistant one patient on Peblig Ward did not eat any of their lunch. When we checked the patient's record the following day we saw that the daily records for the lunch period we observed was inaccurate. The record had been completed by a different staff member and stated that the person had ate well. The patient's records contained a risk assessment for poor appetite but as there was no concerns regarding the person's weight we were informed that no food chart was being maintained for this patient. The daily records noted that the patient had been unsettled later that evening due to constipation and incontinence, which may have been exacerbated by the patient not having eaten much that day. We could not therefore be confident that patients' diet and nutrition was being adequately monitored on Peblig Ward and that the daily records were a true reflection of the meals consumed by patients.

Recommendation

Improve mealtime co-ordination, including hand washing facilities before meals, a system to identify patients who require assistance or who require restricted liquid intake.

Ensure that record keeping on Peblig Ward, specifically fluids and meals consumed by patients, is improved.

A stock of food is kept on the ward for when the kitchen closes over night.

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

From the documentation review we saw that patients' oral health was assessed on admission and we found evidence that less independent patients are assisted with their oral hygiene

A stock of toothbrushes and toothpaste were available for patients who did not have their own. Suitable containers were available for patients to store dentures.

Toilet needs

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

We saw that assessments included the patients' needs for toileting and continence care. We observed that patients were treated with dignity by being assisted to go to the toilet rather than having to use a commode by their bedside. The toilets and bathrooms were clean and uncluttered and contained suitable hand washing facilities and disposable paper towels to reduce cross infection.

A supply of continence products was available on the wards. We saw that products were being ordered specifically for the patient's individual needs following an assessment.

Patients' buzzers were placed within reach of their chair or bed and patients confirmed that staff usually respond when they call for help.

Preventing pressure sores

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

A review of documentation demonstrated that every effort is made to prevent patients from developing pressure sores. We saw that risk assessments were being completed and equipment, such as air mattresses, supplied accordingly for individual patients. The application of the All Wales SKIN bundle¹ was being regularly monitored and updated by staff to reduce the likelihood of patients developing pressure sores. These results were displayed on the noticeboard on each ward.

We felt that the practice of assisting people to the toilet, thereby encouraging patients to mobilise, was assisting in the prevention of skin damage.

A review of the documentation confirmed that staff were undertaking regular rounds (referred to as intentional rounding) of patients on the ward to reposition and relieve any pressure from being in bed or in the same position for a long time.

¹ SKIN bundle is a means of monitoring that patients receive the appropriate care to prevent skin pressure damage.

Quality of Staffing, Management and Leadership

Whilst we saw that the staff were kind and caring with patients and the delivery of care was good, the staffing levels was not always adequate to provide the level of rehabilitation care required. We therefore issued an immediate assurance letter to the local health board following the inspection, which included the staff training and development provision. Staffing levels have been subsequently increased by the health board and a timescale provided for staff to undertake training. The health board's overall written response to HIW is currently being followed up.

Scrutiny of assessment and care planning records demonstrated excellent recording by nursing and healthcare staff. We have recommended improvements to therapy records, which was specifically in relation to one staff member.

Patients did not have easy access to the complaints procedures and the leaflet we saw was out of date. We have therefore recommended that an up to date complaints procedure is made available.

At the time of our inspection work was in progress to review the overall management structure for Eryri Hospital and HIW will be notified of the outcome in due course.

Staffing levels and skill mix and professional accountability

At the time of our inspection two of the beds on Padarn Ward were not being utilised due to staff shortage. All the other 18 female beds were occupied and there were three staff nurses and three health care assistants providing care on this ward. The number of staff reduced to two nurses and one healthcare assistant at night. On the first day of our inspection there was no senior nurses/manager on this ward as they were both on leave; however we were informed that usually the manager or a senior would always be on shift during the day.

There were 14 patients on Peblig Ward with two registered nurses and two healthcare assistants and a nurse manager. At night the staff reduced to one nurse and one healthcare assistant.

Some of the staff told us that the staffing levels, especially on Peblig Ward, were low at night and that the staffing levels at weekends was also insufficient on this ward (comprising of two nurses or one nurse and the nurse manager and two healthcare assistants). Peblig ward was divided between two bays and a wing that included six single en suite rooms for patients who required

palliative or end of life care. During our inspection we saw that many of the patients on Peblig ward required a high level of care and assistance and that, at times, the ward manager and student nurses were supplementing the general nursing staff.

A couple of staff on Peblig Ward told us that on weekends they had additional responsibilities to update documentation, including care plans and checks for incontinence care, infection control, skin pressure and so on. These tasks would usually be undertaken by the ward manager or a senior, but as there is no senior on this ward these tasks were being undertaken by staff nurses and the ward manager (if on duty) at weekends.

In the last month we learned that there had been two serious incidents on Peblig Ward (during the night) resulting in two patients sustaining injuries following a fall. There was a further serious incident on this ward on the night between our inspection visits. We were informed by managers that frequent requests are made for additional staff members in accordance with patient needs. However there had been occasions when they were unable to obtain an additional staff member.

Although we observed caring interactions between staff and patients, we felt that patients' safety was being compromised by a combination of factors on Peblig Ward, including low staffing levels at nights and weekends, the layout of the ward and the high level/complexity of patient needs.

We discussed how these matters were escalated and we were informed that any concerns regarding staffing levels are fed through senior managers. From discussions with the locality manager we found that her role, in addition to the inpatient wards, included overseeing the management of various other services within the local health board. HIW discussed our concerns regarding the ward manager and locality manager's capacity to deal with staffing issues swiftly (due to their own demanding work commitments) which could result in added risks to patient safety, or to some matters being delayed or not being satisfactorily monitored and sustained.

HIW issued an immediate assurance letter to the health board following the inspection and we have subsequently been informed that staffing levels have been increased.

Effective systems for the organisation of clinical care

Both wards accept patients who have been transferred from Ysbyty Gwynedd. Peblig Ward also care for up to six palliative care patients and who are admitted from hospitals or directly from their home via a referral by the palliative care

team. Separate physiotherapy and occupational therapy facilities are available within the hospital building.

With the exception of one inaccurate mealtime record on Peblig Ward (as noted previously on page 11), scrutiny of other medical and nursing notes demonstrated excellent standard of recording by staff. Patients' care needs were clearly documented with regard to their wishes and preferences and associated risk assessments. There was some duplication however in that nurses were sometimes recording the same information in the patients' medical notes, nursing notes and daily records. We therefore suggested that some of this duplication be reduced whenever possible.

Whilst in general there were effective systems for the organisation of clinical care, we felt that this was limited as the staffing levels was not always sufficient to provide the full rehabilitative care that patients required. Some of the staff told us that the complexity of patient needs had increased but the general staffing levels had decreased. Many patients were transferred to Eryri following a stroke and one of the consultants linked to the ward specialised in stroke care. However the effectiveness of this service was being compromised by the current staffing levels and skill mix. Therefore some patients' recovery was potentially being delayed due to the staffing issues; indeed a couple of patients were not receiving the speech and language therapy in accordance with their assessed need. In the interim staff were doing the best they could to communicate effectively with the two patients and using the communication books that had been started by the speech and language therapist.

One of the therapists used a code to denote that they been unable to provide the full rehabilitation service allocated per patient. It was impossible therefore to ascertain how much rehabilitation care had been provided, if at all. We were informed verbally that some rehabilitative care had been provided but was short of the full time allocated. As the code was too ambiguous the manager agreed to instruct the therapist to cease using this with immediate effect and to note the actual time spent with the patient.

Recommendation

Ensure that record keeping by therapists accurately reflects the rehabilitation service, including duration, provided.

We were provided with a sample of team meeting notes. There were regular locality meetings (covering Eryri Hospital as a whole, the district nursing service and intermediate care team) but the Padarn and Peblig ward managers were not always able to attend these due to their day to day work commitments. The last management team specifically for Eryri Hospital was in January 2014 and we felt therefore that the focus on the inpatient services was not always being

effectively sustained. When we later spoke with some of the health board's managers we learned that work is in progress to review the overall management structure and service provision at Eryri Hospital.

Recommendation

Review the overall leadership and management to minimise the delays in following up the issues relating to the inpatient services at Eryri Hospital.

Review the longer term plans regarding the inpatient service provision at Eryri Hospital and ensure that the staffing levels and skill mix are adequate for this purpose.

Training and development

Our discussions with staff indicated that they had not received training to help them cater for patients' needs. For example no staff member had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards, dementia or stroke.

Mandatory training for some staff, including fire, manual handling, infection control, basic life skills and/or immediate life support, had lapsed. There were various reasons for this, including that some of the staff had cancelled training to ensure that shifts were covered; one course had been cancelled by the trainer and there had been difficulty in sourcing some training. The locality manager was therefore considering additional methods to address training needs, including training being delivered in-house and via e-learning courses.

Recommendation

An immediate action request in relation to training was issued by HIW immediately after the inspection. The health board has subsequently arranged further training for staff but their overall response is currently being followed up by HIW.

Handling of complaints and concerns

Senior staff told us that if they receive a concern or complaint they try to resolve these at ward level. All the concerns received are logged and forwarded to the central concerns team at Ysbyty Gwynedd.

We could not easily locate any information about the hospital's complaint procedures. We found an out of date complaints leaflet in a rack on entry to Peblig Ward which related to the previous health board. This meant patients and their relatives did not have easy or up to date access to written information

on how to make a complaint. We were provided with a copy of the local health board's complaint procedure and found that systems were in place for satisfactorily handling and responding to complaints.

Recommendation

Ensure that up to date information regarding the hospital's complaints procedure is made available to patients.

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.

HIW issued an immediate assurance letter to the local health board immediately after the inspection. This was in relation to staffing levels and staff training so that patients' health, safety and welfare are not compromised. HIW has been informed that staffing levels have subsequently been increased. The health board's overall response is currently being followed up by HIW.

We observed a medication round on Padarn ward during the inspection and overall found evidence of safe and effective medication procedures. We have recommended improvements relating to the audit of controlled drugs and medication administration records.

Risk management

Staff informed us that serious clinical incidents are reported via the Datix System². We saw evidence of review meetings that had been held to discuss serious incidents and subsequent actions and lessons learnt. The locality manager informed us that the automatic doors to the wards had been fitted with new opening mechanisms earlier this year to minimise the risk of patients with dementia wandering off the ward and out of the hospital.

² Datix is a software system for recording, monitoring and analysing information regarding serious incidents.

One of the actions following a serious incident related to an acuity assessment³ and although this assessment had already been undertaken it had not resulted in increased staffing levels; a further assessment was due in January 2015. Given our concerns and the recent serious incidents that occurred on Peblig Ward during night time we issued an immediate assurance letter, as previously mentioned on page 13 of this report. The local health board's overall response is currently being followed up by HIW.

Recommendation

Ensure that risk management strategies following serious incidents are sustainable in practice and monitored.

Policies, procedures and clinical guidelines

Staff we spoke with confirmed that they are able to access all relevant procedures and guidelines on the health board's intranet system. However the staff could not recall whether there were any specific guidelines associated with their main area of practice, that is, rehabilitative care for older people and for people with stroke. None of the staff could recall when they had last received protection of vulnerable adults (POVA) training and they had not received any training in accordance with some of the patient's needs, including dementia and stroke. During the inspection there was no evidence that the lack of training was having a negative impact on patient care. However the overall service delivery could be enhanced if staff were provided with specific training in their area of practice.

Recommendation

Consider the specialist training required to cover the provision of services at Eryri Hospital and to help staff cater for that specific patient group.

Effective systems for audit and clinical effectiveness

There was evidence that regular audits were being undertaken at ward level and the audit results were displayed within the ward for patients and staff to see. These included audits in areas such as hand hygiene, infection control,

³ Acuity assessment is a means of assessing patient dependency to work out the safe staffing levels required on hospital wards

falls and pressure sores. We were informed that information is inputted onto the care metrics system⁴, although we did not view this on this occasion.

Patient safety

Overall we saw that the bays and rooms on wards were uncluttered. All the patients we saw had buzzers within reach and patient told us that staff were generally good at responding to calls for assistance.

We suggested that the first aid box on one corridor be repositioned to prevent potential accidents.

Managers told us that they are looking to acquire new patient information boards to improve the management of patient safety information immediately available to staff on the wards.

As previously mentioned, HIW issued an immediate assurance request regarding staffing levels. The overall staffing levels have subsequently been increased, as confirmed in writing to HIW by the local health board.

Medicines management

Storage of drugs

Medication was securely stored in locked cupboards. On one occasion we saw that the medication fridge had accidentally been left open but once pointed out this was immediately rectified.

Trolleys were used to deliver medication to patients and we observed that these were lockable and were not left unattended at any time.

We saw that controlled drugs were appropriately being stored in a locked cupboard. A daily diary was kept to indicate that the controlled drugs had been checked. However the diary did not refer to the specific controlled drugs checked and therefore was not sufficiently robust for this purpose.

⁴ The Care Metrics System was developed by the NHS as a means of reviewing the quality of care provided in hospitals.

Recommendation

Improve the system for auditing controlled drugs.

Preparation of patients and medication administration

We noticed that all patients wore identification bands and had a drink available to take their medication. Patients were positioned appropriately to receive their medication. Medication administration was undertaken by two trained nurses and they had a trolley each for this purpose. We observed the nurses explaining what the medication was for prior to administration and they took time with patients whilst they took their medication.

When we checked a sample of the medication administration records we saw that there were three blank entries and therefore it was unclear whether the patient had received/refused or not been offered the medication. There was another form to log any medication refused by patients, however this form did not record the patient's name and we therefore queried its purpose and value. We were informed that the ward had been advised to use this log by the local health board.

Recommendation

Ensure that medication administration records are fully completed and that a clear audit trail is available of any medication refused by patients.

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 Padarn and Peblig Wards, Eryri 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 board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process. The health board's overall response to HIW's immediate assurance letter is currently being reviewed by HIW.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Ysbyty Eryri, Lôn Parc, Caernarfon, Gwynedd, LL55 2YE

Ward/ Department: Padarn and Peblig

Date of Inspection: 11 and 12 December 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	N/A			
	Delivery of the Fundamentals of Care			
8	The health board should ensure that up to date information is available for patients. The health board should consider implementing a wider range of communication methods, for example pictorial signage, for patients with additional			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	communication needs.			
10	The health board should improve the system for monitoring patients' comfort and pain (Peblig Ward).			
12	<p>Improve mealtime co-ordination, including hand washing facilities before meals, a system to identify patients who require assistance or who require restricted liquid intake.</p> <p>Ensure that records of fluids and meals consumed by patients are adequately recorded and monitored.</p>			
Quality of Staffing Management and Leadership				
16	<p>Ensure that record keeping by therapists accurately reflects the rehabilitation service, including duration, provided.</p> <p>Review the overall leadership and management to minimise the delays in following up the issues relating to the</p>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>inpatient services at Eryri Hospital.</p> <p>Review the longer term plans regarding the inpatient service provision at Eryri Hospital and ensure that the staffing levels and skill mix are adequate for this purpose.</p>			
17	<p>Ensure that up to date information regarding the hospital's complaints procedure is made available to patients.</p>			
Delivery of a Safe and Effective Service				
18	<p>Ensure that risk management strategies following serious incidents are sustainable in practice and monitored</p>			
19	<p>Consider the specialist training required to cover the provision of services at Eryri Hospital and to help staff cater for that specific patient group.</p>			
20	<p>Improve the system for auditing controlled drugs.</p>			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
20	Ensure that medication administration records are fully completed and that a clear audit trail is available of any medication refused by patients.			

Health Board Representative:

Name (print):

Title:

Signature:

Date: