Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Dignity and Essential Care Inspection (unannounced)

Hywel Dda University Health Board ,

Tregaron Community Hospital

23 and 24 October 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection in Tregaron Community Hospital, part of Hywel Dda University Health Board on the 23 and 24 October 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

Hywel Dda University Health Board was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. The Health Board is responsible for the health and wellbeing of the population across Carmarthenshire, Ceredigion and Pembrokeshire. It also provides a range of services for the residents of south Gwynedd and Powys. The Health Board covers a quarter of the landmass in Wales, with a population of approximately 375,061 people.

The community and secondary care services are delivered through:

- Four hospitals; Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli and Withybush Hospital in Haverfordwest
- Eight community hospitals
- Eleven health centres

Tregaron Hospital is a small community hospital situated in a rural location between Aberystwyth to the north and Lampeter to the south. It has one ward which consists of three six bedded bays and three individual rooms. Over a period of time bed numbers have been reduced from 29 inpatient beds to 13. Specialities are rehabilitation of the elderly and palliative care. Some out patient clinics continue to operate from the building; however these are unrelated to the ward.

4. Summary

Overall we found that patients had a positive experience whilst receiving care at the hospital. Staff attitudes towards patients were good and standards of care were being met. We saw that holistic care was being given and patients were very complimentary regarding all aspects of their stay.

Patients were very satisfied with the way that the ward team had provided them with care and support. We also found that patients were encouraged to speak up if they had any concerns about their treatment and were, overall, treated with dignity and respect.

We observed that staff communicated appropriately with patients in the language of their choice during their stay on the ward. This made patients feel safe and respected.

Patients who agreed to speak with us were very complimentary of the respectful way which staff provided them with care and assistance on a daily basis; some patients having been in the ward for a number of weeks.

Examination of a sample of patients' records and discussions with the individuals concerned revealed that staff were able to offer sufficient time to actively participate in their care.

We saw that patients were encouraged to maintain relationships with family and friends.

Conversations revealed that patients were given opportunities to rest during the day and that staff provided them with extra blankets if needed. A number of patients indicated that they felt comfortable and pain free.

We found that patients received assistance with their personal hygiene and appearance in accordance with their needs and wishes and that their nutritional needs and physical ability to eat and drink were regularly assessed. Where necessary, they were provided with advice and support.

Patients were encouraged and helped to care for their mouths; appropriate care and assistance being provided as required.

Patients did not always have easy access to nurse call bells to enable them to request assistance to get to, and from, toilet facilities.

Patients were helped to look after their skin and efforts were made by the ward team to prevent the development of pressure sores.

Patients can be confident that the service was seen to be well run. There was evidence of effective leadership and good team working. Nurse staffing met the required standards during the day and staff were clear how to escalate staffing issues if problems arose. However this had not been instigated to cover the ward clerk's absence. We were satisfied with the attention being paid to issues associated with the delivery of safe and effective healthcare/services.

5. Findings

Quality of the Patient Experience

Overall we found that patients had a positive experience whilst receiving care at the hospital. Staff attitudes towards patients were good and standards of care were being met. We saw that holistic care was being given. Patients were very complimentary regarding all aspects of their stay.

Feedback from patient questionnaires was positive with regard to staff attitudes and how care was provided. Patients also indicated that felt their dignity and privacy were respected during their stay.

During this inspection, we distributed 13 (HIW) questionnaires to patients and relatives in order to obtain people's views on the services provided at Tregaron Hospital. In addition, we spoke with a small number of relatives who were in the ward visiting people. Eight questionnaires were completed and returned; six from patients and two by relatives on behalf of the patients.

All respondents agreed that the ward was clean. We saw domestic staff washing door frames in the main thoroughfare of the ward and although the ward was clean, it did look worn, quite untidy and in need of redecoration.

When asked regarding communication and attitudes of staff; more than half stated that they were spoken to in a language of their own choice and we heard both Welsh and English languages being used. Most patients agreed that staff were polite however only some (four) felt that staff listened to them and their families; two strongly felt that they were not listened to. This could mean that some patients don't feel that their views are important. One comment illustrated;

"One or two can be cheeky. Don't always listen".

Recommendation

Patients must be included in the planning of their care and treatment. Staff must listen to patients and their relatives regarding all aspects of their care and ensure that their wishes are respected.

Only three patients felt that staff spoke to them regarding their medical conditions and helped them understand their treatment. This may leave patients feeling anxious and worried.

Recommendation

Patients must be included in the planning of their care and treatment. Where required medical conditions must be explained and support given for patients to understand their treatment.

All patients who completed a HIW questionnaire agreed that they were satisfied with the care and support provided by the nursing staff. Comments to support their views were;

> *"care here wonderful"*
>
> *"very pleased with what staff do"*
>
> *"Can't find words to describe how highly regarded the hospital is…no adequate words available"*
>
> *"…very happy here. Can't find anything wrong to say about it. Wonderful hospital".*

When questioned regarding their views on the overall care they had received, four of the seven rated it as 10 (excellent); two rated it as eight, and one omitted to circle the number.

Examples of additional comments provided were;

> *"Staff have been marvellous, wonderful"*
>
> *"wonderful staff".*
>
> *"The staff care is excellent. They have gone out of their way to try and find the nearest location for my wife".*
>
> *"Tregaron is very convenient for me only 5 miles from my home and at the age of 90 is far enough for me to drive".*

Observations and discussions with patients indicted that there were televisions available in the bays and in the day room however these were not on. We did however hear staff offering to put the television on in the day room but the patient declined the offer. There were no bedside radios and one patient told us *"I would like one [radio] at times".* These facilities would reduce the isolation felt whilst in hospital and would give purpose to the day; giving orientation to time and current affairs.

Recommendation

As the ward does not have bedside radio facilities, patients who wish to do so, should be encouraged to bring in radios with personal listening devices.

Delivery of the Fundamentals of Care

Overall, we found that patients were very satisfied with the way that the ward team had provided them with care and support. We also found that patients were encouraged to speak up if they had any concerns about their treatment and were overall treated with dignity and respect.

Communication and information

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

We observed that staff communicated appropriately with patients in the language of their choice during their stay on the ward. This made patients feel safe and respected.

Patient notes, which were of a good standard, contained the relevant personal information and admission assessments, with associated risk assessments clearly documented. The daily recordings of care given were detailed, with reference to care plans; however there was not always evidence of evaluation to ensure that the care was effective.

Some important decisions, such as Do Not Resuscitate (DNAR[1]) were not evident in the patient's notes, although it was on a white board in the nurses' office. One patient who was terminally ill did not have this decision clearly written in the patient notes. Mental capacity assessments were not undertaken when people were confused or disorientated to record the cause and staff who spoke with us struggled to describe their understanding of the Deprivation of Liberty Safeguards (DoLS[2]). There was very little evidence of discharge planning seen in any of the nursing or medical notes. Which could mean delays

[1] Do Not Attempt Resuscitation (DNAR). Is a legal order which tells a medical team not to perform CPR on a patient. However this does not affect other medical treatments.

[2] DoLS. When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation called The Deprivation of Liberty Safeguards (DoLS) has to be followed to ensure that people are not unlawfully deprived of their liberty.

in transfers or discharge home. We saw evidence of some use of care bundles[3] although these were not always fully completed.

Recommendations

Patient nursing notes need to be audited to ensure all documentation is completed appropriately. The documentation needs to clearly identify individual nursing needs; outline interventions and evaluate effectiveness of treatment.

We saw evidence of good communication between ward staff and other professionals with referrals to community psychiatric nurses, occupational therapists and the community physiotherapist. The occupational therapist was present on the first day of inspection and spoke highly of the ward manager and the standards of patient care and the conducive and positive atmosphere of the hospital. The ward manager also explained that a multidisciplinary team meeting (MDT) took place weekly to discuss every patient currently on the ward and to plan their on going care. We specifically asked if the GPs attended as they were responsible for the overall care, but the staff indicated that they were not fully engaged in the process and occasionally attend the MDT meetings.

We heard patients being spoken to in Welsh or English according to their choice, which was recorded in the individual notes. This gave a sense of belonging and an appreciation of individual communication needs.

Only one member of staff wore a name badge to assist people identify who they were and what their responsibilities were within the ward; in accordance with the All Wales uniform requirements.

Recommendation

All staff must wear name badges to help patients feel included and safe in the ward environment.

[3] Bundles are All Wales or Health Board wide agreed interventions and approaches to specific areas of health care. These ensure consistent evidence based nursing practice.

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.

Patients who agreed to speak with us were very complimentary of the respectful way which staff provided them with care and assistance on a daily basis; some patients having been in the ward for a number of weeks.

Patients told us that staff were always patient, compassionate and respectful, particularly at times when they needed help with washing and dressing and using toilet facilities. Observations of how the team worked together at various times during the inspection demonstrated the efforts taken to work as efficiently as possible in order to meet patient's needs. We also observed that staff generally used curtains to protect the privacy of each patient; using appropriate signs to alert others that personal assistance was being provided.

Nurse call bells were not available in all areas and we saw one patient sitting in the day room shouting for assistance to go back to his bed. Discussion with staff indicated that they had been to speak with him but he changed his mind when they offered to assist him back to his bed.

Promoting independence

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

Examination of a sample of patient's records and discussions with the individuals concerned revealed that staff were able to offer sufficient time to actively participate in their care.

We found that the ward team had made appropriate referrals to members of the multi-disciplinary team such as physiotherapists and occupational therapists. These were used as a means to encourage and promote patient's independence as far as possible.

We also observed that staff ensured that patients had their nurse call bell (whilst by the bed), drinks and other personal items within easy reach, to enable as much independence as possible. In addition, some patients had the use of walking aids, to assist them to move around the ward environment freely and safely.

Relationships

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

We saw that patients were encouraged to maintain relationships with family and friends.

The ward had a day room for family and friends to meet away from the bedside. We were also informed that confidential and private conversations were undertaken in the nurse's room or the Ward Manager's office. We spoke with some patients to enquire if they used the day room and we were told that sometimes they would meet with relatives there, but it was not usual.

Recommendation

Patients should be encouraged to use the day room to promote rehabilitation and social activity.

Rest, sleep and activity

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

Conversations revealed that patients were given opportunities to rest during the day. They also told us that staff provided them with extra blankets if needed.

We found that patients had sufficient pillows to make them comfortable and noise levels in the ward were minimal. Patients who spoke with us did not indicate that their sleep was disturbed at night. They also said that they were able to rest during the day.

Ensuring comfort, alleviating pain

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

Conversations with a number of patients indicated that they felt comfortable and pain free.

Examination of a sample of patient's records demonstrated that the ward team had recorded some basic information about pain relief. However, there was little evidence of the assessment of patients' level of pain before, or after, prescribed pain relief medication was given. We were therefore unable to find any written

evidence to confirm that such medication had been effective, or that it remained necessary. Conversation with one patient revealed that their pain level had been improved through the use of prescribed medication.

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.

Overall we found that patients received assistance with their personal hygiene and appearance in accordance with their needs and wishes.

Observations and conversations with patients demonstrated that they were helped as necessary in relation to personal hygiene and foot care. We also saw that patients were encouraged to wear their own clothes during the day as opposed to nightwear, although this was in accordance with their preference.

People looked well groomed and we saw the hairdresser visit the ward to wash and set one patient's hair. In addition, the ward stock of linen was seen to include dignity gowns. We questioned why one patient had not shaved and staff stated that this was his choice. Conversation with this patient confirmed that he did not wish to shave.

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 and physical ability to eat and drink were regularly assessed. Where necessary, they were provided with advice and support.

The ward had "protected mealtime[4]" signage and this was adhered to. We did not observe any disruptions during lunchtime.

[4] 'Protected Mealtimes'. This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help. Protected mealtimes also prevent unnecessary interruptions to patients' mealtimes.

We saw evidence of nutritional assessments in patients' notes and where necessary food charts were in place to record nutritional intake. These had been completed appropriately. However there were no red trays to identify patients who may require assistance with eating. Discussion with staff indicated that red trays, blue plates and cups were available but not used. They stated that because there were so few people on the ward they knew their needs without the use of the trays.

There were records of patients' weight on admission and weekly thereafter. If there were any concerns about this aspect of their care, staff stated that onward referral to the Speech and Language Team or dietitian would be made. There was no evidence of the need for such referrals in the notes that we looked at.

A number of patients who spoke with us stated that the food was good. Those who did not like the food being served were provided with an alternative meal of their choice.

During the lunchtime period we did not observe patients being provided with moist hand wipes or a wash bowl prior to eating their meals.

Recommendation

Staff need to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.

We spoke with one patient who was eating lunch in the day room to enquire if lunch was always served there. We were told that it was not usual, the norm would be to eat by the bedside.

Recommendation

It would be beneficial from a rehabilitation and social perspective if patients were encouraged to have meals in the day room.

We also observed two members of staff assisting people to eat, but it was not in a dignified and respectful manner. There was no eye contact, conversation or pleasantries to make the mealtime an enjoyable experience.

Recommendation

Staff need to ensure that patients are supported and assisted with eating in a dignified and respectful manner.

We observed and patients confirmed that water jugs were changed three times a day and regular hot drinks were available throughout the day and night.

There was a small but functional kitchen on the ward where the staff could make snacks for patients when the main kitchen was closed.

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.

Patients were encouraged and helped to care for their mouths; appropriate care and assistance being provided as required.

Conversations with patients enabled us to confirm that they were encouraged and helped to care for their mouths and clean their teeth regularly. Interviews with registered nurses also highlighted that they were aware of the importance of regular mouth care.

HIW did not feel it necessary to look at this area in depth on this occasion because from observation of practice we were satisfied that patients were able or assisted to maintain good oral hygiene**.**

Toilet needs

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

Patients did not always have easy access to nurse call bells to enable them to request assistance to get to, and from, toilet facilities.

Conversations with patients indicated that staff generally responded promptly and sensitively to their requests relating to toilet needs. They also told us that on occasions when there were slight delays; staff would explain the reasons why.

Toilet facilities were not gender specific. All were found to be clean and equipped with toilet paper, a soap dispenser and paper towel dispenser. However one toilet did not have a nurse call system only a hand bell which was unsuitable; whilst another had a nurse call bell system which would be out of reach of patients using the toilet. These arrangements were found to be unsafe for patients who were frail and required assistance to and from the toilet.

Recommendation

Nurse call bells must be available in all areas where patients may require assistance.

We saw that commodes were stored in the toilets. Such equipment would need to be removed to enable patients to access the toilet. One patient told us that this situation prevented use of the toilet independently. We also saw two pairs of wellington boots stored in one toilet/bathroom.

Recommendation

Toilet / shower areas should not be used for storage.

We also saw that some commodes were stored in the dirty utility room near to the macerator and although clean did not have a sticker to confirm that they had been washed.

Recommendation

Clean commodes need to have appropriate signage and be stored away from the macerator, to minimise cross contamination.

Preventing pressure sores

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

Patients were helped to look after their skin and efforts were made by the ward team to prevent the development of pressure sores.

Scrutiny of a sample of patient's records showed that the condition of their skin was assessed and regularly monitored throughout their time on the ward. This was achieved through the use of SKIN bundle[5] documentation which prompted staff to encourage patients to change their position in the bed or chair. Where patients were not able to do this independently, they were assisted to manoeuvre into an alternative position, with the use of moving and handling aids.

Appropriate chairs and moving and handling equipment were observed to be present in the ward areas together with pressure relieving mattresses.

[5] If a patient is deemed to be at risk of developing a pressure ulcer, the SKIN bundle requires nurses to record that they have examined their skin at least every two hours to reduce the likelihood of damage.

Quality of Staffing, Management and Leadership

Patients can be confident that the service was seen to be well run. There was evidence of effective leadership and good team working. Nurse staffing met the required standards during the day and staff were clear how to escalate staffing issues if problems arose. However this had not been instigated to cover the ward clerk's absence.

Staffing levels and skill mix and professional accountability

We were informed that there was a proposed plan of closure for Tregaron hospital, with a view to opening a new service within the village. The new service would be housed in purpose built premises, with six short stay bed facilities which would complement an increased community nursing team. We were told, by senior management and staff, that the ward manager was actively involved in introducing the proposed change in a safe and informed manner. All staff stated that they had confidence in the ability of the ward manager and provided us with examples and descriptions of improvements made by the ward manager to ways of working over the past few years.

The ward manager was on study day leave when we arrived, however the ward staff continued to work effectively and efficiently, with all staff clear about their roles and responsibilities. Staff were also undertaking the duties of the ward clerk who was on leave. The ward manager was on duty on the second day and explained that a Health Care Support Worker (HCSW) had been trained to undertake the role of ward clerk when necessary. However that member of staff was also unexpectedly away from work.

Recommendation

Arrangements should be in place to ensure ward clerk cover is available when required.

Effective systems for the organisation of clinical care

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. On the day of inspection this standard was met. However when we inspected the staff duty rota for the past three months, we could see that there had been many times when the ward manager had been included in the staff numbers and was therefore unable to retain her allocated " management day" to undertake the requirements of her role.

There was clear professional accountability in place; the ward manager was in charge and a team of registered nurses had been allocated patients for whom they were responsible. The healthcare support worker's were working under the direction of the registered nurse.

Training and development

There was a programme of staff training and all staff had attended the health board mandatory training. We did not review the training records in detail during this inspection. However discussion with the ward manager indicated that there was a training programme commencing in the New Year whereby staff (in collaboration with senior management) could identify areas where they needed training in preparation for the proposed change of role from a hospital to community based service. This would include shadowing community nurses to help identify any gaps in individuals' skill base. This approach provided us with evidence of forward planning on the part of the ward manager designed to ensure that the patients receiving care within the new facility will be from safe and effective practitioners.

Handling of complaints and concerns

It was evident that the ward manager and senior nurse worked effectively to ensure that patients' health, safety and welfare needs were met. Conversations with members of the ward team and the visiting therapists demonstrated that an open and honest management style existed which encouraged all staff to raise any concerns about the delivery of care. We were also told by staff and patients that the ward manager was always visible and approachable.

We saw posters on how to make a complaint on a wall in the ward. However there were no leaflets for patients to take away and read in their own homes on discharge. This was discussed with the ward manager on the day and she agreed to address this matter with the health board complaints department. General observations during this inspection clearly confirmed the efforts made by the entire staff team to support patients in a calm and compassionate way.

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.

Overall, we were satisfied with the attention being paid to issues associated with the delivery of safe and effective healthcare/services.

Risk management

Discussions with staff demonstrated that they were aware of when, and how, to report clinical incidents via the Datix System.[6] Examination of a sample of patients' records verified that details of such incidents were recorded as required; prompt action having been taken to ensure patients' on-going safety. We also found that clinical incidents had been investigated in a timely manner.

Policies, procedures and clinical guidelines

Staff who spoke with us were able to confirm that they were aware of relevant clinical policies and procedures to support them in delivering safe care. They were also able to describe how they would access specific documents as a means of ensuring that they were delivering patient services in accordance with current guidelines.

However, on examination of two patient records, we found that they had been admitted to the ward with Deprivation of Liberty Safeguards (DoLS[7]) authorisations in place but these had not been reviewed to assess if they still applied, needed renewing or cancelling. Discussion with staff indicated that there was confusion with regard to the DoLS process.

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[6] DATIX software is a tool used within the NHS used to record, investigate and analyse causes of adverse events and near misses.

[7] DoLS. When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation called The Deprivation of Liberty Safeguards (DoLS) has to be followed to ensure that people are not unlawfully deprived of their liberty.

Recommendation

Staff need to be aware of the DoLS process and its implications for patient care.

Effective systems for audit and clinical effectiveness

Discussion with registered nurses and scrutiny of patient records confirmed that the ward was using quality indicators such as All-Wales skin bundles[8] to monitor patients skin/pressure areas. We also found that the same approach was being taken in relation to monitoring patients' falls, nutritional needs and continence care. These findings were consistent with the principles of the 1000 lives initiative[9].

The ward team were able to provide us with evidence of their infection prevention and control (IPC) audits. The audits showed a good level of compliance with current IPC guidelines.

Patient safety

Scrutiny of one set of medical notes revealed that when the patient was admitted to Bronglais hospital there was no signature or date from the admitting doctor. Neither was the medical admission pro forma / documentation signed and dated. We did note that the medical student had signed and dated the documents. We also saw in other medical notes that a doctor (from Bronglais hospital) had omitted to write his assessment, diagnosis and plan of care prior to the patient's discharge to Tregaron hospital.

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[8] **SKIN bundles** requires documented nursing intervention at least every two hours in the following areas to reduce likelihood of damage; **S**urface – ensure patient is on the right mattress, cushion, there are no creases or wrinkles, **K**eep moving- encourage self movement, reposition patient and inspect skin, **I**ncontinence- meet patient's toileting or continence need, **N**utrition – keep well hydrated, meet patient's nutritional needs.

[9] The 1000 Lives Campaign ran from April 2008 - April 2010. It aimed to save 1000 lives and prevent 50,000 episodes of harm in Welsh healthcare. The Campaign was succeeded by a national programme called 1000 Lives Plus in May 2010, which sought to maintain the Campaign's progress and introduce new areas of work.
http://www.1000livesplus.wales.nhs.uk/1000-lives-campaign

The local General Practitioners were responsible for the admission of patients into Tregaron hospital and we found that there was very little written in the medical notes regarding the medical decision making or discharge planning. Staff stated that they would sometimes have to ask specifically for information to be written in patients notes.

Recommendation

Senior Medical staff need to ensure that Doctors adhere to the Good Medical Practice guidance on duties of a doctor registered with the General Medical Council and take appropriate action when this is not maintained.

Medicines management

We found that there were some areas for improvement in relation to medicine administration because discussion with staff indicated that there was some uncertainty regarding how to record non administration of medication or when a dose had been missed. On inspection of a medication administration chart we found a yellow 'post it' note with a message regarding an omitted dose.

We also observed a medicine round being undertaken and noticed that people's identification bands were not being routinely checked. When the inspector prompted the registered nurse about the matter, we were told that although checking of identification bands was recognised as correct procedure, there was a very small static group of patients on the ward and staff knew them well. For patients living with different levels of cognitive confusion the correct procedure is for two staff to check identification bands. We did not witness this occurring during the medicine round.

Recommendation

All qualified staff must be competent in the administration of medication.

Drugs were stored appropriately in a safe environment and checks of the controlled drugs book were correct.

We also saw that a guidance letter had been sent from the Director of Nursing and Midwifery stating that all controlled drugs were to be signed by two qualified staff. However on the night shift there was often only one qualified nurse on duty. Further exploration with staff regarding this issue clarified that a competent healthcare support worker would confirm and observe the medication being administered, but would not sign the controlled drugs book. Qualified nurses also tried to administer any prescribed controlled drugs during the handover period when there would be two qualified staff on duty.

We asked how often a pharmacist visited the ward to check stock levels and administration charts and it became clear that visits were infrequent – approximately twice a year. This led us to question how "out of hours" drugs were obtained. The system was not robust and there was an ad hoc/informal arrangement in place with the local pharmacy; or a member of the pharmacy team in Bronglais Hospital would arrange to deliver the drugs.

Recommendation

The out of hours drugs and pharmacy cover needs to be formalised with robust policies and procedures put in place.

Oxygen was not always prescribed appropriately on the medication administration charts with the nurses stating they would prompt the doctors where possible. Oxygen cylinders were not stored in accordance with health and safety requirements as they were being stored in the corridor with no signage to warn of the possible hazard to staff. The Health and Safety Executive (HSE) suggest that cylinders should be chained or clamped to prevent them from falling over and should be stored, when not in use, in a well ventilated storage area, away from combustible materials and separated from cylinders of flammable gas.

Recommendation

Oxygen must be appropriately prescribed and cylinders must be stored appropriately.

Staff stated that at present there were no patients who were able to self medicate and further discussions indicated that the ward did not have a self-medication policy.

Recommendation

The ward should have a self administration of medication policy for patients who wish to take their medication independently.

Diabetic Care

Staff informed us that there was an identified diabetic link nurse on the ward, however that registered nurse was due to retire in the near future so another link nurse had already been nominated to continue that element of work.

Staff of all grades knew where to access the emergency diabetic box which was stored near the resuscitation trolley. Discussion with staff indicated that they were aware of the correct treatment for hypoglycaemia.[10] However on scrutiny of one patient's notes we saw that medication had been omitted because blood monitoring had indicated low blood sugar levels. There was no reference to hypoglycaemia in the documentation, only on the medicine administration record and no corrective measures appear to have been given. The registered nurse told us that advice had been sought and followed (by telephone from the Diabetic Specialist Nurse) but had not been documented. This led to confusion with regard to this patient's care. There was no long term effect on the patient and the GP was called to review his medication.

Staff were unsure of the DAFNE[11]/DAFYDD[12] process but stated they would contact the Clinical Nurse Specialist if they required assistance. This was not specific to this ward and the health board have already identified that this as an area of service to improve. We found that diabetic care was reactive rather than pro-active and it did not have a high profile on the ward i.e. there were no information leaflets and no evidence of the "Thinkglucose"[13] initiative.

Training updates had been offered and some staff had attended and although we did not see active management of diabetes we did find that patients were encouraged and empowered to manage their own diabetes through diet and medication where they were able.

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[10] Hypogycaemia is a medical emergency that involves an abnormally low content of glucose in the blood.

[11] DAFNE (Dose Adjustment For Normal Eating) is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

[12] DAFYDD (Dose Adjustment For Your Daily Diet) is an education programme for people with Type 1 diabetes.

[13] **Think Glucose'** is a national initiative led by the NHS Institute for Innovation and Improvement. It aims to improve inpatient diabetes care including effective use of the inpatient diabetes specialist team.

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 Tregaron Community 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.

7. Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Tregaron Hospital

Date of Inspection: 23 and 24 October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
Pg 6	Patients must be included in the planning of their care and treatment. Staff must listen to patients and their relatives regarding all aspects of their care and ensure that their wishes are respected.			
Pg 7	Patients must be included in the planning of their care and treatment. Where required medical conditions must be explained and support given for patients to understand their treatment.			
Pg 8	As the ward does not have bedside radio facilities, patients who wish to do so, should be encouraged to bring in radios with			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	personal listening devices.			
	Delivery of the Fundamentals of Care			
Pg10	Patients nursing notes need to be audited to ensure all documentation is completed appropriately. The documentation needs to identify individual nursing needs outline interventions and evaluate effectiveness of treatment.			
Pg 10	All staff must wear name badges to help patients feel included and safe in the ward environment.			
Pg 12	Patients should be encouraged to use the day room to promote rehabilitation and social activity.			
Pg 14	Staff need to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.			
Pg 14	It would be beneficial from a rehabilitation and social perspective if patients were encouraged to have meals in the day room.			
Pg 15	Staff need to ensure that patients are			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	supported and assisted with eating in a dignified and respectful manner.			
Pg 16	Nurse call bells must be available in all areas where patients may require assistance.			
Pg 16	Toilet / shower areas should not be used for storage.			
Pg 16	Clean commodes need to have appropriate signage and be stored away from the macerator, to ensure no spills or splashes cross on to the clean commodes.			
	Quality of Staffing Management and Leadership			
Pg 18	Arrangements should be in place to ensure ward clerk cover is available when required.			
	Delivery of a Safe and Effective Service			
Pg 22	Staff need to be aware of the DoLS process and its implications for patient's care.			
Pg 23	Senior Medical staff need to ensure that Doctors adhere to the Good Medical Practice guidance on duties of a doctor registered with the General Medical Council and take appropriate action when this is not maintained.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Pg 23	All qualified staff must be competent in the administration of medication.			
Pg 24	The out of hours drugs and pharmacy cover needs to be formalised with robust policies and procedures put in place.			
Pg 25	The ward should have a self administration of medication policy for patients who wish to take their medication independently.			

Health Board Representative:

Name (print): .....

Title: .....

Signature: .....

Date: .....