

## **Dignity and Essential Care Inspection (unannounced)**

Powys teaching Local  
Health Board: Llanidloes  
and District War Memorial  
Hospital

24 February 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection to Graham Davies Ward at Llanidloes and District War Memorial Hospital, part of Powys teaching Health Board (Powys tHB) on 24 February 2015.

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

Powys teaching Health Board (Powys tHB) provides primary and secondary healthcare to the population of Powys. Powys is the most sparsely populated county in Wales, yet it covers the largest landmass and extends from as far north as Llanymynech near Oswestry, down to Ystradgynlais which is near Swansea.

Llanidloes and District War Memorial Hospital is a community hospital located in Llanidloes, Powys. The hospital has one in-patient ward, the Graham Davies ward, which provides sixteen beds. The ward takes patients predominantly from the two neighbouring District General Hospitals and on rare occasions patients are also admitted directly from their GP.

In addition to the inpatient ward, the hospital also provides outpatient physiotherapy and occupational therapy services and has a Day Hospital on the same site.

## 4. Summary

### Patient Experience

During this inspection visit we spent time observing staff and patients' interactions, speaking informally to patients, using our questionnaire to gather more formal patient feedback and looking at patient records to see if they were individualised. We also gave consideration to the ward environment and the facilities available to patients.

Overall, we received positive feedback from the patients we spoke to but through our observations we concluded that there was little interaction between staff and patients other than during direct care provision. There were few active opportunities where patients were encouraged to develop meaningful interactions with other patients.

We have made two recommendations for improvement in this area.

### Fundamentals of Care

Our overall findings in relation to the standard of provision of the fundamentals of care were mixed. With the exception of the standard relating to eating and drinking, where we have made a recommendation to review the process and routine in its entirety, most standards were being met. We observed a hardworking team striving to do what they could but recognised that problems with staffing levels had led to a negative impact in some of the areas.

We have made twelve recommendations which, for best effect, need to be considered and worked on by the whole staff team. Once implemented, HIW would expect to see that day to day routines and processes have been streamlined to enable staff to spend more time supporting patients to engage in meaningful activities. We had no immediate patient safety concerns.

### Quality of Staffing, Management and Leadership

At the time of our inspection there had been a recent change in ward managers and also some ongoing staff sickness which meant that there had been a high use of bank and agency staff. We felt that the new ward managers were not yet demonstrating strong leadership and the dilution of the regular staff team with bank and agency also seemed to be having a detrimental effect on morale amongst the team.

We were not confident about the safety of the arrangements when patients are admitted at the weekends or after 6pm when the local GP practice is closed. The present arrangements for patients can mean significant delays in seeing a doctor and receiving treatment. Whilst the Health Board are aware of and monitor this situation we did not see evidence of a clear strategy in place to mitigate the risks.

#### Delivery of a Safe and Effective Service

We found that staff were comfortable and familiar with the processes for reporting a near miss or incident. Staff told us that they were always given feedback after reporting an issue and we consider this feedback loop to be an example of noteworthy practice.

We found that overall, the systems for audit and the information provided to staff and ward visitors about audit results needed to be improved. We also found that the ward over-complicated the use of the 'patient status at a glance' board with too much information.

## 5. Findings

### *Quality of the Patient Experience*

**During this inspection visit we spent time observing staff and patients' interactions, speaking informally to patients, using our questionnaire to gather more formal patient feedback and looking at patient records to see if they were individualised. We also gave consideration to the ward environment and the facilities available to patients.**

**Overall, we received positive feedback from the patients we spoke to but through our observations we concluded that there was little interaction between staff and patients other than during direct care provision. There were few active opportunities where patients were encouraged to develop meaningful interactions with other patients.**

#### **Questionnaire feedback:**

During the course of this inspection, we distributed seven (HIW) questionnaires to patients, relatives and visitors in an attempt to obtain people's views about the services provided on Graham Davies ward. Four of these were returned to us and we received permission from all four of the questionnaire respondents to include any additional comments they made into our report. The responses to the questionnaires were mixed; whilst overall the responses were positive, there were some neutral views expressed.

Three patients were willing to provide an overall rating out of 10, of the care and treatment provided on the Graham Davies ward; one patient gave a 6/10 rating and two rated it overall as 7/10. One patient was not willing to provide any overall rating.

All four patients strongly agreed or agreed that the ward is always tidy. Three strongly agreed or agreed that the ward is always clean. One response about the cleanliness of the ward was neutral.

When asked about different aspects relating to their view of the hospital staff, two of the four respondents were entirely positive. Two of the four were mixed however; both respondents told us that staff had not talked to them about their medical conditions and one response in relation to whether or not staff are always polite and listen to the patients' friends and family was neutral.

In relation to the care they receive, our questionnaire respondents were mostly positive. We did have one neutral response which was about the choice of

method that staff offer when assisting with toilet needs and whether or not there is always access to a buzzer and a response to the buzzer.

Whilst it is acknowledged that these results are from a small patient sample, it remains a fact that half of the respondents were neutral or negative about some aspects of their care and treatment. The other half of responses were positive and there was praise for the hospital, staff and the care provided.

### ***Recommendation***

***Remind staff of the need to spend time helping patients to understand their care, treatment and medical conditions.***

Some additional comments were provided, again a mixture of positive, negative and neutral. Please see below:

*“Very small and friendly here.”*

*“Staff have time for you.”*

*“Ward is boring.”*

*“Can vary depending on staff.” (In relation to the care and treatment)*

### **Informal Feedback**

On the day of inspection, we also spoke to a number of other patients and relatives who were willing and/or well enough to share their views with us.

Again, we received mostly positive but some mixed feedback from these discussions. Patients told us that generally staff were kind and attentive but they told us that there was not much to do at times. A small number of patients were seen sitting in the day room, some of whom told us that they did not usually sit there but needed to that day because a deep clean of their room was taking place. A few other patients told us that they did sometimes use the day room.

We observed that the patients in the day room were sitting too far away to be able to engage with each other, there was no effort made by staff to encourage use of the dining table to eat meals and there was limited engagement between staff and the patients who were in there.

### ***Recommendation***

***Consider more actively using the day room for patients to enable them to interact and potentially eat meals at the dining table together.***

One patient was sitting in the day room in a chair directly facing the windows, strong sunlight was directly shining on her face and she was squinting to see and uncomfortable. We asked if the blinds on the windows could be closed and were told that they did not work properly. The patient also told us that she had experienced this regularly.

### ***Recommendation***

***Review the seating layout in the day room and fix the broken blinds.***

### **The Environment**

The ward is made up of a mixture of single rooms and two, four and six bedded bays. There was a large day room with views looking out over a small garden and a mixture of comfortable seating, a dining area and dining chairs for patient use.

Some doors had been painted yellow but other than this, all other areas of the ward were the same cream or white colour. We felt that the ward could be made more accessible to confused patients if consideration was given to using different colours on and around doors and entrances to bays and single rooms. Senior staff told us that the ward receives a higher percentage of patients with dementia than other Powys community hospitals, therefore considering this improvement would be beneficial.

### ***Recommendation***

***Consider improving the accessibility around the ward for confused patients and patients living with dementia by using different colours at doors and entrances to bays and single rooms.***

There is also a small quiet room with comfortable, reclining chairs which staff told us they allocate for visitors if they need to stay overnight with terminally ill relatives.

## *Delivery of the Fundamentals of Care*

Our overall findings in relation to the standard of provision of the fundamentals of care were mixed. With the exception of the standard relating to eating and drinking, where we have made a recommendation to review the process and routine in its entirety, most standards were being met. We observed a hardworking team striving to do what they could but recognised that problems with staffing levels had led to a negative impact in some of the areas.

We have made twelve recommendations which, for best effect, need to be considered and worked on by the whole staff team. Once implemented, HIW would expect to see that day to day routines and processes have been streamlined to enable staff to spend more time supporting patients to engage in meaningful activities. We had no immediate patient safety concerns.

<b><u>Communication and information</u></b>	
<i>People must receive full information about their care in a language and manner sensitive to their needs</i>	
<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"> <li>• How did staff ensure that communication during ward rounds and between staff to patients during the provision of care was clear and sensitively handled</li> </ul>	<p>We did not observe any ward rounds during our visit, however staff told us that they are careful to pull curtains round the bedside, or to close doors to single rooms. We were told that confidential or sensitive discussions between staff take place in the ward office away from other patients and visitors.</p> <p>Two patients responded to our questionnaires stating that staff had not discussed their medical care or treatment with them. We have made a recommendation about this elsewhere within this report.</p>
<ul style="list-style-type: none"> <li>• Patient records</li> </ul>	<p>The patient notes we looked at showed evidence of regular daily recording with updates about the care that had been provided.</p> <p>We also saw written evidence of 'do not</p>

<b><u>Communication and information</u></b>	
<i>People must receive full information about their care in a language and manner sensitive to their needs</i>	
<b>We looked at the following:</b>	<b>Our Findings:</b>
	attempt resuscitation' orders within relevant patient notes, clearly indicating where there had been discussion with patients and families.
<ul style="list-style-type: none"> <li>• Did staff call on specialist expertise for patient care when appropriate</li> </ul>	Staff told us that they worked closely with social workers when planning for patient discharge. They also told us that they could access the advice of specialist nurses fairly easily by telephone during the week.
<ul style="list-style-type: none"> <li>• Were there any communication aids in use and / or available to staff for patients</li> </ul>	<p>We saw pictorial signs in use for some key rooms such as bathrooms and toilets but the use of these was inconsistent.</p> <p>There was some bilingual signage.</p> <p>The ward had implemented the Butterfly Scheme<sup>1</sup> which aims to improve communication with patients who have dementia. There was information about this displayed on a noticeboard for visitors to read and to remind staff. We saw that one patient had been identified as having needs which would benefit from the Butterfly scheme and this was identified on the board in the ward office.</p>
<b><i>Recommendation</i></b>	
<b><i>Ensure that pictorial signage is consistently used to help patients navigate around the ward.</i></b>	

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<sup>1</sup> **The Butterfly Scheme** indicates that there are designated staff on the ward specifically qualified to identify and champion the needs of those patients whose memory is affected by dementia.

### **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.*

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• What measures did the staff use to ensure that patient privacy and dignity could be protected during the provision of care?</li></ul>	<p>We saw that curtains were consistently closed around beds when staff were carrying out care for patients.</p> <p>Staff told us that there were dignity pegs available but we did not see these in use.</p> <p>Bathrooms and toilets were single sex use only.</p> <p>The ward was arranged into single sex areas.</p>
<ul style="list-style-type: none"><li>• Were staff sensitive and courteous when dealing with patients?</li></ul>	<p>We observed staff treating patients with respect at all times during our visit.</p> <p>Staff told us that they tried to take patients to a bathroom to wash when possible, instead of washing at their bedside.</p>
<ul style="list-style-type: none"><li>• Was the ward environment and layout conducive to preserving patient privacy and dignity? In what ways was this observed?</li></ul>	<p>There were a number of single rooms on one side of the ward. These were small and we saw the doors were generally left ajar so that patients could be easily seen and could easily see out. We did see one occasion when dignity was compromised due to a door was being left ajar whilst staff were feeding a patient in full view of anyone passing.</p>
<p><b><i>Recommendation</i></b></p> <p><b><i>Staff should be reminded of the principles of maintaining patient privacy and dignity through additional training.</i></b></p>	

### **Promoting independence**

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

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• How did staff promote patient independence?</li></ul>	<p>The 'Butterfly scheme'<sup>2</sup> was embedded into the ethos of the ward and was applied, when appropriate, to help better meet the needs of patients with confusion and dementia.</p> <p>We saw different types of cutlery in use to enable patients to maintain their independence with eating.</p>
<ul style="list-style-type: none"><li>• What practices did we observe which contributed to maintaining or improving levels of independence?</li></ul>	<p>We saw an occupational therapy assistant and physiotherapy assistant working with patients.</p> <p>Staff indicated to us that wherever possible they encouraged those patients who were able, to use the bathroom or toilet instead of using a commode at the bedside.</p>
<ul style="list-style-type: none"><li>• Were patients encouraged to be active?</li></ul>	<p>We did not see many patients moving around the ward. Most patients were in bed or sat in the chair next to their bed. We saw only limited use of the day room.</p> <p>Whilst we did see some activities available in the day room, we did not see these in use.</p> <p>Staff told us that they were not always sure the level of access to a physiotherapist on site was sufficient for the patients' needs.</p>

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<sup>2</sup> **The Butterfly Scheme** indicates that there are designated staff on the ward specifically qualified to identify and champion the needs of those patients whose memory is affected by dementia.

**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 looked at the following:**

**Our Findings:**

***Recommendations***

***To increase levels of patient activity and movement where they are able and this is appropriate for their care.***

***To review the provision of meaningful activities and ensure that where resources are currently available their use is encouraged. Ward nursing staff to involve occupational therapy services in this review.***

***To review the amount of physiotherapist time available for patients on Graham Davies ward.***

### Relationships

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

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• The ward approach to visitors</li></ul>	<p>Visiting times on the ward are 2.00-5:30pm and 6:15-8.00pm, but we saw visitors outside of these times and were told by staff that the times are applied flexibly in accordance with patient need.</p> <p>The ward sister told us that she encourages regular communication between ward staff and relatives and also operates an open door policy so that when she is on the ward she is as accessible as possible.</p>
<ul style="list-style-type: none"><li>• What facilities can visitors use</li></ul>	<p>There is limited space by each bedside for visitors; however, there is a large day room with plentiful seating.</p> <p>There are three single side rooms which have more space for visitors to sit.</p> <p>Visitors can also use the ward quiet room and the ward office for sensitive or difficult conversations.</p> <p>The ward quiet room is also used for relatives to stay overnight if this is required and is adjacent to a toilet and near to the ward kitchen which they can use to get hot and cold drinks as they wish.</p>

**Rest, sleep and activity**

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

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• Were there sufficient supplies of blankets, pillows and dignity gowns to make patients comfortable</li></ul>	<p>Many of the patients we saw were sat out in a chair next to their bed but those who were being nursed in bed appeared to have been made comfortable with a number of pillows for support.</p> <p>We saw that there was a stock of spare blankets and whilst we did not find any spare pillows in the cupboard, we did not see any patients who looked as if they would need more pillows than they already had.</p> <p>Staff also told us that they were working with a new laundry supply system which they had to very carefully and closely manage and as a result of which, at that time, they had less stock than previously.</p>
<ul style="list-style-type: none"><li>• Were there quiet areas on the ward and could any noise from televisions or radios (if these were available) be minimised</li></ul>	<p>There was a quiet room and a day room on the ward. We did not see any radios but we did see televisions. We could not see or find any ear phones to minimise noise from televisions, however during our visit all televisions were off.</p>
<ul style="list-style-type: none"><li>• How were patients given the opportunity to rest during the day and was the environment at night conducive to rest</li></ul>	<p>During the morning of our visit, staff seemed to be particularly busy assisting patients with personal care and this was not completed until just before lunchtime. There was no opportunity between morning washes, lunch and afternoon visiting (2pm- 8pm) for patients to have rest.</p>
<p><b><i>Recommendation</i></b></p> <p><b><i>Review the ward routines and visiting times to ensure that patients have some time within the day when they can rest.</i></b></p>	

**Ensuring comfort, alleviating pain**

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

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• How were staff monitoring and assessing pain?</li></ul>	<p>Staff told us that during scheduled medication rounds and during the regular care provided as part of 'intentional rounding', they checked to see if patients had any pain.</p> <p>One staff member we spoke to told us that no patients on the ward had any pain. We felt that this may indicate both inadequate assessments of pain being carried out, and an inadequate understanding of pain from the staff. There were many patients on the ward with complex medical problems where pain could potentially be a feature and we were not confident that the ward staff had an adequate enough knowledge level in this respect.</p>
<ul style="list-style-type: none"><li>• Did they use recognised documentation for recording their findings?</li></ul>	<p>Staff told us that they used a pain assessment tool <sup>3</sup> to monitor pain levels in patients and we saw that pain assessments were included in the new Powys – wide documentation. However, this did not translate into what we found in practice as we saw little evidence of detailed pain assessments within the patient notes we looked at.</p>

***Recommendation***

***To prioritise training which will help staff to effectively assess levels and types of pain, using the Powys agreed documentation to support their findings.***

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<sup>3</sup> **Pain assessment tools** are a systematic process of pain assessment, measurement and re-assessment (re-evaluation)

**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.*

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• Were staff assessing what each individual patient needed to maintain their personal hygiene and appearance? Did patients appear well cared for and clean?</li></ul>	<p>We saw that patients were being given varying levels of assistance with personal hygiene in accordance with their level of independence. We saw that patient care plans indicated different levels of support were required.</p> <p>All patients appeared clean and well cared for. All patients we saw were wearing their own clothes and hospital gowns were not in use. We saw beds being changed and remade.</p> <p>Staff told us of their difficulties on the rare occasions when patients had no relatives, friends or carers able to wash their clothes for them. There was no washing machine on the ward and no dignity gowns, if a patient had no clean clothes; staff had to rely on providing them with items of clothing which had been donated to the ward. This arrangement is not satisfactory for promoting patient dignity.</p>
<ul style="list-style-type: none"><li>• Was there evidence that staff were assessing and providing foot care, particularly important for patients with diabetes?</li></ul>	<p>We looked at nursing notes related to one patient with diabetes and saw that foot health had been assessed and all potential risks had been identified and a care plan formulated to address these.</p> <p>We were told that one healthcare support worker (HCSW) had been trained by the podiatrist to assess foot health and provide patients with appropriate care according to their findings.</p> <p>We saw written evidence that feet and nails were being checked and observed daily.</p>

***Recommendation***

***Review the arrangements for being able to provide patients with clean clothing if they have no relatives, friends or carers to wash clothing.  
Consider allowing the ward to have a stock of dignity gowns.***

### 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.*

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• Are patients nutritional needs assessed and any risks identified? Is care for individuals planned in accordance with these findings?</li></ul>	<p>We saw that nutritional assessments were being completed for patients at the point of admission and recognised nutritional scoring tools to identify risk of malnutrition were also being used.</p> <p>The newly introduced Powys wide nursing documentation contained some additional useful tools such as the 'eatwell plate' <sup>4</sup> to help guide nurses with nutritional support and provide a visual tool for them to use with patients and relatives.</p>
<ul style="list-style-type: none"><li>• Are there 'protected mealtimes' <sup>5</sup> in place on the ward?</li></ul>	<p>We were told that visiting is not generally allowed at mealtimes, unless there are terminally ill patients for whom visiting is allowed around the clock. Staff also told us that they are more inclined to allow visitors during mealtimes if patients need support to eat and there are too</p>

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<sup>4</sup> **The eatwell plate**, based on the 5 food groups, makes healthy eating easier to understand by giving a visual representation of the types and proportions of foods needed for a healthy balanced diet. ([www.nhsdirect.wales.nhs.uk/lifestylewellbeing/Theeatwellplate](http://www.nhsdirect.wales.nhs.uk/lifestylewellbeing/Theeatwellplate))

<sup>5</sup> **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. They also prevent unnecessary interruptions to patients' mealtimes.

### **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.*

<b>We looked at the following:</b>	<b>Our Findings:</b>
	few nursing staff to provide patients with timely support.
<ul style="list-style-type: none"><li>• How are patients prepared for mealtimes?</li></ul>	<p>We did not see any evidence of a routine or any direction from the staff in charge at the time of our visit to ensure that patients were adequately prepared in any way for mealtimes.</p> <p>We did not observe any patients being offered hand wipes or being encouraged to wash their hands before eating.</p> <p>We saw one table which still had a urine bottle on it and the patient's meal tray was simply placed next to it and the bottle left there for the duration of the meal.</p> <p>We saw patients being given trays of food but these were not being placed within easy reach.</p>
<ul style="list-style-type: none"><li>• How did the ward staff provide support to patients during mealtimes to improve or maintain their nutritional status?</li></ul>	<p>We saw what appeared to be a chaotic mealtime, with numerous nursing and domestic staff involved in serving the meals. Some patients had to wait before there was a staff member free to provide the assistance they needed.</p> <p>We saw that the ward were using red trays and red lidded water jugs<sup>6</sup> to alert staff to patients who need extra support to eat and drink.</p>

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<sup>6</sup> **The Red Tray/Red Jug** system helps to reduce nutritional risk in hospitals by providing a signal that vulnerable patients need help and support from staff, or have a poor intake of diet and/or fluids.

### **Eating and drinking**

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<b>We looked at the following:</b>	<b>Our Findings:</b>
	Staff told us that they thought the menu choices had been designed with involvement from a dietician to ensure they were as nutritional as possible.
<ul style="list-style-type: none"><li>• How do staff monitor what patients are eating and drinking?</li></ul>	We saw a variety of different staff collecting the trays after mealtimes. A member of the domestic staff told us that if patients are on a food chart they report their findings back to nursing staff.
<ul style="list-style-type: none"><li>• Did the food look appetising and was there a choice and choice of portion size?</li></ul>	<p>We closely observed the lunchtime period on the day of our inspection visit and noted that the meal trolley was delivered to the ward but it took a further 45 minutes before members of staff began to serve the food. Whilst the trolley kept food warm, we felt that this provided further evidence of a poorly organised mealtime.</p> <p>Whilst we saw that the patient's menu's gave the option to indicate portion sizes, during the mealtime there was no clear distinction between the portion sizes that were finally served to patients and all meals appeared to be a very similar size.</p>
<ul style="list-style-type: none"><li>• How do the ward access food for patients outside of mealtimes?</li></ul>	The ward has a limited stock of basic food such as breakfast cereals, bread and crackers. There were also yoghurts and individual custard pots which meant that even patients with difficulty swallowing could be catered for.

### **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.*

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• What is the time between patients receiving their main evening meal and breakfast?</li></ul>	We were told that dinner is served at 5:30pm and breakfast at 8:30am. Provided these meals are served promptly the gap between them should be acceptable, however, in light of HIW's findings (above) which included chaotic organisation and the food trolley being left for 45 minutes before staff served food to patients, the health board should review the timings.
<p><b><i>Recommendations</i></b></p> <p><b><i>The health board must conduct a review into all current practices around mealtimes to ensure that patients and dining areas are properly prepared; that there are sufficient numbers of staff to assist patients to eat and that there is sufficient leadership to ensure that meal service is appropriately and effectively managed.</i></b></p> <p><b><i>Review the skill mix required to effectively and efficiently provide support to patients at mealtimes.</i></b></p> <p><b><i>The times of the main meals should be reviewed to ensure that they are appropriate considering the issues HIW observed and outlined above.</i></b></p>	

**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.*

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• Did staff assess patients on admission to see what their oral health care needs were? What documentation did they use for doing this?</li></ul>	<p>We looked at records and saw that staff were assessing oral hygiene needs and risks at the point of a patient admission and then creating a care plan to meet any assessed needs.</p> <p>They were using latest standardised All Wales documentation to guide and inform their assessment and care planning.</p> <p>Patients told us that they could ask staff to help them with oral care needs if this was required.</p>
<ul style="list-style-type: none"><li>• What equipment and other resources did staff have for providing and promoting good oral care?</li></ul>	<p>We saw stocks of denture pots to enable patients to remove, clean and safely store dentures.</p> <p>There were toothbrushes available which staff gave to patients if they did not have their own.</p> <p>Staff told us that in the past they had referred patients to a dentist who was able to give advice but was not able to provide any treatment on the ward. If treatment was required, patients would need to visit a dental practice.</p>

### Toilet needs

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

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• Are patient continence needs assessed and is this documented and evaluated regularly? What documentation is being used?</li></ul>	<p>The patient notes we saw showed evidence that patients were being assessed on admission to establish their needs in relation to continence care. The ward were using the latest, best practice standardised All Wales documentation to guide the assessment and provision of continence care. We saw either the new Powys patient documentation or for patients admitted prior to the roll out of this, the All Wales continence assessment documentation being used.</p>
<ul style="list-style-type: none"><li>• Are patients given the help they need in a timely manner?</li></ul>	<p>On the few occasions we heard patients ringing buzzers for assistance, we saw staff promptly answering them.</p>
<ul style="list-style-type: none"><li>• Were commodes and toilets clean?</li></ul>	<p>All toilets and commodes were visibly clean and there were labels in use to indicate clearly when a commode had been cleaned and was ready to use.</p>
<ul style="list-style-type: none"><li>• What other continence aids were available and used?</li></ul>	<p>We also saw a variety of different pads available and signage to point nursing staff towards choosing the most appropriate type for the patients' needs.</p> <p>There was a member of nursing staff on the ward who acted as the lead for continence care, to promote best, up to date practice.</p>

**Preventing pressure sores**

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

<b>We looked at the following:</b>	<b>Our Findings:</b>
<ul style="list-style-type: none"><li>• Were staff assessing the risk of a patient developing a pressure sore and planning their care to reduce any identified risk? What documentation were they using to do this?</li></ul>	<p>We saw that staff were assessing patients on admission for their risk of developing pressure sores and were documenting and regularly monitoring all subsequent care.</p> <p>The new patient documentation (introduced by the health board on 1<sup>st</sup> February 2015) contains Wales-wide, up to date documentation tools to help staff effectively assess and provide pressure area care.</p>
<ul style="list-style-type: none"><li>• What pressure relieving equipment did the ward employ for patients who had been assessed as needing it?</li></ul>	<p>We saw a range of air mattresses and air cushions in place to relieve pressure and also saw that patients were being moved regularly, when required, for their safe care.</p> <p>Staff indicated that they did not always have sufficient air mattresses to meet the high level of needs of the patients they look after. Whilst they told us that they did not feel patients were being put at risk, they felt that they had to allocate this equipment based on levels of risk when they would prefer to have enough equipment to give to patients with only low levels of identified risk.</p>
<ul style="list-style-type: none"><li>• How did the ward ensure that patients in bed were being turned regularly?</li></ul>	<p>The ward had been one of the pilot sites within Powys for using a system of regular patient care known as Intentional Rounding. Discussions with staff and documentation indicated that this was well embedded into their ward routines.</p>

<ul style="list-style-type: none"> <li>• How was the ward monitoring any pressure sores that develop in patients being cared for their and working to reduce any instances?</li> </ul>	<p>The ward sister was keeping an overall record to monitor any pressure areas incurred by patients whilst on the ward, and of patients who are admitted to the ward with pressure areas.</p> <p>We saw a poster reminding staff of the need for diligent pressure area care which suggested the use of pillows carefully positioned underneath a patient's leg to reduce pressure on the heels.</p>
<p><b><i>Recommendation</i></b></p> <p><b><i>Ensure that there are sufficient air mattresses so that preventative care can be provided to all patients' who have been assessed as at risk of pressure areas.</i></b></p>	

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

**At the time of our inspection there had been a recent change in ward managers and also some ongoing staff sickness which meant that there had been a high use of bank and agency staff. We felt that the new ward managers were not yet demonstrating strong leadership and the dilution of the regular staff team with bank and agency also seemed to be having a detrimental affect on morale amongst the team.**

**We were not confident about the safety of the arrangements when patients are admitted at the weekends or after 6pm when the local GP practice is closed. The present arrangements for patients can mean significant delays in seeing a doctor and receiving treatment. Whilst the health board are aware of and monitor this situation we did not see evidence of a clear strategy in place to mitigate the risks.**

### **Staffing levels and skill mix and professional accountability**

On the day of our inspection, there were sufficient registered staff on the ward to meet Chief Nursing Officer guidelines (2012)<sup>7</sup>. There were agency staff present on the day and permanent staff told us that as agency staff had recently been regularly used, many of these individuals were familiar with the ward routines and able to very effectively contribute to the work.

Until very recently the ward had been working with only one registered nurse on shift at night time which is below Chief Nursing Officer guidelines. In light of the distance of Llanidloes Hospital from other hospitals and its isolated location, HIW would not have been content with this arrangement. However we were told that there were now two registered nurses on each night shift; one of the two currently being from an agency.

There was one healthcare support worker (bank staff) working on the day of inspection whilst all other nursing team members were registered nurses, one of whom was an agency nurse whilst all others were permanent staff.

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<sup>7</sup> Chief Nursing Officer Guiding Principles for Nursing Staffing Levels, 2012

## Effective systems for the organisation of clinical care

Graham Davies ward was one of the first Powys hospital wards to trial Intentional Rounding<sup>8</sup>. The staff we spoke to were confident and clear about what this entailed and also told us that they thought the system had encouraged better teamwork amongst staff. We saw a number of Intentional Rounding records which demonstrated that this was being effectively used.

Our observations indicated that there were some other aspects of the ward routines which needed to be better managed and an overall routine more clearly defined so that staff are better aware of their roles and responsibilities. HIW acknowledge however, that on the day of our visit, there was an agency member of staff and bank HCSW in addition to 'permanent staff members of the ward team and that this may have negatively contributed to the delivery of ward systems and routines. We were told by permanent ward staff that there are certain procedures (such as medication administration) which agency staff are unable to do and this can increase the workload and pressure on the permanent nursing team.

The care of patient's on Graham Davies ward is managed and overseen by local GP's - there is no regular consultant input to the ward itself. A GP visits and conducts a ward round each morning from Monday through to Friday. On the day of our visit, a ward round was planned and took place between 9:30am and 10:30am.

Staff told us that most patients are admitted to the ward from one of the two closest District General Hospitals and rarely, directly from the community via a GP. Patients admitted during the day time opening hours (8am and 6:30pm) of the managing GP practice are seen very soon after admission by the GP on call. HIW were particularly concerned to hear from ward nursing staff that patients often arrive for admission to the ward late in the evening from the transferring hospital. After 6:30pm the local GP practice no longer provides medical cover and ward staff told us that they contact the Powys GP out of hour's service to -undertake the medical part of the patient's admission

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<sup>8</sup> **Intentional rounding** is a structured process where nurses on wards in acute and community hospitals and care home staff carry out regular checks with individual patients at set intervals, typically hourly. During these checks, they carry out scheduled or required tasks.

process. We were told that the out of hours service response time can be up to three or four hours, potentially leaving patients for this period without regular or 'as needed' medication. HIW are not content with this situation and consider that it carries potential for risk to both patients and staff. Whilst we discussed this with senior staff during our inspection visit and were assured that the health board are aware of and continue to closely monitor this situation, we could not be satisfied that this ongoing monitoring has led to any clear implemented actions to mitigate the risks.

### ***Recommendation***

***Urgently review the medical support to nursing staff during the out of hour's period; including the scope of the GP out of hour's contract. Create and implement an action plan to mitigate any risks posed.***

### **Training and development**

We spoke to a small number of staff, at different levels, about their experiences of the training provided by the health board. We were told that mostly, staff are offered e-learning for the majority of mandatory and additional training courses. This is with the exception of courses which have a practical element, moving and handling for example.

Generally, staff told us that they had not received (or could not recall) any dedicated training on older people, nor on patient dignity, privacy and independence. We were told that some of the HCSW's who work at night had covered these topics in NVQ training but none of these staff were present during our inspection to enable us to clarify this.

A positive finding was that two of the ward nurses had been supported by the health board to complete post-qualification education in palliative care. We spoke to one of the nurses who told us how they had been able to bring their learning back to the ward and are now hoping they can work with the health board to develop the ward as a palliative care unit for Powys.

We spoke to one member of bank staff and although we acknowledge that this is by no means a representative sample, we were concerned to hear about the little training which had been provided by the health board prior to this member of staff working in their hospitals. We were told that there had been one day of training offered before work on the wards started and the content of this seemed to be largely concerned with explaining the structure and set up of the health board. There was very little about patient care or the principles of providing good care. The bank staff member we spoke to had worked elsewhere as a HCSW and was therefore familiar with the role; however in the

absence of previous experience HIW would not be confident that one day of training would sufficiently equip staff to be effective and safe members of a ward team.

### ***Recommendation***

***Review the detail and appropriateness of mandatory training which is offered to bank staff before they are able to work on wards.***

### **Handling of complaints and concerns**

At the time of our inspection, we were told that there were no active complaints or safeguarding issues being dealt with by the ward staff. We were however, given examples of a recent verbal concern and a recent adult safeguarding issue. The information provided indicated that both issues were resolved appropriately and with consideration given to making overall improvements in ward processes where this was possible.

The ward manager told us that she aimed to keep an open door policy so that staff and relatives / visitors could raise any issues with her with ease. In addition to this, we were told that staff meetings are held approximately three monthly and that they are well attended – particularly by night staff.

The ward manager told us that there were 3 monthly meetings between ward staff and GP's which they used as a regular forum for discussing issues and areas for improvement. The complaints policy was in line with 'Putting Things Right'<sup>9</sup>

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<sup>9</sup> **Putting things Right** is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales

## ***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 found that staff were comfortable and familiar with the processes for reporting a near miss or incident. Staff told us that they were always given feedback after reporting an issue and we consider this feedback loop to be an example of noteworthy practice.**

**We found that overall, the systems for audit and the information provided to staff and ward visitors about audit results needed to be improved. We also found the ward complicated the use of the 'patient status at a glance' board with too much information.**

### **Risk management**

We spoke to staff at a variety of grades and our conversations indicated that staff were comfortable with reporting incidents and near misses on the Datix system<sup>10</sup>. Staff also told us that they always received updates and closure when they had reported something and it had been resolved. We consider a consistent feedback loop to be a positive finding.

We were concerned to find bare concrete flooring in the sluice room. Staff told us that there had previously been an impermeable floor covering but it had to be taken up due to the potential trip hazard it represented. We were told that this had been taken away some months before, but had not yet been replaced. We were concerned by the potential infection control risk that this may present but more concerned that this had been left unaddressed for some months.

### ***Recommendation***

***Replace the flooring in the sluice room as soon as possible.***

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<sup>10</sup> **DATIX** software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

## **Policies, procedures and clinical guidelines**

Staff were aware of policies and procedures relevant to their area of practice. Some were available electronically and there were also hard copies of frequently used policies and procedures in the ward office.

The documentation we saw and conversations we had demonstrated that staff were aware of, and were used to, using many of the 1000 lives campaign initiatives<sup>11</sup> which were embedded into their routines for assessing, providing and documenting care.

## **Effective systems for audit and clinical effectiveness**

We found that the ward were inconsistent in using the quality indicator tools available to them. These are recognised tools for auditing and reporting on the number of falls and pressure areas which occur on the ward. A visual display system known as 'safety crosses' helps staff and any visitors to the ward know exactly how they are doing in these areas. Whilst the safety crosses were available, they were not up to date and had been inconsistently completed. The staff we spoke to did not know what they were, neither did they know their purpose.

The ward sister also told us that she does audits of hand hygiene practices but as staff know that she is the nominated individual her observations do not capture anything other than good practice.

The health board should consider the arrangements it has in place to monitor and ensure the effectiveness of its services, particularly given the number of areas for improvement identified at this inspection. The health board's consideration should include but not be limited to the following issues in relation to systems for audit and clinical effectiveness:

- Whether front-line professionals, both clinical and managerial who deal directly with patients, are sufficiently empowered to speak up and take action if they identify issues similar to those found in this inspection, and in line with the requirements of their own professional conduct and competence.

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<sup>11</sup> The **1000 Lives Campaign** aims to improve patient safety and increase healthcare quality across Wales

- Whether there is a culture of openness and learning within the Health Board that supports staff to identify and solve problems
- Whether the Board has the right information to monitor the quality of care across and take swift action when there are shortcomings.

### ***Recommendations***

***Ensure that audit activity is undertaken as planned and reporting is up to date.***

***Review the purpose of audit and implement an audit methodology which enables more accurate results to be gathered.***

***The health board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The Health Board should set out what, if any, action it will take to ensure that its Board is supportive in identifying and resolving service issues in a proactive and timely manner.***

### **Patient safety**

A 'patient status at a glance' (PSAG)<sup>12</sup> board was in use in the ward office and this contained a significant level of information involving the use of different colours, symbols and either written information or magnets to indicate certain things. The board was displaying so much information that we found it very difficult to identify the most important information relating to individual patients. We spent some time within the ward office and did not see any particular occasions when staff referred to the board. We were concerned by the use of magnets to indicate whether there were 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders in place for certain patients. We were concerned that magnets could inadvertently be moved and end up next to the wrong patients, leading to the potential for wrong treatment to be given in an emergency situation. We spoke to senior health board staff about our concerns and they agreed to urgently address this.

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<sup>12</sup> **Patient Status at a Glance** boards are a visual display of important patient information which can be quickly accessed, easily seen and updated.

### ***Recommendation***

***Urgently review the use of the PSAG board and consider whether in its current, busy state, it meets its intended purpose.***

### **Medicines management**

We observed nursing staff administering medication and also looked at medication storage areas and documentation relating to controlled drugs. We identified some areas for improvement in relation to what we found.

During medication administration, nursing staff did not always check patient identification. They explained that patient turnover on the ward is slow therefore they know the patients well. However, this is mandatory according to the Nursing and Midwifery council Code of Conduct and this must therefore be rectified.

Staff involved in medication administration rounds were seen to be wearing red tabards, used to alert others to the job they are doing and to provide a 'warning; that they should not be disturbed. We also saw nursing staff staying with patients until they had safely taken their medication, at which point they completed the administration charts.

We noted that it was not possible to lock the cupboard containing the intravenous fluids, meaning that these are not stored securely. We spoke to senior staff about this and they agreed to rectify this as soon as possible.

### ***Recommendation***

***Ensure Intravenous fluids are stored safely.***

We also noted some gaps in the controlled drug book and in some cases there was only one signature against medication when it had been administered. We queried this with senior staff but were assured that this practice was in line with Powys medication administration which had recently been reviewed.

### ***Recommendation***

***Supply HIW with a copy of the latest Powys medication administration policy used in secondary care settings.***

There were some entries of drug name and dose which did not state whether they were medicines for injection or oral administration. We recommended, and the health board agreed that they would rectify this immediately.

### ***Recommendation***

***Review standards of record keeping in the controlled drug book.***

### **Documentation**

We looked in detail at two sets of patients' notes, plus a variety of other patients' documentation during our inspection. We found that nursing staff were clearly recording patient needs and creating individualised care plans. We also saw nursing staff regularly completing records.

Generally we found that most of the healthcare professionals were signing and dating patient notes when they made an entry but we did note one medical signature which we felt was unclear but also simple and potentially easy to replicate.

### ***Recommendation***

***Medical staff need to sign, print their designation, date and time of entry when making recordings in patients' notes.***

### **Ward Management**

There had recently been a change in ward managers due to staff retirement. The new ward sister had not been in this senior post for long and during this time had been under increased pressure due to staff shortages elsewhere in the team.

We noted that the sister's office was located off the ward and although nearby, it would not be possible to observe and hear activity on the ward from this distance. Some of our findings indicated that leadership on the ward could be improved and strengthened (for example the mealtime we observed) and reconsidering the location of the sister's office so that she can easily be accessed but can also make herself available to support and intervene would be wise.

### ***Recommendation***

***Re-locate the sister's office to enable easier oversight of and involvement on the ward.***

## 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 Graham Davies Ward at Llanidloes and District War Memorial 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.

## Appendix A

### Dignity and Essential Care: Improvement Plan

**Hospital:** Llanidloes and District War Memorial Hospital

**Ward/ Department:** Graham Davies

**Date of Inspection:** 24 February 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of the Patient Experience</b>			
7	Remind staff of the need to spend time helping patients to understand their care, treatment and medical conditions.			
8	Consider more actively using the day room for patients to enable them to interact and potentially eat meals at the dining table together.			
8.	Review the seating layout in the day room and fix the broken blinds.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
8	Consider improving the accessibility around the ward for patients with confusion and dementia by using different colours at doors and entrances to bays and single rooms.			
<b>Delivery of the Fundamentals of Care</b>				
10.	Ensure that pictorial signage is consistently used to help patients navigate around the ward.			
12.	Staff should be reminded of the principles of maintaining patient privacy and dignity through additional training.			
14.	To increase levels of patient activity and movement where they are able and this is appropriate for their care.			
14.	To review the provision of meaningful activities and ensure that where resources are currently available their use is encouraged. Ward nursing staff to involve occupational therapy services in this review.			
14.	Review the amount of physiotherapist time available for patients on Graham Davies ward.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
16.	Review the ward routines and visiting times to ensure that patients have some time within the day when they can rest.			
17.	To prioritise training which will help staff to effectively assess levels and types of pain, using the Powys agreed documentation to support their findings.			
20.	Review the arrangements for being able to provide patients with clean clothing if they have no relatives, friends or carers to wash clothing. Consider allowing the ward to have a stock of dignity gowns.			
24.	The health board must conduct a review into all current practices around mealtimes to ensure that patients and dining areas are properly prepared; that there are sufficient numbers of staff to assist patients to eat and that there is sufficient leadership to ensure that meal service is appropriately and effectively managed.			
24.	Review the skill mix required to effectively and efficiently provide support to patients at mealtimes.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
24.	The times of the main meals should be reviewed to ensure that they are appropriate considering the issues HIW observed and outlined above.			
28.	Ensure that there are sufficient air mattresses so that preventative care can be provided to all patients' who have been assessed as at risk of pressure areas.			
<b>Quality of Staffing Management and Leadership</b>				
31.	Urgently review the medical support to nursing staff during the out of hour's period; including the scope of the GP out of hour's contract. Create and implement an action plan to mitigate any risks posed.			
32.	Review the detail and appropriateness of mandatory training which is offered to bank staff before they are able to work on wards.			
<b>Delivery of a Safe and Effective Service</b>				
33.	Replace the flooring in the sluice room as soon as possible.			
33	Ensure that audit activity is undertaken as			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	planned and reporting is up to date.			
33	Review the purpose of audit and implement an audit methodology which enables more accurate results to be gathered.			
33	The health board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The Health Board should set out what, if any, action it will take to ensure that its Board is supportive in identifying and resolving service issues in a proactive and timely manner.			
34.	Urgently review the use of the PSAG board and consider whether in its current, busy state, it meets its intended purpose.			
35.	Ensure Intravenous fluids are stored safely.			
36.	Supply HIW with a copy of the latest Powys medication administration policy used in secondary care settings.			
36.	Review standards of record keeping in the controlled drug book.			
36.	Medical staff need to sign, print their			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	designation, date and time of entry when making recordings in patients' notes.			
37.	Re-locate the sister's office to enable easier oversight of and involvement on the ward.			

**Health Board Representative:**

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

**Title:** .....

**Signature:** .....

**Date:** .....