

Hospital Inspection Report (Unannounced)

Morfa Ward, Llandudno Hospital,
Betsi Cadwaladr University Health
Board

Inspection date: 25 and 26 July 2023

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Morfa Ward, Llandudno Hospital, Betsi Cadwaladr University Health Board on 25 and 26 July 2023.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of eight questionnaires were completed by patients or their carers and 17 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#)

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be good. Patients and their relatives spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner. We saw staff attending to patients in a calm and reassuring manner. However, some patients and their relatives told us that they were not always involved in discussions around care planning and discharge arrangements.

This is what we recommend the service can improve:

- Involvement of patients and relatives in discussions around care planning
- Some aspects of the care documentation.

This is what the service did well:

- Good interactions between staff and patients
- Patients were treated with dignity, respect, and compassion
- Patients were attended to promptly when they needed assistance
- Food provision
- General environment and cleanliness.

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care on Morfa ward to be generally safe and effective and the staff team were committed to providing patients with compassionate, safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. The ward was clean and tidy, and arrangements were in place to reduce cross infection. There were formal medication management processes in place.

Patient care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety. However, we found that documentation did not always reflect the care provided.

This is what we recommend the service can improve:

- Some aspects of risk management
- Monitor and review the mix of patients accommodated
- Storage of confidential information.

This is what the service did well:

- Provision of person-centred care
- Dementia support worker
- Medication management
- Infection prevention and control.

Quality of Management and Leadership

Overall summary:

We found good management and leadership on the ward, with staff, in general, commenting positively on the support that they received from the management team.

Most staff members told us that they were generally happy in their work and that an open and supportive culture existed. However, some were critical of some members of the management team.

This is what we recommend the service can improve:

- Some aspects of staff training
- Relationships between some managers and staff.

This is what the service did well:

- Good support and oversight by ward manager
- Good auditing and reporting processes.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of eight were completed. Patient comments included the following:

“Everything good no problems.”

“People go out of their way in giving good service.”

“Food is excellent.”

We asked what could be done to improve the service. Comments included the following:

“Doctors need to give information, plus decisions from doctors. Not involved as family in planning.”

“Staff are so busy to attend at all times.”

Person Centred

Health promotion

Health related information and pamphlets were available in various parts of the ward, many of which were bilingual.

We saw good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner.

We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

Dignified and respectful care

We found that patients were treated with dignity, respect and compassion by the staff team and patients and their relatives were full of praise for the staff.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patient privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

We saw that staff were making an effort to ensure that patients were clean and that their clothing was changed regularly. However, we found that when patients were not supported by relatives or friends visiting them regularly, they were unable to clean and refresh their existing clothes and therefore remained in the same clothing for lengthy periods.

The health board must ensure that patients who do not have regular visitors have access to clean clothes.

Patients told us that they were happy with the way that staff maintained their privacy and we saw curtains being drawn around patients when personal care was being given. However, we saw a patient being transferred into a wheelchair in the main corridor of the ward in a way that did not fully maintain the patient's dignity.

The health board must ensure that patient privacy is maintained at all times.

Individualised care

We found that care was generally being planned and delivered in discussion with patients and in a way that identified and met individual needs and wishes. However, some relatives and patients told us that this was not always the case and that they were not kept informed of what was happening to them. This was a particular issue with regards discharge planning.

The health board must ensure that patients' named representatives are involved in the planning of care in line with patients' wishes.

The quality of assessment and care planning was variable with some of the care plans we viewed not always accurately reflecting patients' needs and were not always reflective of the care being provided. For example, one patient's nutritional risk assessment did not reflect the fact that the patient was on supplements, and another indicated that a patient had no problems with drinking whilst their care notes suggested that they required encouragement to drink. In another example, the patient's care records stated that the patient had no specific nutritional needs. However, the patient was a diabetic with their blood sugar levels being monitored twice a day. The ward's food chart audits suggested that staff require further guidance on how to monitor dietary and fluid intake with the audit for May and June 2023 showing that only 33% of charts had been

accurately completed and signed off by a registered nurse and that, for the same period, only 50% of fluid intake and output charts had been accurately completed.

The health board must ensure that assessment and care planning is consistent and reflective of patients' needs and that supporting documentation, such as dietary and fluid intake charts, are accurately maintained.

We found that pressure area and skin integrity risk assessment were not updated regularly in every case and that referrals to the tissue viability specialist nurse was not always recorded. The ward audit showed that the completion rate for pressure ulcer assessments was 100% in May and that this had reduced to 67% in June.

The health board must ensure that pressure area and skin integrity risk assessments are regularly reviewed and updated and that referrals to the tissue viability specialist nurse are recorded within patients' notes.

There were good multi-disciplinary discussions taking place during the board round around patients' needs. However, the printed handover sheets used by staff were not updated daily and consequently did not reflect changes in patients' condition or care needs.

The health board must ensure that printed handover sheets used by staff are updated daily and that the information accurately reflects patients' care needs.

We found that patients' wishes with regards resuscitation in the event of collapse were being discussed with the patients and their nominated family representatives and that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation was being completed where needed. However, one DNACPR document viewed contained the patient's incorrect date of birth and had not been reviewed to reflect significant changes in the patient's condition and care needs. In addition, the handover sheets used by staff did not contain current information in relation to patients' DNACPR status.

The health board must ensure that DNACPR documentation is completed accurately and that patients DNACPR status is reviewed when there are significant changes in patients' condition and care needs. The health board must also ensure that staff handover sheets accurately reflect patients' DNACPR status.

We found that continence assessments had not been undertaken on all patients and that continence aids, such as pads, were not individually prescribed to meet patients' specific needs.

The health board must ensure that continence assessments are undertaken on all patients and that continence aids, such as pads, are individually prescribed to meet patients' specific needs.

Timely

Timely care

Patients were attended to promptly when they needed assistance. Staff were seen to anticipate patients' needs through general observation. This enabled them to attend to patients in a timely way.

Equitable

Communication and language

Throughout the inspection, we saw staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients in an encouraging and inclusive manner.

The culture of the ward was fully bilingual. Welsh and English languages were treated equally.

Some staff members spoke Welsh, which meant that Welsh speaking patients and relatives could converse with them in their first language.

Rights and Equality

We saw staff being kind and respectful to patients and patients spoken with confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family.

We found that care was being provided in a way to promote and protect patients' rights.

Staff were aware of the need for patients and family to meet in private and were willing to accommodate this by utilising unused rooms.

We found that staff knowledge and application of Deprivation of Liberty Safeguards (DoLS) to be variable with staff telling us that they had received very little training in this area. Staff were unaware of which patients were subjected to DoLS and this was reflected in the quality of the documentation we reviewed.

The health board must ensure that staff are provided with training and guidance relating to DoLS and that patients' DoLS status is accurately reflected in the staff handover sheets.

Staff we spoke with had very little understanding of their responsibilities under the Mental Capacity Act and we were told that assessments were not routinely undertaken.

The health board must ensure that staff are provided with training and guidance relating to the Mental Capacity Act and that assessments are undertaken on patients where necessary.

Delivery of Safe and Effective Care

Safe

Risk management

We found that the delivery of care was generally safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors. However, we found the following issues that require action:

- The testing of water for Legionnaires disease was not robust with evidence that the testing of water in one bathroom had not been undertaken despite it being recorded on the checklist.
- The door leading into the cleaner's storeroom was not locked when not in use. Cleaning liquids were seen stored on shelves within this rooms which presented a risk of harm to patients if ingested. We also found pots of creams and shampoo left in one bathroom and razor blades on an open shelf in an unlocked storeroom, all of which presented a risk of harm to patients. These matters were brought to the attention of the deputy ward manager who took immediate steps to resolve the issues.
- An area of the flooring next to the nurses' station was damaged and presented a trip hazard to patients, visitors and staff. We were informed that the matter had been referred to the maintenance department some time back.
- Ancillary equipment such as hoists and blood pressure monitoring machines were stored in ward day rooms. These presented a trip hazard to patients, visitors and staff.
- The hoist weighing scales were broken and required repair.
- Pots of thickener powder were being stored in an unlocked cupboard in the ward kitchen, the door to which was unlocked at times due to an issue with the locking mechanism. Some of the pots had been opened but there was no date of opening recorded.

The health board must ensure that the above risk management issues are addressed without delay.

Infection, prevention, control and decontamination

There were very good housekeeping arrangements in place. The communal areas and rooms we looked at were clean and tidy. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the ward.

There was a comprehensive infection control policy in place supported by comprehensive cleaning schedules.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. We suggest that outcomes of such audits be displayed for patients, visitors and staff to see.

Safeguarding of children and adults

Patients told us that they felt safe on the ward. There were written safeguarding policies and procedures in place.

We were told that there were no active safeguarding issues on the ward at the time of the inspection.

Blood management

There was a blood transfusion policy in place, and we were told that staff involved in blood transfusion and the management of blood products attended training and undertook regular competency assessments.

Management of medical devices and equipment

The ward had a range of medical equipment available, and records showed that the equipment was maintained appropriately.

Medicines Management

Medicines management arrangements were generally safe, effective, and well organised.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be generally well managed.

There was evidence of pain assessments taking place and nurses, when administering medication were asking patients if they needed any pain relief.

However, we found that some issues relating to medication management required attention:

- The palliative care medication cupboard was found to contain medication prescribed to patients no longer accommodated on the ward
- The automatic closing mechanism fitted to the door leading into the medication storage room was not working properly
- A notice should be placed on the outside of the cupboard containing the syringe driver noting the expiry so that it can be easily monitored by staff.

In addition, we found that the medication disposal box was full of medication awaiting disposal. We brought this to the attention of the pharmacist who removed and dispose of the box.

Effective

Effective Care

There was evidence of very good multi-disciplinary working between the nursing and medical staff.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

National Early Warning Score (NEWS) system were reflected in the assessment and care planning process.

Nutrition and hydration

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission.

Patients had access to fluids with water jugs available by the bedside.

Staff were seen helping patients to eat and drink. We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

All the meals are freshly cooked on site daily and looked well-presented and appetising. Patients told us that the food was very good.

We found an effective system to cater for individual patient needs with good communication between care and catering staff.

Patient records

The quality of the patients' records we looked at was generally good and fairly easy to navigate. However, not all entries were dated and signed.

The health board must ensure that staff date and sign entries in patients' records.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

Some notes were stored in trolleys which were locked when not in use whilst other files were stored on the open, bottom shelves of trolleys and in the ward manager's office which was not always locked.

The health board must ensure that confidential information relating to patients is stored securely at all times.

Efficient

Efficient

We saw staff striving to provide patients with efficient care.

There was a mix of patients receiving care on the ward which included patients with mental health care needs due to dementia, patients with high physical care needs and patients assessed as suitable for discharge and awaiting suitable care home placement or community care package.

Staff told us that they were, at times, finding it difficult to effectively meet the varying care demands stemming from the mix of patients.

The health board must monitor the mix of patients on the ward to ensure that patients' needs are fully met.

Quality of Management and Leadership

Staff feedback

Staff responses to the questionnaire were mixed on most areas of the service, particularly in areas of Welsh Language and fairness and equality in the workplace.

Most of the staff who completed the questionnaire felt that patient care is the organisation's top priority although less respondents felt they would be happy with the standard of care provided by the organisation for themselves, friends or family.

Just over half of the staff felt that they were adequately supported in their work and that senior managers were visible and committed to patient care.

Not all respondents felt that they had fair and equal access to workplace opportunities and that the workplace was supportive of equality and diversity.

Staff comments included the following:

“The staff and the nurses work very hard normally understaffed but work to the best of their abilities the two deputy sisters are approachable and do their best to help the staff and make sure the patient get the best care possible.”

We asked what could be done to improve the service. Comments included the following:

“More training for Dementia care would be useful.”

“More English/Welsh speaking staff so Dementia patients and care of elderly can understand them.”

“Less agency staff, ask Betsi staff first to cover shifts before asking agency.”

“More approachable senior staff.”

“More staff per shift to maintain safety. Especially when we have 1-1 patients.”

The health board must consider the staff comments and take action to address the issues highlighted.

Leadership

Governance and Leadership

There was a clear structure in place to support the ward's governance and management arrangements.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place and we found that formal, documented staff performance and appraisal reviews were taking place on a regular basis.

Workforce

Skilled and Enabled Workforce

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the appropriate procedures had been followed when recruiting staff and that relevant recruitment checks had been undertaken prior to the commencement of employment.

Staff on the ward were encouraged to access both in house and external training opportunities. However, staff told us that, due to pressure of work, they do not always have protected time in order to complete training.

The health board must ensure that staff have protected time, away from the clinical ward area, in order to complete training.

Staff were expected to complete training in subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding as well as service specific training. However, the staff training information provided showed mandatory training completion rates to be variable.

The health board must ensure that all staff complete all aspects of mandatory and more service specific training.

Culture

People engagement, feedback and learning

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients.

We were told by staff that the number of complaints received about the service was very low.

Staff told us that they generally work well together. However, some were critical of some members of the management team. Staff comments included:

“On the whole the staff are very good. However, the management is very poor. Very unprofessional and bad mannered - not supportive or approachable.”

The health board must explore ways to improve and maintain good and professional relationships between managers and staff.

We found that not all staff we spoke with were aware of their responsibilities under the Duty of Candour regulations with some staff telling us that they had undertaken e-learning with others telling us that they had not received any training on the subject.

The health board must ensure that staff are aware of their responsibilities under Duty of Candour and that they receive appropriate training on the subject.

Information

Information governance and digital technology

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

However, as previously mentioned, there were occasions during the inspection when we found confidential information relating to patients left unattended.

Learning, improvement and research

Quality improvement activities

Regular audits were being undertaken in order to monitor and improve the quality of care provided.

Whole system approach

Partnership working and development

We were told that the ward was well supported by other professionals such as pharmacists, physiotherapists and dieticians.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The door leading into the cleaner’s storeroom was not locked when not in use. Cleaning liquids were seen stored on shelves within this room. We also found pots of creams and shampoo left in a bathroom.	This presented a risk of harm to patients if ingested.	These matters were brought to the attention of the deputy ward manager.	Staff were advised to ensure that the door to the cleaner’s room is locked. Creams and shampoo removed from the bathroom and stored securely elsewhere.
The medication disposal box was full of medication awaiting disposal.	This meant that there was no room to store any additional items of medication awaiting disposal.	We brought this to the attention of the pharmacist who removed and dispose of the box.	Medication disposed of.

Appendix B - Immediate improvement plan

Service: Morfa Ward, Llandudno Hospital

Date of inspection: 25 and 26 July 2023

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate concerns were highlighted during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Morfa Ward, Llandudno Hospital

Date of inspection: 25 and 26 July 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Patients not supported by relatives or friends visiting them regularly were unable to clean and refresh their existing clothes and therefore remained in the same clothing for lengthy periods.	The health board must ensure that patients who do not have regular visitors have access to clean clothes.	For patients who do not have friends or family available to bring in clothing or personal belongings. Staff contact patient's social workers to support obtaining relevant clothing and belongings This has been added to our new handover so all staff are aware of the procedure.	Registered Nurse Ward Manager	30/11/2023
		Friends and families are encouraged to bring patient belongings to the ward, in particular clothing and footwear. This is clearly		30/11/2023

		documented in the Llandudno Hospital Leaflet.		
A patient was transferred into a wheelchair in the main corridor of the ward in a way that did not fully maintain their dignity.	The health board must ensure that patients' privacy is maintained at all times.	All staff involved in the multidisciplinary team have completed the privacy and dignity training on ESR. The importance of maintaining dignity to patients at all times will be added to the safety brief for the for two weeks from 16/10/23 and raised at the upcoming ward meeting on the 20/10/2023.	Ward Manager Deputy Ward Manager	30/11/2023 31/10/2023
Some relatives and patients told us that they were not kept informed of what was happening to them. This was a particular issue with regards discharge planning.	The health board must ensure that patients' named representatives are involved in the planning of care in line with patients' wishes.	In instances where patients require discharge meeting with the multidisciplinary team, every effort will be made to arrange a time and date convenient for the family and professionals required. Attendance remotely will be offered as an option to facilitate attendance. All staff must ensure that all communication is documented	Ward Manager Deputy Ward Manager Consultant Multi-Disciplinary Team	31/10/2023

		<p>on the communication page of the Welsh Nursing Care Record. This will be audited alongside documentation standards audit.</p> <p>During daily board rounds the MDT Board Round paperwork is completed. The discharge checklist highlights next of kin and also that they are aware of discharge plans. This is currently being audited through the QR code audits completed by ward manager.</p> <p>Medical Staff encouraged to keep families up to date on their relative's progress. This communication is to be documented in the Patients' medical notes.</p>		
The quality of assessment and care planning was variable with some of the care plans we viewed not always accurately reflecting patients' needs and	The health board must ensure that assessment and care planning is consistent and reflective of patients' needs and that supporting documentation, such as dietary and	Training dates for risk assessments and "Back to Basic" training for all staff will be provided. This will	Ward Manager Dietetics lead	30/11/2023

<p>were not always reflective of the care being provided.</p>	<p>fluid intake charts, are accurately maintained.</p>	<p>include completion of fluid/food charts.</p> <p>The Dietetics department will provide face to face training on the ward, for all staff including medical team.</p>	<p>Medicines Management Lead Nurse</p>	<p>30/11/2023</p>
<p>Pressure area and skin integrity risk assessments were not updated regularly in every case and that referrals to the Tissue Viability Specialist nurse was not always recorded.</p>	<p>The health board must ensure that pressure area and skin integrity risk assessment are regularly reviewed and updated and that referrals to the tissue viability specialist nurse are recorded within patients' notes.</p>	<p>Pressure area and skin integrity_risk assessment training including purpose T (pressure ulcer risk assessment framework) will be delivered.</p> <p>Face to face Tissue Viability training will be delivered.</p> <p>Weekly ward manager and monthly matron audits are completed via IRIS and completion of risk assessments are included in these audits.</p>	<p>Ward Manager Matron Tissue Viability Nurse</p>	<p>30/11/2023</p> <p>30/11/2023</p> <p>30/11/2023</p>
<p>The printed handover sheets used by staff were not updated daily and consequently did not reflect changes in patients' condition or care needs.</p>	<p>The health board must ensure that printed handover sheets used by staff are updated daily and that the information accurately reflects patients' care needs.</p>	<p>Handover documentation has been reviewed through research, audits and peer feedback. The handover is saved to the computer hard</p>	<p>Registered Nurse</p>	<p>30/11/2023</p>

		drive daily to ensure that copies are stored safely.		
One DNACPR document viewed contained the patient's incorrect date of birth and had not been reviewed to reflect significant changes in the patient's condition and care needs. In addition, the handover sheets used by staff did not contain current information in relation to patients' DNACPR status.	The health board must ensure that DNACPR documentation is completed accurately and that patients DNACPR status is reviewed when there are significant changes in patients' condition and care needs. The health board must also ensure that staff handover sheets accurately reflect patients' DNACPR status.	DNACPR status is now included on the daily handover document. Staff will review DNACPR documentation on admission and when there has been a medical review to ensure patient details are updated and correct.	Ward Manager Deputy Ward Manager Resuscitation Officer	30/11/2023
Continence assessments had not been undertaken on all patients and that continence aids, such as pads, were not individually prescribed to meet patients' specific needs.	The health board must ensure that continence assessments are undertaken on all patients and that continence aids, such as pads, are individually prescribed to meet patients' specific needs.	Continence_assessment training will be completed by all nursing staff. When clinically indicated all patients in receipt of continence products will have a continence assessment completed. There is a stock supply of essential continence products for patients to access pending	Ward Manager Continence Lead Nurse	30/11/2023

		the supply of specific products following assessment.		
Staff knowledge and application of Deprivation of Liberty Safeguards (DoLS) to be variable with staff telling us that they had received very little training in this area. Staff were unaware of which patients were subjected to DoLS and this was reflected in the quality of the documentation we reviewed.	The health board must ensure that staff are provided with training and guidance relating to DoLS and that patients' DoLS status is accurately reflected in the staff handover sheets.	Face to face DoLS training for all staff including medical staffing is in the process of being delivered. Quick reference 'Acid Test' document displayed in all clinical areas. Patients who are under DoLS is clearly documented on the shift handover sheet and the DoLS documentation is filed within the medical notes.	Discharge Liaison Nurse Ward manager	30/11/2023
Staff had very little understanding of their responsibilities under the Mental Capacity Act and we were told that assessments were not routinely undertaken.	The health board must ensure that staff are provided with training and guidance relating to the Mental Capacity Act and that assessments are undertaken on patients where necessary.	Face to face mental capacity assessment (MCA) training is being provided for all staff including medical staffing MCA completed as clinically indicated.	Discharge Liaison Nurse Ward Manager	30/11/2023
The testing of water for Legionnaires disease was not robust with evidence that the testing of water in one bathroom had not been	The health board must ensure that these risk management issues are addressed without delay.	Ward checklist for Legionnaires has been amended and is now being completed twice weekly by	Housekeeper	31/10/2023

<p>undertaken despite it being recorded on the checklist.</p> <p>The door leading into the cleaner's storeroom was not locked when not in use. Cleaning liquids were seen stored on shelves within this rooms which presented a risk of harm to patients if ingested. We also found pots of creams and shampoo left in one bathroom and razor blades on an open shelf in an unlocked storeroom all of which presented a risk of harm to patients. These matters were brought to the attention of the deputy ward manager who took immediate steps to resolve the issues.</p> <p>An area of the flooring next to the nurses' station was damaged and presented a trip hazard to patients, visitors and staff. We were informed that the matter had been referred</p>		<p>the housekeeper. Completion of checks monitored by ward manager and evidence stored safely on the ward.</p> <p>Estates have attend the ward to repair the door. To ensure the door remains closed, a QR code audit has been developed and is completed daily.</p> <p>Razors were removed immediately following the HIW visit and placed in a locked cupboard, reminder communicated via safety brief 16/10.2023.</p> <p>The damaged flooring has been escalated through the hospital management team and follow up email requesting and update has been sent 16/10/2023. It is</p>	<p>Ward Clerk</p> <p>Housekeeper</p> <p>Estates</p>	<p>27/07/2023</p> <p>27/7/2023</p> <p>30/11/2023</p>
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<p>to the maintenance department some time back.</p> <p>Ancillary equipment such as hoists, and blood pressure monitoring machines were stored in ward day rooms. These presented a trip hazard to patients, visitors and staff.</p> <p>The hoist weighing scales were broken and required repair.</p> <p>Pots of thickener powder were being stored in an unlocked cupboard in the ward kitchen, the door to which was unlocked at times due to an issue with the locking mechanism. Some of the pots had been opened but there was no date of opening recorded.</p>		<p>noted monthly on the Cleaning for Credits (C4C) audit and has been added to the Morfa Risk register.</p> <p>All equipment is now stored in the store cupboard. This has been communicated through the safety brief 16/10/2023.</p> <p>The broken hoist was reported and has been condemned. A new hoist is in the process of being ordered - costing requested 11/09/2023. Currently sharing hoist with neighbouring ward.</p> <p>Stickers have been introduced which are placed on all perishables on opening this has been communicated through the safety brief 16/10/2023.</p>	<p>Housekeeper</p> <p>Housekeeper</p> <p>Housekeeper</p>	<p>30/11/2023</p> <p>30/11/2023</p> <p>30/11/2023</p>
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<p>Not all entries in patients' records were dated and signed.</p>	<p>The health board must ensure that staff date and sign entries in patients' records.</p>	<p>Staff have been reminded that all documentation needs to be dated and signed following the principles of NMC good record keeping.</p> <p>Nursing documentation is recorded in the Wales Nursing Care Records, an electronic system. Compliance is reported weekly.</p> <p>Medical staffing to be reminded of the important of good record keeping principles.</p>	<p>Ward Manager Matron</p> <p>Consultant Lead</p>	<p>31/10/2023</p> <p>30/11/2023</p>
<p>Some notes were stored in trolleys which were locked when not in used whilst other files were stored on the open, bottom shelves of trolleys and in the ward manager's office which was not always locked.</p>	<p>The health board must ensure that confidential information relating to patients is stored securely at all times.</p>	<p>All medical records and confidential information is stored securely on the ward at all times this has been communicated through safety brief 16/10/2023.</p>	<p>Ward Clerk</p>	<p>25/07/2023</p>
<p>Staff told us that they were, at times, finding it difficult to effectively meet the varying care demands stemming from the mix of patients.</p>	<p>The health board must monitor the mix of patients on the ward to ensure that patients' needs are fully met.</p>	<p>Safe care completed 3 times a day to reflect acuity and staffing. Concerns regarding staff levels will be escalated to the Matron. Additional</p>	<p>Ward Manager Deputy Ward Manager</p>	<p>31/10/2023</p>

		<p>staffing is requested from bank and agency if required.</p> <p>The Dementia Support Worker will deliver bespoke face-to-face dementia training for the all nursing and medical staff.</p>	<p>Matron</p> <p>Dementia Support Worker</p>	31/12/2023
Staff, in responses to the HIW questionnaire, made suggestions as to how the service could be improved.	The health board must consider the staff comments and take action to address the issues highlighted.	<p>Staff comments to be reviewed and acted upon ensuring feedback is given to staff.</p> <p>HIW feedback to be discussed further at ward meetings.</p> <p>Staff wellbeing sessions to be arranged with support from Workforce and Organisational development team.</p>	<p>Ward Manager</p> <p>Matron</p>	<p>30/11/2023</p> <p>31/1/2024</p>
Staff told us that, due to pressure of work, they do not always have protected time in order to complete training.	The health board must ensure that staff have protected time, away from the clinical ward area, in order to complete training.	Staff to be given protected time and either receive time in lieu or payment for attending training outside their normal working hours.	<p>Ward Manager</p> <p>Deputy Ward Manager</p> <p>Matron</p>	30/11/23
The staff training information provided showed mandatory	The health board must ensure that all staff complete all aspects of	All staff to have mandatory training above 85%.	Manager	30/11/2023

<p>training completion rates to be variable.</p>	<p>mandatory and more service specific training.</p>	<p>This will be monitored through PADR's, where mandatory training compliance is discussed and support given if required. In addition, compliance is reported on monthly Matron accountability which is presented to the DHoN/HoN.</p> <p>Local site data base to be kept recording additional staff training.</p>	<p>Deputy Ward Manager</p> <p>Locality secretary</p>	<p>30/11/2023</p>
<p>Some staff who completed the HIW questionnaire were critical of some members of the management team.</p>	<p>The health board must explore ways to improve and maintain good and professional relationships between managers and staff.</p>	<p>Staff wellbeing sessions to be arranged with support from Workforce and Organisational development team.</p> <p>Matron to attend ward meetings.</p> <p>Matron to continue daily visibility on the wards. visit ward daily.</p> <p>Senior management including Deputy Head of Nursing and Head of Nursing to visits to</p>	<p>Ward Manager</p> <p>Deputy Ward Manager</p> <p>Matron</p> <p>DHoN/HoN</p>	<p>30/11/2023</p> <p>31/01/2024</p>

		the ward to weekly to ensure visibility.		
Not all staff we spoke with were aware of their responsibilities under the Duty of Candour regulations with some staff telling us that they had undertaken e-learning with others telling us that they had not received any training on the subject.	The health board must ensure that staff are aware of their responsibilities under Duty of Candour and that they receive appropriate training on the subject.	ALL staff informed of their responsibilities regarding the duty of candour. All staff will be supported to attend duty of candour training which will be included on site data base.	Ward Manager Deputy Ward Manager	30/11/23

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Simon Newman

Job role: Director of Nursing

Date: 13/10/2023