

Announced Follow-Up Inspection

Dignity and Essential Care

Cardiff and Vale University Health Board

University Hospital of Wales

Ward B7

Date of inspection 29th April 2014

HIW Follow-Up Inspection: Ward B7, University Hospital of Wales

Inspectors: HIW Clinical Service Advisor and Clinical Inspector (Peer).

Health Board Staff:

Ward Manager (inspection and feedback session) and staff of Ward B7 (inspection)

Senior Nurse for Medicine (inspection and feedback session)

Lead Nurse for Professional Practice and Regulation (inspection introduction and feedback session)

Lead Nurse for Medicine (inspection cover for Senior Nurse Medicine and feedback session).

Clinical Board Nurse for Unscheduled Care (feedback session)

Assistant Director of Nursing. (inspection introduction)

Health Board Executive Director of Nursing (feedback session)

Background:

The Health Board was advised of the follow-up Inspection with an announced date and inspection schedule. The follow-up inspection focused on the findings of the Dignity and Essential Care Inspection of December 2012 and the progress which the Ward and the Health Board had made since December 2012 against the following areas:

- The ward environment
- Staff attitude, behaviours and ability to deliver dignified care
- The management of patients with cognitive impairment, complex needs including confusion and dementia
- The assessment of care, planning of care and the documentation of care, including evaluation of care provision
- Records management
- Fluid and nutritional assessment and care
- Pressure area care
- Personal care and hygiene
- Toilet needs
- Call buzzers

- Communication
- Pain management
- Medicines management
- Discharge planning (more complex discharges).
- Activities.

During the inspection, which was announced and completed in the style of a spot check; we looked at the overall standard of patient experience and the fundamentals of care. We looked at management and leadership and quality and safety of the clinical service.

We were presented with evidence to confirm that the Ward had achieved most of the recommendations made during the initial Inspection. We noted that the Ward had made progress in partially achieving the other recommendations from the initial inspection, with on-going work in progress (See table below).

Follow-Up Inspection Assessment and Findings:

Our findings are summarised in the table below.

During our inspection we noted the Ward staff to be caring in their manner and approach with both patients and their families/carers. The Ward has made a number of achievements which place an emphasis on safe care and effective communication with patients and their families/carers.

We noted relatives to be relaxed in the Ward environment. Relatives appeared to be comfortable to approach staff with questions and there was meaningful communication observed between patients, relatives and staff.

Ward and Service provided:

Ward B7 is the Respiratory Medicine in-patient service on the UHW site. The Ward caters for both male and female patients who are admitted to hospital with an exacerbation of their long term condition or are admitted with a new onset of the medical condition. The Ward works to the National Respiratory Guidelines. The Ward has a Lead Medical Clinician, a Clinical Nurse Specialist Service and a community in and out-reach service. The Ward has links with the in-patient Ward Respiratory Service at Llandough Hospital via co-ordination of a Senior Nurse Manager.

There is a mixed level of patient acuity on the Ward. This ranges from high dependency patients on non-invasive ventilation, to those who do not require mechanical assistance but require oxygen therapy, to those who can breath independently. Due to the nature of their condition, all patients have some degree of breathlessness and require assistance with activities of daily living and time to maintain their independence as much as possible. During the follow-up inspection, patients and staff provided information to support the conclusion that staffing was adequate to meet the needs of patient care.

Progress Since Initial Inspection:

The Ward Manager and Senior Nurse provided evidence of the work undertaken against the recommendations from the initial inspection. There appears to have been progress and this is outlined in the table below. It was recommended at the feedback session that the Ward works to a refreshed single ward action plan which the Health Board agreed to take forward.

All of the recommendations have been led and achieved from within the Ward team, supported by the Senior Nurse Manager. Additionally the ward is supported by Clinical Nurse Specialists and other Health Board wide services in support of the implementation of the Ward action plan.

An emphasis on patient centred care was observed and described to the Inspectors with attention to the Fundamentals of Care for individuals. We observed a good standard of the delivery of the fundamental aspects of care during the follow-up inspection. This included the observation of a mealtime, patients receiving warm and cold drinks, patients being assisted to maintain their independence as much as possible. Staff were observed interacting sensitively with patients, assisted patients to walk to the toilet and to watch the bedside television when they were confined to bed due to the symptoms of their medical condition when they required assistance to do so. Staff communicated sensitively with relatives and staff and were observed maintaining patients' privacy and dignity when providing care at the bedside.

The monitoring of quality and safety within the Ward was described. There is a system of Patient Status At a Glance (PSAG) in place which is utilised by the whole multi-professional team. Nursing has ownership of the system and via ward Nursing leadership structures, accountability is in place to ensure that the PSAG boards are kept up to date. The ward has a system of 'Board Rounds' which result in the whole multi-professional team using the PSAG Board as a focus of communication about individual patients at handover periods and when, for example, medical staff attend the ward prior to a ward round.

There is a system of "Intentional Rounding" within the organisation of the nursing work within the Ward routine. Patients receive regular time and attention from nursing staff which also supplements any other as necessary individual care the Ward is exploring the implementation of real time documentation as well as regular shift entry documentation. The use of the Patient Care At a Glance board was fully implemented and well advanced.

It appears that the Ward is bringing together the new systems of intentional rounding with their previous method of patient allocation care organisation. The more systematic Ward routine, which includes the rounding regimes, appears to be focusing as much time as possible to direct patient care at the bedside because we observed that documentation was updated at the bedside in real time. The Ward recognised that more work on documentation of care is required to fully achieve both real time evaluation of care and regular shift to shift evaluation of care. We concluded that further work is needed on the end to end process of assessment, planning, implementation and evaluation of care. At Directorate level, through the professional management structure, there is a system of

Senior Nurse spot checks which includes case-note review. This system allows the Senior Nurse to raise findings individually with staff and discuss requirements for improvement to ensure the standard for documentation is met. We recommend a regular system of audit of case notes against an audit tool to add to the Ward's body of evidence to support their improvements in the documentation of care.

Care indicators are monitored and recorded via the Care Metrics System. There was evidence of support and transparency across and up through the professional nursing, medical and management structures. There was strong evidence of multi-professional team working within the Ward to the benefit of the patients. The Ward is using other resources to develop areas of care including the links with the Dementia Care Nurse and Nurse Consultant, Vulnerable Adults. It is recognised that this work has progressed but remains work in progress in order to fully achieve a consistent knowledge and skill base across all staff. It was noted that staff have flexible skills in dealing with patients in the acute phase of respiratory distress and the stage when they are more stable yet not fully recovered.

HIW Announced Follow-Up Inspection Record 29/04/14 Ward B7 University Hospital Of Wales.

Initial Inspection Finding	HIW Follow-up Finding	Health Board Action	Responsible Officer	Timescale
Patient Experience				
<p>During the follow-up inspection, patients were observed to be well cared for. Staff carried out their duties in a sensitive manner and were noted to be considerate in their approach to communication and care provision, displaying a caring approach. Patients and relatives told us that patients received good care and attention. This included attention to individual personal care needs and their need for information about their care and treatment. We found evidence of written patient information and health promotion material on a wall display.</p>				
<p>The Ward Environment</p>	<p>HIW follow-up noted that this recommendation had been Achieved.</p> <p>Signage for male/female toilet facilities has been actioned.</p> <p>The Ward was observed to be in a good state of cleanliness and general housekeeping.</p>	<p>The Ward and the Health Board is required to maintain the standard of the Ward environment.</p>		

Delivery of Fundamentals of Care				
We observed that the Ward had achieved improvement in all but one area of the recommendations of the initial Inspection. We observed during the follow-up that the Ward was delivering a good standard of the fundamentals of care.				
Staff Identification	Achieved. All staff were seen to be wearing identification badges	The Ward and the Health Board is required to maintain the Fundamentals of Care Standards		
Ability to carry out dignified care Use of Dignity Pegs	Achieved – standards observed as being met at time of follow-up inspection	The Ward and the Health Board is required to maintain the Fundamentals of Care Standards		
The management of patients with cognitive impairment including Dementia care.	Not fully achieved but progress has been made, however the Ward can further develop in this area. Some training has been achieved.	The Ward is required to continue to progress and fully achieve this recommendation.		
Care planning and provision	Achieved – standards observed as being met at time of follow-up inspection	The Ward and the Health Board is required to maintain the Fundamentals of Care Standards		
Fluid and Nutrition	Achieved – standards observed as being met at time of follow-up inspection The Health Board has reported that it has conducted an internal investigation in to the source of the drawing pin (found in food) during our previous inspection and taken action to ensure that there is no repetition of the incident	The Ward and the Health Board is required to maintain the Fundamentals of Care Standards		

	<p>Food Trolleys were observed as not being left near notice boards – a risk factor associated with the findings of our previous inspection</p>			
<p>Continence care</p>	<p>Achieved – standards observed as being met at time of follow-up inspection</p>	<p>The Ward and the Health Board is required to maintain the Fundamentals of Care Standards</p>		
<p>Pressure Area care</p>	<p>Achieved – standards observed as being met at time of follow-up inspection</p>	<p>The Ward and the Health Board is required to maintain the Fundamentals of Care Standards</p>		
<p>Call Buzzers</p>	<p>One buzzer failed to work at one point during the inspection. This was changed and rectified during the inspection.</p>	<p>The Health Board is required to ensure that buzzers are in working order and maintained.</p>		
<p>Discharge Planning</p>	<p>Achieved: The ward recognises that continual attention and progress is required to continue with patients who have complex discharge needs.</p>	<p>The Ward and the Health Board is required to maintain this standard</p>		
<p>Pain management</p>	<p>Achieved – standards observed as being met at time of follow-up inspection</p>	<p>The Ward and the Health Board is required to maintain this standard</p>		
<p>Medicines Management</p>	<p>Achieved. Red tabards implemented.</p>	<p>The Health Board is required to explore and implement an effective laundry system for red tabards.</p>		

Management and Leadership

During the follow-up we noted the leadership from the Ward Manager and that the Ward Manager and staff were well supported by Senior Nursing staff. The Ward Manager described that there were adequate staff for the demands of the clinical care that needed to be provided on the Ward. In the event of increased patient acuity, which can be the case quite frequently due to the different levels of care of patients on the Ward, there is an escalation procedure aimed at making additional staff available.

The Ward and the Health Board is required to maintain the standard of management and leadership observed during the follow-up inspection.

Quality and Safety

We noted that staff had a caring and considerate manner when speaking to and providing care to patients.

The ward is required to maintain this Professional caring and considerate approach to service users (patients, relatives and carers).

We noted that further work is required on the flow of nursing documentation to achieve a co-ordinated documentation of care from assessment, planning, implementation and evaluation of care.

The Ward is required, with appropriate Health Board support, to progress and achieve a co-ordinated flow of individualised Care Assessment, Planning, Implementation and Evaluation of care.