



**Dignity and
Essential Care
Inspections**
2014-15

Thematic Report

September 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of health care in Wales.

Our Purpose

To provide the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services, making recommendations to healthcare organisations to promote improvements.

Outcomes

Provide assurance:

Provide independent assurance on the safety, quality and availability of healthcare by effective regulation and reporting openly and clearly on our inspections and investigations.

Promote improvement:

Encourage and support improvements in care through reporting and sharing good practice and areas where action is required.

Strengthen the voice of patients:

Place patient experience at the heart of our inspection and investigation processes.

Influence policy and standards:

Use our experience of service delivery to influence policy, standards and practice.

This report pulls together high level national themes from HIW's 2014-15 Dignity and Essential Care Inspection (DECI) programme at NHS hospitals in Wales.

HIW would like to thank all the reviewers who contributed to the DECI programme during 2014-15.

2. What's included in this report?

As part of the inspection programme for 2014-15, HIW completed unannounced DECI at 46 wards or departments in NHS acute, general and community hospitals across each of the seven health boards in Wales. The inspection methodology for the DECI can be found in Annex A and the list of which hospitals and wards were inspected, dates and links to the inspection reports can be found in Appendix 1.

For this report, the Corporate Intelligence and Development team at HIW reviewed 35 of the 46 inspections reports i.e. those published by the end of March 2015. This means the report draws on findings from over 75 per cent of the DECI activity conducted in 2014-15.

3. What's not included in this report?

This report does not present findings or themes for the individual health boards inspected. The individual health board themes are covered in each organisation's annual report 2014-15¹.

This report does not consider any findings from previous years or the six follow-up DECI that were completed during 2014-15. The follow-up DECI methodology differs from that of a standard DECI and therefore findings were not strictly comparable. The report does not contain any trends or themes identified as part of other HIW work streams (e.g. dental practice, GP, mental health and independent hospital inspections).

¹ <http://www.hiw.org.uk/news/38307>

4. High level themes

As a result of the review of DECI reports for 2014-15, the following high level themes were identified:

- Positive patient feedback on the provision of care
- Environmental concerns impacting on patient dignity
- Medicine management issues
- Staff training
- Poor standard of documentation
 - Care plans
 - Needs assessments
 - Pain assessments
 - Food and fluid charts
 - Mental Capacity Assessments.

On the whole, patient feedback was very positive on the provision of care they received from staff during their stay on wards across Wales. The vast majority of feedback from patients also stated that staff on the wards were professional, friendly and respectful. HIW also observed, in the majority of inspections, that staff were delivering professional and compassionate care.

In some of our inspections, we found that the environment required action to improve the privacy and dignity provided to patients whilst in hospital. However, given those environment challenges, HIW still observed staff protecting the privacy and dignity of patients when providing assistance and this corresponded with patient feedback.

HIW included a number of recommendations around medicine management issues; these ranged from the incorrect storage of medicine to the failure of nursing staff to accurately document in patient records that medicine had been received. Where medication issues were identified HIW brought these to the attention of senior ward staff and, where appropriate, assurance was sought via immediate assurance letters.

In some inspections, staff informed us that they had not been given the time to complete all mandatory training and that it was expected that staff should complete training in their own time. Other staff informed us that they had not been given suitable training in relation to the patients they deal with and we encountered examples of staff having received no training on The Mental Health Capacity Act² and Deprivation of Liberty Safeguards³, Dementia and Stroke.

HIW inspection activity highlighted that poor documentation of patient records and written care plans was an issue across Wales. HIW was not assured that patients' needs were always assessed, planned and regularly reviewed in written care plans. HIW tended to observe generic instead of patient centred care plans, with no clear written guidance for staff to provide care and support to each patient in accordance with their individual needs, wishes and preferences.

On occasions, HIW found ward staff not using a recognised pain assessment tool⁴. In those inspections we also saw little or no documentation to evaluate the effectiveness of prescribed pain relief. Without such written evidence, staff could not confirm that such medication had been effective or that it remained necessary.

HIW sometimes noted that information was poorly documented within patient food and fluid charts, with staff failing to accurately record patient nutrition and hydration levels. Therefore HIW could not be assured that patients' fluid and nutrition was being adequately monitored.

HIW found limited evidence of effective mental capacity assessments being undertaken and we encountered staff with limited understanding of the importance of mental capacity assessments⁵.

² <http://www.legislation.gov.uk/ukpga/2005/9/contents>

³ <http://www.hscic.gov.uk/dols>

⁴ A pain assessment tool is an instrument designed to assist in the assessment of pain in patients, some of who are unable to clearly articulate their needs.

⁵ <https://www.gov.uk/government/collections/mental-capacity-act-making-decisions>

5. Quality of the Patient Experience

As a result of the review of DECI reports for 2014-15, the following themes were identified under the quality of the patient experience domain:

- Positive patient feedback on the provision of care
- Environmental concerns impacting on patient dignity
- Lack of storage space causing health and safety issues.

Patient feedback was very positive on the provision of care that they received from staff during their stay on wards across Wales. The majority of patient feedback also stated that staff on the wards were professional, friendly and respectful. Key statistics from the questionnaire response are as follows:

- 95 per cent of people felt that the ward was clean and tidy
- 95 per cent of people said staff were polite to them, their friends and family
- 91 per cent said staff listened to them, their friends and family
- 76 per cent said staff helped them to understand their medical conditions
- 97 per cent said staff were kind and sensitive to them when they carried out their care and treatment.

The detailed breakdown of patient questionnaire responses can be found in Appendix 3.

HIW also observed, in the majority of inspections, that staff were professional and delivering compassionate care. In a few isolated cases, HIW observed staff not wearing clear identification (e.g. ID badges). At times, it was observed that staff failed to introduce themselves to patients when carrying out care or at the outset of their shift and patients not feeling listened to.

In the majority of our inspections, HIW observed and had feedback from patients who told us that they were well informed about their care and treatment.

In a small proportion of patient feedback, HIW was told that communication was lacking between staff and patients. For those patients, HIW could not be assured that they were consistently informed regarding their care and treatment; some patients complained about conflicting information from different medical professionals.

In some of our inspections, we found the environment required action to improve the privacy and dignity provided to patients whilst in hospital. For example, HIW noted wards with worn and tired curtains that needed replacing. However, HIW observed staff protecting the privacy and dignity of patients as far as possible when providing assistance and this corresponded with patient feedback.

Based on observations from HIW and feedback from patients, it was noted that some wards were tired and in need of refurbishment and the lack of storage space on some wards meant corridors were cluttered with medical equipment which posed a safety hazard. It was also noted that on some wards cleaning and medical equipment was routinely stored in toilets and bathrooms, which led to the number of usable facilities on those wards being reduced. Additionally the lack of dedicated storage for cleaning and medical equipment compromised the cleanliness and tidiness of these wards.

In a small number of inspections, it was noted that there was very little activity to keep patients occupied during their stay in hospital to support recovery and wellbeing. The maintenance of independence is important for people of all ages, especially for older people to promote recovery and discharge from hospital.

6. Delivery of the Fundamentals of Care

As a result of the review of DECI reports for 2014-15, the following themes were identified across the 12 Fundamentals of Care⁶ domains:

- High standard of verbal communication and information
- Patients appeared clean and well cared for
- Poor standard of documentation
 - Care plans
 - Needs assessments
 - Pain assessments
 - Food and fluid charts.

Standard 1 - Communication and information

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

Overall HIW inspection teams observed a high standard of verbal communication and information which included family and carer involvement. A number of patients who spoke with the inspection teams indicated that they had been given the option to communicate with hospital staff in the language of their choice. Patients also told us that staff were always polite and listened to them and their family.

However, there were also inspections where HIW was not assured that patients' needs were always assessed, planned and regularly reviewed in care plans. HIW tended to find generic instead of patient centred care plans, with no clear guidance to provide care and support to each patient in accordance with their needs, wishes and preferences.

⁶ <http://www.wales.nhs.uk/documents/booklet-e.pdf>

It was concerning to hear staff confirming in a few inspections that patient records were not written in real time but usually at the end of the shift. This poses a risk to patients, as care notes may not be robust, or adequately reflect the care given to a patient at any given point. There is also a risk that the information would not get recorded at all.

Standard 2 - 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.

Overall HIW observed staff being polite, courteous and treating patients respectfully when assisting them and providing treatment. However, we did encounter incidents where staff were either unable to protect the privacy of patients' information due to the environmental layout of the wards or failing to protect the privacy of patients by discussing patient care in corridors. This, coupled with generic care plans covered under 'communication and information', highlights that more work in this area needs to be done by health boards to ensure all patients' dignity and essential care needs are met.

Examples of patient privacy not being maintained included Patient Status at a Glance (PSAG) Boards which were on full display for all patients and visitors to view. These boards are a good initiative and aid staff to quickly review a patient's current status and needs, but consideration needs to be given to how patients' information can be protected when PSAG boards are being used.

Standard 3 – Ensuring safety

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Findings for this standard are covered under 'Patient safety' in Section 8 - Delivery of a safe and effective service.

Standard 4 - Promoting independence

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

Overall, HIW found staff encouraging patients to be as independent as their conditions allowed, providing assistance as needed. In a small minority of inspections, we observed wards that did not appear to be actively promoting or prioritising patient independence. We also found some cluttered ward environments that were not conducive to allowing patients to mobilise safely and independently.

The maintenance of independence is important for people of all ages, especially for older people to promote recovery and discharge from hospital. Some inspections observed that in acute wards the staff time was focused on new admissions, with time for rehabilitation and reablement being limited. We observed some length of stays of over 48 days for older people in an acute ward area, where not all staff had rehabilitation and therapy skills or time to support reablement and rehabilitation activities.

Standard 5 - Relationships

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

Overall we found appropriate arrangements in place for patients to maintain contact with relatives and friends. Visiting times were clearly communicated to relatives, carers and friends. Many health boards had a Wi-Fi connection available for patients who wished to maintain contact with family and friends through this means of communication.

Standard 6 - Rest, sleep and activity

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

During HIW inspections, it was noted, for a variety of reasons, that some ward environments were not conducive to rest and sleep, which impacted on the experience of patients during a length of stay in hospital. HIW also noted that some wards lacked adequate supplies of bed linen, with staff advising they had to borrow clean linen from other wards to manage resources.

Standard 7 - Ensuring comfort, alleviating pain

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

HIW heard positive feedback from patients that they were comfortable and pain free, with few incidents where this wasn't the case. In those incidents patients explained that it took longer than expected to receive prescribed pain relief, but that it didn't happen regularly.

In some inspections HIW found ward staff not using a recognised pain assessment tool⁷. In those inspections we also saw little or no documentation to evaluate the effectiveness of prescribed pain relief. Without such written evidence, staff could not confirm that such medication had been effective or that it remained necessary. In those incidents, ward staff were informed immediately and the issue addressed on the day of the inspection. HIW also issued immediate assurance letters to the health boards to ensure this was addressed formally. A list of inspections that resulted in an immediate assurance letter being issued can be found in Appendix 2.

Standard 8 - 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.

Generally the patients we saw during our inspections appeared clean and well cared for. Patients who completed our patient questionnaires told us staff helped them to maintain their personal hygiene as needed and this was found during our inspections, with staff ensuring a good standard of patient personal hygiene was maintained.

Standard 9 - 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.

Overall, HIW found staff helping patients as needed and discreetly checking patients were managing to eat their meals. Patients generally provided positive feedback regarding meals and overall we saw staff assisting to ensure mealtimes were calm and unhurried.

⁷ A pain assessment tool is an instrument designed to assist in the assessment of pain in patients, some of who are unable to clearly articulate their needs.

However, we noted on a number of occasions during mealtimes on wards that patients were not offered opportunities to wash their hands prior to eating. We also found some wards where mealtimes could be uncoordinated, with patient tables not prepared to make space for food trays. In one inspection, reviewers witnessed a urine bottle on the same table as the food tray. The issue was resolved during the inspection. However, this provides an important example of the importance of co-ordination and availability of staff to support at mealtimes.

HIW sometimes noted poor documentation within patient food and fluid charts, with staff failing to accurately record patient in-take and output. In those incidents HIW could not be assured that patients' diet and nutrition was being adequately monitored.

Standard 10 - 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.

HIW observed a good standard of the delivery of this area of practice. We noted that patients had clean and moist mouths and that those patients who required assistance with oral care were assisted appropriately. HIW did encounter a few issues, including an incident of poor standards of oral care due to staffing levels and another incident where poor standards of assessment and documentation were observed. Poor levels of care were infrequent and no patterns or trends could be identified at a national level.

Standard 11 - Toilet needs

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

Generally, the care records HIW inspected showed staff had recorded a continence assessment⁸. Toilet facilities were clean and were equipped with suitable hand washing facilities and paper, to reduce cross infection and maintain patients' dignity. Commodes were generally well maintained and labelled to indicate they had been cleaned and were ready for use. We saw staff spending time assisting patients to walk to the toilet according to their wishes and promoting their independence.

Patients told us that staff answered requests to use the toilet in a timely manner. However, it was evident from comments that sometimes there were delays if staff were busy and when staff numbers are reduced in the evening.

Standard 12 - Preventing pressure sores

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

Generally patients were helped to look after their skin to prevent them developing pressure sores. Where patients required pressure relieving equipment this was generally available to prevent patients developing pressure sores, with records indicating staff checked patients' skin state regularly. HIW noted during accident and emergency department inspections that pressure area care was compromised due to the lack of pressure relieving equipment in the department. Where HIW noted issues on wards, such as poor systems for obtaining pressure relieving equipment, these were addressed with the health boards via action plans after the individual inspection reports were published.

⁸ The All Wales Continence bundle is a tool which enables all nurses in Wales to assess the continence needs of their patients, audit the care provided and offer patients the opportunity to give feedback

7. Quality of Staffing, Management and Leadership

As a result of the review of DECI reports for 2014-15, the following themes were identified under the quality of staffing, management and leadership domain:

- Nurse staffing levels met in the majority of inspections
- Clear lines of professional accountability
- Staff not given time to complete all mandatory training.

Staffing levels and skill mix and professional accountability

For the majority of inspections we found the appropriate staffing levels on wards/emergency departments and staff advised us that they felt staffing levels were correct for the mix of patients on the wards. In some inspections, staffing levels were met because the ward manager was counted within the nursing staff; this meant that the ward sister was unable to effectively manage the ward whilst they covered shortfalls in nurse numbers.

However, in some inspections we found that staffing was not sufficient to meet the needs of patients. This was generally attributed to unfilled vacancies and resulted in frequent use of bank and agency staff to cover staffing shortfalls.

In a few inspections HIW observed that the ward manager (ward sister) was included in the numbers for the whole shift which did not allow them to carry out their duties of co-ordinating the ward (for example admissions and discharges). It also limited the amount of time the ward sister was able to spend speaking with patients and relatives. When it came to them having a balance between time out on the ward and time to carry out their management duties as the team and department manager, our inspections observed that when the ward sister was included in the numbers for the whole shift, other areas of their role were challenged.

On numerous inspections HIW observed some highly effective ward sisters, who were comfortable with the HIW inspection team being present. HIW observed some very well run wards, with good multi-professional teamwork, which was reflected in observations of well cared for and satisfied patients.

Effective systems for the organisation of clinical care

During our inspections we saw clear lines of professional accountability in place, with a strong degree of medical/nursing leadership to support staff in their roles. We saw some good examples of multi-professional working and mechanisms to enable all members of the team, including those who did not work within the ward environment on a daily basis, to discuss and make shared decisions to support patient discharge.

Training and development

During the majority of inspections we saw good local systems in place to ensure staff received mandatory and appropriate training within their specialty. Student nurses informed us that they were well supported during placements on wards we inspected. In some areas we saw excellent learning materials for healthcare students, however this was not consistent across all areas inspected.

In some inspections, staff informed us that they had not been given the time to complete all mandatory training and that it was expected that staff should complete training in their own time. Other staff informed us that they had not been given suitable training in relation to the patients they deal with and we encountered examples of staff having received no training on The Mental Health Capacity Act⁹ and Deprivation of Liberty Safeguards¹⁰, Dementia and Stroke.

Our reviewers observed that staff could be vague and unclear about what they had learnt via e-learning, but could more confidently talk about the face-to-face training they had received.

⁹ <http://www.legislation.gov.uk/ukpga/2005/9/contents>

¹⁰ <http://www.hscic.gov.uk/dols>

Handling of complaints and concerns

Overall, we found staff on wards had a clear understanding of the process for dealing with concerns and complaints. Staff, patients and relatives were also encouraged to raise concerns. On wards we inspected, we could see that when complaints had been raised, they had been investigated in the appropriate manner.

HIW observed wards where information on how to raise a concern was clearly visible within hospitals.

Staff on wards were provided with feedback following any concerns/complaints and additional training provided. We also found that staff were required to complete a reflective piece of work following their involvement in the concern/complaint. This was to ensure that staff learned from the experience and to minimise repetition of the circumstances which led to the concern.

8. Delivery of a Safe and Effective Service

As a result of the review of DECI reports for 2014-15, the following themes were identified under the delivery of a safe and effective service¹¹ domain:

- Medicine management issues
- Poor standard of documentation
 - Care plan
 - Needs assessments
 - Pain assessments
 - Food and fluid charts
 - Mental Capacity Assessments.

Environment

Overall, HIW found that wards provided a safe and secure environment for patients and staff. We did encounter wards in need of refurbishment and which lacked storage space. In these inspections it was noted that staff routinely stored cleaning and medical equipment in showers and bathrooms, which led to the number of usable facilities on those wards being reduced for the majority of the day. Typically, the equipment was moved to the corridors when the showers and bathrooms were required, which led to cluttered corridors, posing trip hazards for patients and staff.

¹¹ <http://gov.wales/docs/dhss/publications/150402standardsen.pdf>

Patient safety

Overall, we found there were good systems in place to report and act on issues related to the provision of safe and effective services to patients. We did encounter issues on some inspections of call buzzers that were not working. For those inspections, the call buzzer issue was raised and addressed during inspection.

The following themes have been covered elsewhere in the report, but also pose patient safety issues:

- Poor documentation of patient care records and assessments
- Low staffing levels
- Cluttered ward environments posing health and safety issues
- Staff awareness and training in The Mental Capacity Act¹² and Deprivation of Liberty Safeguards¹³, Dementia and Stroke.

HIW ensured that any such issue was raised and addressed during inspection. HIW also followed up these issues formally with the health boards to ensure the issues were resolved and that continuous improvement measures were put in place.

Infection control

In a small number of inspections we found some infection control issues by both medical and non-medical staff on wards. Examples included medical staff not wearing gloves or washing hands as required. We also witnessed patients being nursed in isolation where non-clinical staff, who were assisting, were not wearing appropriate protective gloves and apron, therefore increasing the risk of cross infection.

¹² <http://www.legislation.gov.uk/ukpga/2005/9/contents>

¹³ <http://www.hscic.gov.uk/dols>

Medicine management

HIW has concerns about the number of medicine management issues encountered during its inspection activity. Issues included:

- Incorrect storage of medicine
- Medicine stored in unlocked cupboards/areas
- Failure to document medicine received
- No regular audit of medicine from pharmacist
- One incident of nurse dispensing medication without consistently checking patients' wrist bands.

In all these cases above, HIW ensured that the issues were raised and addressed during inspection. HIW also followed up these issues with an immediate assurance letter to ensure the health boards formally resolved the observed issues. A list of inspections that resulted in an immediate assurance letter being issued can be found in Appendix 2.

Safeguarding vulnerable adults

During our inspections, HIW found limited evidence of effective mental health capacity assessments being undertaken and we encountered staff with limited understanding of the importance of mental capacity assessments and the deprivation of liberty safeguards.

Effective systems for audit and clinical effectiveness

Overall we found wards had regular audits and suitable systems and processes in place to check aspects of the quality of patient care. We saw that initiatives from the 1000 lives improvement programme¹⁴ were actively being used. Audit results were regularly displayed for patients and visitors to see.

¹⁴ <http://www.1000livesplus.wales.nhs.uk/home>

Documentation

HIW encountered a number of issues related to documentation of patient records and in these cases the issue was raised and addressed during the inspection and formally via an immediate assurance letter to the health boards to formally address the issue.

Some of the written care plans observed were generic instead of patient centred, with no clear guidance to provide care and support to each patient in accordance with their individual needs, wishes and preferences.

In some cases the care provided was not accurately reflected within the written care records. In addition, staff were not routinely re-assessing patient care needs. Further evidence of documentation issues are covered under 'Medicine management', 'Safeguarding vulnerable adults' and 'Fundamentals of Care - Standard 7 - Ensuring comfort, alleviating pain'.

Risk management

Overall, we found risks to patients were managed and monitored on a daily basis. There were mechanisms in place on the majority of wards so that learning from incidents was being disseminated to staff. HIW was assured that on most wards, incidents were recorded and appropriately dealt with.

However, in a few inspections, staff failed to assure HIW that lessons are systematically learnt from previous incidents. On these wards, it was recommended that the health board ensure that robust mechanisms were put in place to ensure lessons are learnt.

Policies, procedures and clinical guidelines

During HIW inspections, staff consistently informed us that all policies, procedures, clinical pathways, audits and codes of conduct could be accessed via the health board intranet. Where we did encounter issues, these were infrequent and no patterns or trends could be identified at a national level.

9. Next Steps

The increase in DECI activity during 2014-15 has ensured that HIW is more visible within the NHS and has intelligence that can be used to focus 2015-16 inspection activity. We will also use the findings of this report, alongside the intelligence we receive from external organisations and stakeholders, to target our future inspection activity. In 2015-16, HIW wrote to each health board to ask for a progress update on the implementation of improvement plans in response to HIW recommendations.

In 2015-16, we are adapting our approach to visit a larger number of wards and departments during each hospital visit. HIW will continue to develop new inspection approaches which will allow us to extend the coverage and depth of our work. In 2015-16, we plan to inspect and report against three domains in our hospital inspection work programme, aligning with the Health and Care Standards¹⁵ introduced on 1 April 2015:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

HIW will publish a thematic report on the 2015-16 inspection activity in July 2016.

¹⁵ <http://gov.wales/docs/dhss/publications/150402standardsen.pdf>

Annex A – Dignity and Essential Care Inspection Methodology

What is a Dignity and Essential Care inspection?

HIW's dignity and essential care inspections review the way patients' dignity is maintained within an NHS hospital ward/unit/department and the fundamental, basic care that patients receive.

They are unannounced inspections made up of a team that is led by a HIW Inspection Manager and that includes a number of Peer Reviewers (Registered Nurses with expertise in the specialty of the ward inspected) and a Lay Reviewer (lay person who will look at patient experience). The inspection team turn up at the hospital unannounced, inform the nurse in charge and ask them to inform the Senior Manager. They then spend approximately two days inspecting the ward/unit/department.

If we find something that needs immediate action, this is addressed during the inspection with the ward staff.

Our inspections use agreed tools and consider the following areas:

- Quality of the patient experience
- Delivery of the fundamentals of care¹⁶
- Quality of staffing, management and leadership
- Delivery of a safe and effective service.

¹⁶ <http://www.wales.nhs.uk/documents/booklet-e.pdf>

We also 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 on the days that HIW are inspecting. They may also point to wider issues about the quality and safety of essential care and dignity and management/leadership and accountability across the healthcare organisation.

What happens after the inspection?

At the end of the inspection, the HIW Inspection team feeds back to the senior ward and department management team, with the inclusion of health board/NHS trust board representation. This enables the ward to make any immediate changes and start to put plans/changes into action. It also enables the health board to put plans/changes in action for continuous improvement across the organisation.

HIW then follows this up with an immediate actions letter to the health board (if relevant). The health board is then required to complete an improvement plan to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of the report.

The final HIW inspection report is published on our website within three months of the date of the inspection and the health board's improvement plan, once agreed with HIW, is also published on our website and evaluated as part of the ongoing inspection programme.

Appendix 1 – List of DECI inspections in 2014-15

Abertawe Bro Morgannwg University Health Board: Six inspections.

Hospital	Date of inspection	Link to report
Gorseinon	17/09/2014	http://www.hiw.org.uk/opendoc/255422
Princess of Wales (Ward 9)	17/10/2014	http://www.hiw.org.uk/opendoc/256844
Neath Port Talbot	23/10/2014	http://www.hiw.org.uk/opendoc/257146
Morryston	26/11/2014	http://www.hiw.org.uk/opendoc/259249
Singleton	14/01/2015	http://www.hiw.org.uk/opendoc/263634
Princess of Wales* (A&E department)	17/02/2015	http://www.hiw.org.uk/opendoc/267969

* Denotes those inspection reports not reviewed as part of this thematic report.

Aneurin Bevan University Health Board: Seven inspections.

Hospital	Date of inspection	Link to report
Nevill Hall (A&E department)	03/12/2014	http://www.hiw.org.uk/opendoc/259535
St Woolos	03/12/2014	http://www.hiw.org.uk/opendoc/259534
Ysbyty Ystrad Fawr	20/01/2015	http://www.hiw.org.uk/opendoc/263962
Royal Gwent (D3 West)	21/01/2015	http://www.hiw.org.uk/opendoc/265286
County Hospital*	18/02/2015	http://www.hiw.org.uk/opendoc/266693
Nevill Hall* (Usk Ward 3/2)	05/03/2015	http://www.hiw.org.uk/opendoc/267990
Royal Gwent* (C7 West)	17/03/2015	http://www.hiw.org.uk/opendoc/268608

* Denotes those inspection reports not reviewed as part of this thematic report.

Betsi Cadwaladr University Health Board: Seven inspections.

Hospital	Date of inspection	Link to report
Llandudno*	02/09/2014	http://www.hiw.org.uk/opendoc/258739
Wrexham Maelor (Mason Ward)	30/09/2014	http://www.hiw.org.uk/opendoc/257180
Wrexham Maelor (A&E department)	30/09/2014	http://www.hiw.org.uk/opendoc/257179
Ysbyty Gwynedd	29/10/2014	http://www.hiw.org.uk/opendoc/257746
Eryri	11/12/2014	http://www.hiw.org.uk/opendoc/259780
Chirk	15/01/2015	http://www.hiw.org.uk/opendoc/263768
Ysbyty Glan Clwyd*	30/01/2015	http://www.hiw.org.uk/opendoc/265760

* Denotes those inspection reports not reviewed as part of this thematic report.

Cardiff and Vale University Health Board: Seven inspections.

Hospital	Date of inspection	Link to report
University Hospital of Wales (Ward 4A)	10/06/2014	http://www.hiw.org.uk/opendoc/246702
Rookwood	18/06/2014	http://www.hiw.org.uk/opendoc/247228
Llandough (CAVOC)	01/07/2014	http://www.hiw.org.uk/opendoc/251154
University Hospital of Wales (Ward B6)	21/07/2014	http://www.hiw.org.uk/opendoc/255558
Barry	05/08/2014	http://www.hiw.org.uk/opendoc/255556
University Hospital of Wales (Ward B1)	21/10/2014	http://www.hiw.org.uk/opendoc/257077
Llandough* (West 1)	11/11/2014	http://www.hiw.org.uk/opendoc/263903

* Denotes those inspection reports not reviewed as part of this thematic report.

Cwm Taf University Health Board: Six inspections.

Hospital	Date of inspection	Link to report
Ysbyty Cwm Rhondda	22/07/2014	http://www.hiw.org.uk/opendoc/251025
Royal Glamorgan (Ward 3)	10/09/2014	http://www.hiw.org.uk/opendoc/255086
Prince Charles (Ward 8)	09/10/2014	http://www.hiw.org.uk/opendoc/256474
Ysbyty Cwm Cynon	22/11/2014	http://www.hiw.org.uk/opendoc/259157
Royal Glamorgan* (A&E department)	14/01/2015	http://www.hiw.org.uk/opendoc/263631
Prince Charles* (Ward 1 and 2)	11/03/2015	http://www.hiw.org.uk/opendoc/268198

* Denotes those inspection reports not reviewed as part of this thematic report.

Hywel Dda University Health Board: Seven inspections.

Hospital	Date of inspection	Link to report
Prince Phillip (Ward 4)	24/06/2014	http://www.hiw.org.uk/opendoc/247857
Bronglais	16/07/2014	http://www.hiw.org.uk/opendoc/249864
Glangwili	28/07/2014	http://www.hiw.org.uk/opendoc/251736
Amman Valley	13/08/2014	http://www.hiw.org.uk/opendoc/251981
Withybush	02/09/2014	http://www.hiw.org.uk/opendoc/254482
Prince Phillip (Ward 6)	23/09/2014	http://www.hiw.org.uk/opendoc/256544
Tregaron	23/10/2014	http://www.hiw.org.uk/opendoc/257143

Powys Teaching Health Board: Six inspections.

Hospital	Date of inspection	Link to report
Brecon War Memorial	09/10/2014	http://www.hiw.org.uk/opendoc/256468
Llandrindod Well County War Memorial	06/11/2014	http://www.hiw.org.uk/opendoc/259041
Montgomery County Infirmary	04/12/2014	http://www.hiw.org.uk/opendoc/260507
Victoria Memorial	20/01/2015	http://www.hiw.org.uk/opendoc/263963
Bro Ddyfi Community*	17/02/2015	http://www.hiw.org.uk/opendoc/266643
Llanidloes War Memorial*	24/02/2015	http://www.hiw.org.uk/opendoc/267766

* Denotes those inspection reports not reviewed as part of this thematic report.

Appendix 2 – List of DECI inspections with immediate action letters issued, 2014-15

Health Board	Number of immediate action letters	Number of inspections	Hospitals that immediate assurance letters issued to
Abertawe Bro Morgannwg	0	6	None
Aneurin Bevan	5	7	Nevill Hall (A&E department and Usk Ward 3/2) St Woolos Royal Gwent (D3 West) County Hospital
Betsi Cadwaladr	6	7	Llandudno Wrexham Maelor (Mason Ward and A&E department) Ysbyty Gwynedd Eryri Ysbyty Glan Clwyd
Cardiff and Vale	2	7	University Hospital of Wales (Ward B6 and B1)
Cwm Taf	0	6	None
Hywel Dda	2	7	Amman Valley Prince Phillip (Ward 6)
Powys	2	6	Brecon War Memorial Bro Ddyfi Community
All Health Boards	17	46	

Appendix 3 – Patient Experience Questionnaire results

HIW received over 330 completed patient experience questionnaires from **all** the 2014-15 dignity and essential care inspections. Every statement below adds to 100 per cent, as those who did not provide a response to a question have been excluded from the calculations.

Agree	Neither agree nor disagree	Disagree
THE WARD - To what extent do you agree or disagree with each of the following statements:		
The ward is clean	95	3 2
The ward is tidy	95	4 1
HOSPITAL STAFF - To what extent do you agree or disagree with each of the following statements:		
Staff are always polite to me	95	3 2
Staff are always polite to my friends and family	95	4 1
Staff listen to me	91	6 3
Staff listen to my friends and family	91	7 2
Staff helped me to understand my medical conditions	76	14 10
Staff call me by my preferred name	95	3 2
I was offered the option to communicate with staff in the language of my choice	78 (YES)	22 (NO)

YOUR CARE - To what extent do you agree or disagree with each of the following statements:		
Staff are kind and sensitive to me when they carry out my care and treatment	97	3
Staff provided care to me when I need it	95	4 1
Staff help me to eat, if I need assistance	72	26 2
I have time to eat my food at my own pace	95	5
Staff help me to drink, if I need assistance	76	23 1
I always have access to water on the ward	97	2 1
When I need to go to the toilet, staff give me a choice about the method I use	92	7 1
Staff help me with my toilet need in a sensitive way	94	5 1
I always have access to a buzzer	92	5 3