

**Dignity and Essential Care
Inspection (unannounced)**
Abertawe Bro Morgannwg
University Health Board, Neath
Port Talbot Hospital, Ward D

23rd & 24th October 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Ward D at the Neath Port Talbot Hospital, part of Abertawe Bro Morgannwg University Health Board on the 23 and 24 October 2014.

Our inspection considers the following issues:

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

2. Methodology

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

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and relatives, and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Abertawe Bro Morgannwg University Health Board covers a population of approximately 500,000 people and employs around 16,500 members of staff, 70% of whom are involved in direct patient care.

The health board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are also a number of smaller community hospitals providing clinical services outside of the four main acute hospital settings.

Neath Port Talbot Hospital is a modern hospital and provides a range of inpatient, outpatient and day case services.

Ward D is a 40 bedded ward and only accepts patients transferred from other hospitals. The ward provides care to adults who require ongoing medical intervention and those needing further rehabilitation before going home.

4. Summary

Overall, patients told us they were satisfied with the care they had received. The ward was very clean and generally tidy; however we saw some equipment stored in corridors that could cause a trip hazard. We saw staff being kind to patients and treating them with respect.

We saw patients were well looked after and a staff team who were committed to providing good standards of care.

We saw staff explaining care procedures to patients before helping them. Generally patients told us staff had talked to them about their condition. However one patient commented on having experienced difficulty in obtaining information. We have recommended the health board explore the reasons for this.

We saw staff treating patients with respect and protecting their privacy and dignity as far as possible.

Patients were encouraged and supported to be as independent as their condition allowed.

We found appropriate arrangements in place for patients to maintain contact with relatives and friends.

The visiting arrangements in place, and the ward environment, allowed time for patients to rest. There was an ample supply of linen available so patients could be kept comfortable in bed.

We saw that staff assessed patients' pain using a recognised assessment tool. Patients told us they were satisfied with the way staff managed their pain.

We saw staff preparing patients to eat their meal and providing help with eating and drinking.

Patients told us not all staff offered to help them with their mouth care. We have recommended the health board explore the reasons for this and take suitable action to ensure patients' mouth care is provided as needed.

Toilets were very clean. We saw staff helping patients with toileting as needed.

Specialist pressure relieving equipment was being used to prevent patients developing pressure sores. Monitoring records indicated staff checked patients' skin state regularly.

We saw effective leadership by the nurses in charge. Staff appeared to have a good understanding of their individual roles and we saw them working well as a team.

Staff told us they had received training relevant to their role. However some said they would like more training on caring for patients with dementia.

We were told staff try to speak with patients and relatives regularly to identify any concerns so they could be dealt with promptly.

Senior staff told us systems were in place to log and investigate clinical incidents and learning would be shared with the ward team.

Overall, we found appropriate arrangements were in place for the delivery of safe care on the ward.

We saw patients were well cared for. Whilst the care records we saw demonstrated staff were evaluating care, individual patient care plans were not always up to date and reflecting current care being provided. We highlighted this to senior hospital managers so they could take appropriate action to address this.

5. Findings

Quality of the Patient Experience

Overall, patients told us they were satisfied with the care they had received. The ward was very clean and generally tidy; however we saw some equipment stored in corridors that could cause a trip hazard. We saw staff being kind to patients and treating them with respect.

During our inspection we invited patients to complete our questionnaires to tell us about their experience on the ward. We asked patients for their views about the ward environment, the hospital staff and the care received.

In total, nine questionnaires were completed by or on behalf of patients, either via face to face interviews or returned to us in the post.

All the patients who provided comments within questionnaires indicated the ward was clean and tidy.

On the days we visited, the ward was very clean and generally tidy. Whilst patients' rooms were tidy, parts of the corridors were cluttered with equipment, posing a potential trip hazard.

Overall, patients who completed questionnaires told us staff were polite to them and their friends and family.

Comments we received included:

'Staff are very helpful'

'Doctors are good. Nurses are very good'

When asked to provide their views on the care they had received, the majority of patients told us staff were kind and helped them when needed.

We saw staff being polite and kind to patients when helping them with their care needs. We also saw staff closing curtains around bed areas and closing doors to toilets to protect the privacy and dignity of patients when helping them.

Delivery of the Fundamentals of Care

We saw patients were well looked after and a staff team who were committed to providing good standards of care.

Communication and information

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

We saw staff explaining care procedures to patients before helping them. Generally patients told us staff had talked to them about their condition. However one patient commented on having experienced difficulty in obtaining information. We have recommended the health board explore the reasons for this.

We saw staff explaining procedures to patients, gaining their consent before providing assistance with care or recording their observations, for example, blood pressure.

Overall, comments from patients told us staff had talked to them about their medical condition and had helped them to understand it. However, one patient commented on having experienced difficulty in getting information. This seemed to be for a variety of reasons including the staff member they asked was not looking after the patient or had not been on duty recently. The health board should explore the reasons why the patient experienced difficulty in this particular case and take appropriate action to learn from this as necessary.

Recommendation

The health board should explore the reasons why the patient (referred to within this report) had difficulty in obtaining information about their care and take appropriate action to learn from this as necessary.

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.

We saw staff treating patients with respect and protecting their privacy and dignity as far as possible.

We saw staff speaking to patients in a sensitive and courteous manner and staff demonstrated a good attitude towards patients.

Patients told us staff addressed them using their preferred name. We also saw staff being very kind and understanding towards a patient presenting with confusion and requiring a lot of intervention from staff.

Toilet facilities on the ward were clearly marked to assist patients to find them and we saw staff closing curtains and doors to protect patients' privacy and dignity.

Promoting independence

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

Patients were encouraged and supported to be as independent as their condition allowed.

We saw staff encouraging patients to be as independent as their condition allowed. Patients were seen sitting in chairs with their personal items and drinks within easy reach so they could be independent.

We saw some patients using walking aids so they could walk around freely and safely. We also saw physiotherapists spending time with patients, encouraging them to walk and showing them how to use walking aids correctly.

Relationships

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

We found appropriate arrangements in place for patients to maintain contact with relatives and friends.

The ward had structured visiting times. However staff told us there was some flexibility around these times.

Staff told us family and carers are able to provide assistance and be involved in care according to the patient's wishes. A 'day room' was available for patients to spend time with their relatives and friends, but we did not see this being used. However, staff told us some patients would use the room to watch television in the evening.

The ward was near the hospital's main foyer. This area had sitting areas, cafes and a shop available where patients could spend time off the ward with their relatives.

Rest, sleep and activity

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

The visiting arrangements in place, and the ward environment, allowed time for patients to rest. There was an ample supply of linen available so patients could be kept comfortable in bed.

Visiting arrangements meant time was provided for patients to rest during the day. We saw patients retiring to bed at different times during our inspection according to their wishes.

An ample supply of linen was available and staff told us they were able to request additional linen and pillows if needed. This meant patients could have their beds changed promptly when needed and were not being delayed in returning to bed to rest.

The ward environment felt comfortably warm and no concerns were raised around patients being able to rest and sleep.

Ensuring comfort, alleviating pain

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

We saw that staff assessed patients' pain using a recognised assessment tool. Patients told us they were satisfied with the way staff managed their pain.

We saw staff assisting patients to be comfortable. Staff told us they use a recognised pain tool to assess patients' pain and we saw scores recorded on monitoring charts.

The medication charts we saw had pain relieving medication prescribed and patients told us they were satisfied with the way staff managed their pain.

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.

Patients appeared well cared for.

All the patients we saw during our inspection appeared clean and well cared for. Staff told us a hairdresser visited the ward twice weekly should patients choose to have this service.

Patients who completed questionnaires told us staff helped them to maintain their personal hygiene as needed.

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.

We saw staff preparing patients to eat their meal and providing help with eating and drinking.

Staff told us the ward had protected mealtimes in place and we saw this was adhered to during the lunchtime meal we observed.

We saw staff preparing patients to have their meals by helping them to sit up and clearing bed tables to make room for plates and drinks. We did not observe patients being offered the opportunity to wash their hands prior to meals. Therefore, the health board should explore this further and take appropriate action to address this. All patients we saw ate their lunch sitting up in their bed or in their chair beside. There was no other area suitable on the ward where patients could eat their meals but patients did not raise this as an issue with us.

We saw staff helping patients as needed and discreetly checking patients were managing to eat their meals. Patients told us they were enjoying their meals and the mealtime was calm and unhurried.

The ward used the 'Red Tray' system which identified patients who required help or checking at mealtimes to ensure they were eating and drinking enough. Staff and patients told us snacks and drinks were available during the day to supplement main meals.

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

Patients told us not all staff offered to help them with their mouth care. We have recommended the health board explore the reasons for this and take suitable action to ensure patients' mouth care is provided as needed.

We saw the ward had supplies of toothbrushes and toothpaste for patients to use. Individual denture pots were also available to keep patients' dentures safe when not being worn.

From conversations with patients there appeared to be an inconsistent approach to oral care provided on the ward. Patients told us whilst some staff did offer to clean their teeth/dentures others did not.

Recommendation

The health board should explore the reasons why patients are not consistently offered help with their mouth care and take suitable action to ensure staff help patients as needed.

Toilet needs

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

Toilets were very clean. We saw staff helping patients with toileting as needed.

Within the care records we saw staff had recorded a continence assessment using a recognised assessment tool.

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

Toilet facilities were very clean and were equipped with suitable hand washing facilities, and paper, to reduce cross infection and maintain patients' dignity. Commodes were 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.

The ward had supplies of continence pads available and these appeared to be used appropriately; only for patients who needed them and following assessment.

Preventing pressure sores

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

Specialist pressure relieving equipment was being used to prevent patients developing pressure sores. Monitoring records indicated staff checked patients' skin state regularly.

We saw a recognised tool was being used by staff to assess patients' risk of developing pressure sores. Monitoring records showed staff had assessed patients' skin regularly for signs of pressure sores.

Specialist pressure relieving mattresses were in use on the ward. These appeared to be working properly to help prevent patients developing pressure sores.

As mentioned earlier, we saw staff assisting and encouraging patients to mobilise, so reducing complications, including pressure sores.

Quality of Staffing, Management and Leadership

We saw effective leadership by the nurses in charge. Staff appeared to have a good understanding of their individual roles and we saw them working well as a team.

Staff told us they had received training relevant to their role. However some said they would like more training on caring for patients with dementia.

We were told staff try to speak with patients and relatives regularly to identify any concerns so they could be dealt with promptly.

Staffing levels and skill mix and professional accountability

Senior staff told us staffing levels had been arranged to ensure ten staff were on duty during the day and five during the night. At the time of our inspection the ward was full, with 40 patients being cared for.

The ward was very busy but staff confirmed that in general these staffing levels were sufficient. However, we were told should a patient be unwell this could place more pressure on staff. On those occasions staff confirmed the senior nurse for the hospital would be contacted so additional help could be identified and staff deployed from other areas. We saw evidence of this during our second day where staffing was reduced due to unplanned sickness.

We were told bank staff could be requested to cover shortfalls but finding staff to cover shifts at short notice was often problematic.

Effective systems for the organisation of clinical care

The ward only accepted patients transferred from other hospitals. Due to the layout of the ward, patient care was delivered by two teams. This meant nurses and healthcare support workers were responsible for smaller groups of patients and patients could be suitably supervised. Whilst we saw the ward was busy, this system seemed to work well with staff working efficiently as a team.

During our inspection there was an allocated nurse in charge on both days. Both demonstrated a very good understanding of the needs of the patients and the routine of the ward. Effective leadership was seen on both days.

Senior staff told us nursing staff would always try and make themselves available during visiting time to speak with relatives/carers and update them on patients' progress. We were also told discharge planning meetings were held

regularly to share information and agree arrangements for patients' safe discharge from hospital.

Training and development

Our interviews with staff working on the ward indicated they had received training relevant to their role. However, some staff told us they would like more in depth training on caring for patients with dementia.

Recommendation

The health board should make arrangements to seek the views of staff on the training provided and revise training programmes as appropriate.

Senior staff told us they monitored ward compliance with mandatory staff training on a monthly basis. We saw evidence of this process and senior staff described appropriate arrangements for identifying areas of non compliance and making improvements where necessary.

Handling of complaints and concerns

Senior staff told us they would try and resolve concerns at ward level. We were told staff would make themselves available during ward visiting times and try to speak to relatives/carers to identify any concerns they may have so these could be addressed promptly.

We also saw electronic tablets had been introduced at the hospital's reception desk so visitors could make suggestions or raise concerns. This information would then be forwarded to the appropriate ward so suitable action could be taken.

Information leaflets on *Putting Things Right*, the arrangements for handling concerns (complaints) about care and treatment in NHS Wales, were readily available for patients and visitors.

Delivery of a Safe and Effective Service

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

Senior staff told us systems were in place to log and investigate clinical incidents and learning would be shared with the ward team.

Overall, we found appropriate arrangements were in place for the delivery of safe care on the ward.

We saw patients were well cared for. Whilst the care records we saw demonstrated staff were evaluating care, individual patient care plans were not always up to date and reflecting current care being provided. We highlighted this to senior hospital managers so they could take appropriate action to address this.

Risk management

Senior staff told us clinical incidents are logged electronically via the health board's incident reporting system. We were told these are investigated and feedback is provided to ward staff via ward meetings to ensure learning. We were assured any immediate issues would be addressed with staff as they arise.

Policies, procedures and clinical guidelines

All relevant policies and procedures were available to staff via the health board's intranet system. Staff we spoke to were aware of the clinical guidelines associated with their area of practice.

Effective systems for audit and clinical effectiveness

Senior staff told us a number of areas associated with patient care were audited monthly. We were also told results from audits would be shared with staff to identify learning and make improvements as necessary.

The ward was making regular daily checks in relation to the incidence of pressure sores, falls and infection control. Audit results were displayed within the ward for patients and staff to see.

Patient safety

Care delivery was arranged so two teams of staff were responsible for supervising patients in their allocated areas. Staff were visible and regularly checking patients. The ward was very clean and whilst patient areas were visibly tidy, corridors were cluttered with equipment in some areas, which posed a trip hazard to patients.

All patients had access to their buzzer and these were also available within toilet and washing rooms. Overall, we saw staff responding to buzzers in a timely way. Patients we spoke to confirmed this but told us there were sometimes delays after mealtimes.

Staff we spoke to confirmed they had received training in relation to the protection of vulnerable adults.

At the time of our inspection, some patients were being nursed in isolation to reduce the risk of cross infection. Appropriate equipment was available and being used by staff to prevent cross infection.

Medicines management

Ward routine and approach

Staff could access the health board's policy on the safe management of medicines at the ward via the intranet system. We were told a pharmacist visited the ward daily and was available to provide advice on the medicines used on the ward. The pharmacist was seen visiting the ward during our inspection.

Arrangements were in place to access a supply of medicines out of hours. This meant staff could access medication so patients did not miss doses of prescribed medication unnecessarily.

Storage of drugs

We saw medicines stored securely in locked cupboards within a locked room when not in use. Oxygen cylinders were being stored on the ward. However, these were not being stored securely and could have posed a risk of injury to staff and patients. Senior hospital staff agreed to rectify this.

Preparation of patients and administration of drugs

We saw patients being suitably prepared to take their medication.

We accompanied a member of staff during the administration of medication. We saw very safe practice being used and the nurse provided necessary support and assistance to patients to take their medication.

The All Wales Drug Charts were being used to record the prescription and administration of medicines. Whilst these had generally been completed correctly, we saw venous thromboembolism (clots) risk assessments had not always been completed for patients who needed them. This meant we could not be assured that patients were always receiving appropriate treatment to prevent blood clots from forming.

Recommendation

The health board should make suitable arrangements to ensure it can demonstrate venous thromboembolism risk assessments have been completed for patients as necessary and by appropriate staff.

Controlled drugs

We saw appropriate arrangements for the storage and checking of controlled drugs.

Take Home drugs

We saw suitable arrangements were in place for patients' take home medication.

Documentation

Patient assessment and care planning/evaluation

We looked at a sample of four patient care records. This sample included two patients who had a diagnosis of diabetes.

From the records, we saw that patients had an assessment of their care needs performed on admission to the ward. Relevant risk assessments had also been completed, for example those in relation to pressure sores, falls, use of bed rails, nutrition and moving and handling.

Whilst we saw staff had evaluated the care provided, care plans had not always been updated to reflect changes identified, meaning written care plans were not always consistent with the care being provided.

We highlighted this to senior hospital managers. They agreed improvements were needed generally across the health board. They also told us they felt this

was exacerbated by the large volume of documentation being rolled out nationally.

Recommendation

The health board should make suitable arrangements to ensure patients' written care plans are up to date and reflect their current care needs.

Entries within medical and nursing care records were generally legible and included dates and times. Some staff had not always printed their names and designation in accordance with professional standards for record keeping.

We saw evidence within the care records, and through observation, of contribution by other members of the multidisciplinary team such as physiotherapist, occupational therapist, wound care nurse and dietician. This meant patients had received specialist care input according to their needs.

Diabetes Care

We considered the care provided to two patients with diabetes. Both patients had their diagnosis clearly recorded in their medical notes and they were receiving the prescribed treatment. Medication charts indicated prescribed medication had been administered at appropriate times.

Staff told us there was a Link Nurse on the ward who could provide advice on diabetes care. Staff also told us they could contact a specialist nurse for advice if this was needed.

We saw there was a protocol in place for the correct treatment of hypoglycaemia. Emergency 'hypo boxes' were available on the ward so staff could address patients' low blood glucose levels promptly. Staff we spoke to were aware of the protocol to follow.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit its improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Ward D at the Neath Port Talbot Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Neath Port Talbot

Ward/ Department: Ward D

Date of Inspection: 23 and 24 October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
-	-			
Delivery of the Fundamentals of Care				
7	The health board should explore the reasons why the patient (referred to within this report) had difficulty in obtaining information about their care and take appropriate action to learn from this as necessary.	<ul style="list-style-type: none">Existing systems to provide visible leadership on wards during visiting times will be maintained and monitored through the regular internal assurance arrangements. Any exceptions will be acted upon by the Ward Manager.A snap-shot study of patients will be undertaken in January to explore whether	Locality Director	31/3/2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>patients' information requirements are being met and if any areas of concern are identified a ward based action plan will be developed and implemented.</p> <ul style="list-style-type: none"> • A report on progress will be presented to the Locality Patient Safety Quality and Risk Management Group in February 2015. 		
11	The health board should explore the reasons why patients are not consistently offered help with their mouth care and take suitable action to ensure staff help patients as needed.	<ul style="list-style-type: none"> • The ward manager will remind staff of the need to comply with the Oral Care Standard. • Compliance with the Oral Care Standard will be monitored by the Lead Nurse as part of existing assurance arrangements and if there are areas of non-compliance appropriate action will be taken as necessary. 	<p>Head of Nursing</p> <p>Lead Nurse</p>	<p>Immediate</p> <p>31/3/2015</p>
Quality of Staffing Management and Leadership				
14	The health board should make arrangements to seek the views of staff on the training provided and revise training programmes as appropriate.	<ul style="list-style-type: none"> • The Health Board has a whole system programme of training in Dementia being rolled out and all staff are required to have undertaken Level 1 training by February 2015. • Further training, including training for 	Director of Human Resources	31/3/2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Dementia champions is also being rolled out.</p> <ul style="list-style-type: none"> Evaluation of the Dementia training will be undertaken at the completion of this programme and future training will reflect this. 		
Delivery of a Safe and Effective Service				
17	The health board should make suitable arrangements to ensure it can demonstrate venous thromboembolism risk assessments have been completed for patients as necessary and by appropriate staff.	<ul style="list-style-type: none"> Ward teams to be reminded of the need to undertake venous thromboembolism risk assessments. Monthly audits will continue to monitor compliance and action will be taken to address any areas of non compliance as necessary. 	Clinical Director	Immediately
18	The health board should make suitable arrangements to ensure patients' written care plans are up to date and reflect their current care needs.	<ul style="list-style-type: none"> All registered nurses to be reminded of their professional responsibility to ensure that all patients have a care plan in place which accurately reflects their current needs. Ward managers to conduct a weekly audit of care plans and take appropriate action as a result. 	<p>Lead Nurse</p> <p>Lead Nurse</p>	<p>Immediately</p> <p>31/3/2015</p>

Health Board Representative:

Name (print): Nicola Williams

Title: Assistant Director of Nursing and Patient Experience

Signature: [submitted electronically]

Date: 19/12/14