

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Nevill Hall Hospital

Ward/ Department: Usk Ward 3/2

Date of Inspection: 5 and 6 March 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
Page 8	The health board should ensure there are sufficient staff in place to meet patients' needs, particularly those patients with dementia and confusion.	Staffing ratio is Morning: 5 RN / 4 HCSW Afternoon: 4RN / 3 HCSW Night: 2RN / 2 HCSW The acuity of the ward is assessed daily in conjunction with the senior nurse and staffing is adjusted according to this. Clinical and professional judgement is applied to ensure safety is maintained at all times area. Patients with cognitive impairment are assessed on an	VW / SH	In place, on going

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		individual basis and should they require an increased level of care, an additional HCSW is booked to accommodate this.		
Page 8	The health board should consider whether the allocation of housekeeping staff in the mornings is sufficient to ensure bathrooms can be kept clean and tidy for patient use.	The number of cleaning hours has been reviewed and we are in the process of allocating an additional member of staff to the ward through the recruitment process to ensure that bathrooms are clean at all times. In the interim bathrooms are being regularly checked.	KW	June 2015
Delivery of the Fundamentals of Care				
Page 9	Staff should ensure they use the tools available to help them communicate with patients with hearing loss and additional communication needs in an appropriate, discreet way.	The hearing loop system has now been installed on the ward and all staff has been trained in its usage.		Complete
Page 9	Information leaflets should be updated to ensure patients and relatives have access to accurate information.	Leaflets updated on day of visit. Responsibility for updating is now a ward clerk duty and is to be undertaken fortnightly.	VW Ward Clerk	Complete
Page 10	The health board should review how staff are ensuring patients' privacy and dignity is being maintained in bathroom areas and ensure appropriate screens and methods are in use.	Curtains are present around all bathroom sinks Engaged signs placed on toilet doors when staff take patients to toilet / shower room Privacy pegs in use in bays and side rooms Monthly auditing of practice in place	VW	Complete

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Page 10	Staff should ensure they address patients by their preferred names.	<p>This is identified on the patient admission records and the patients preference is also documented on the ward handover sheets.</p> <p>On meeting patients, Staff also ask them how they would like to be addressed.</p>	VW	completed
Page 11	The health board should ensure patients are supported to be as independent as possible with their daily routines.	<p>Daily MDT meeting Monday – Friday whereby the nurses, physiotherapist and OT agree and set goals for individual patients.</p> <p>This is incorporated into care plans to promote and support independence</p> <p>.Use of slip mats in place to assist where required at meal times,</p>	VW	completed
Page 11	The health board should consider how to make the ward environment as accessible as possible to patients with confusion/dementia and complex or sensory needs, particularly in light of the type of patients now admitted onto the ward.	<p>Plans to improve the environment in order to support patients with dementia is underway.</p> <p>Equipment ordered for the day room includes– dementia clocks, activity tablecloth, pictures, books, Pop up 1950's room, DVD player, Memory DVD's and Electric comfortable reclining chairs.</p>	VW	June 2015
Page 13	Pain assessment tools should be used in a consistent way to accurately document and assess patients' pain to ensure appropriate management and escalation.	<p>Pain score on NEWS charts and assessed regularly.</p> <p>It has been emphasised to staff that pain is discussed, documented and acted upon during the 1-2 hourly intentional rounding.</p>	VW	June 2015

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		Prompt referrals made to the pain team following assessment where necessary.		
Page 15	The health board should ensure patients consistently receive a full assessment of their nutritional needs to enable their needs and risks to be safely and appropriately managed. Food and fluid charts should be appropriately implemented, consistently updated and monitored.	<p>MUST score completed on admission and updates as condition changes, otherwise weekly.</p> <p>Referral to dietician/ commencement on poor appetite pathway undertaken if indicated by MUST score.</p> <p>All Wales food charts and fluid charts in place and audited on a monthly basis.</p> <p>Red Tray system implemented to be used as a reminder of need to record food intake.</p> <p>Member of staff to be present in every bay at mealtimes.</p> <p>Where possible all patients weighed on admission or BMI assessment undertaken.</p> <p>Reviewed weekly or as condition changes.</p>	VW	Completed
Page 15	Patients should be supported to wash their hands prior to eating to reduce the risk of cross infection.	Every bay has hand wipes and staff reminded to offer wipes prior to commencement of meals. A member of staff is now allocated to a bay each mealtime.	VW	Completed
Page 16	The ward should review the distribution of meals with metal lids to patients and the health and safety risks posed by this practice.	<p>Non slip mats now in use for patients</p> <p>The ward is currently considering appropriate</p>	PR	Completed

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		alternatives to metal lids to trial. Interim measures have been taken, including the provision of cotton serving gloves for serving food.		
Page 16	The health board should ensure patients' oral health needs are routinely assessed and appropriately managed to ensure good oral health.	Oral bundle to be introduced to the ward.	VM / SH /CH	June 2015
Page 17	The health board should ensure patients consistently receive a full assessment of their continence care needs to enable their needs and risks to be safely and appropriately managed.	All patients are assessed on admission and needs addressed according to this assessment. Continence bundle being revisited in order to increase concordance. Both the completion of documentation and adherence to the bundle to be audited monthly.	VM	May 2015
Page 17	The health board should ensure staff are able to respond in a timely way to patients' requests to use the toilet.	Staff are aware of the need to answer call bells in a timely manner. Intentional rounding in place.	VW & Ward Management Team	
Page 18	Waterlow assessments should be regularly reviewed and updated in response to patients' changing needs to ensure patient's needs and risks are being safely and appropriately managed.	Waterlow scores are assessed on admission and when condition changes. Action taken in accordance to score. Staff have been reminded of the importance of updating documentation. Weekly audits now in place to check compliance. Pressure mattresses are available as are	VW	Completed

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		<p>pressure cushions.</p> <p>Skin bundles are in use.</p> <p>RCA for HAPU</p>		
Quality of Staffing Management and Leadership				
Page 19	The health board should ensure staffing levels meet the Chief Nursing Officer for Wales guidelines for safe levels of staffing.	<p>Ongoing recruitment for ward.</p> <p>In order to ensure safe staffing levels 1.4 WTE RN's appointed, to commence April & May. 1.0 WTE of RN on secondment to ward for 6 months. Until filled, vacancies are covered by bank, overtime and agency shifts.</p> <p>No HCSW vacancies at present</p>	VW / SH / LA	May 2015
Page 20	The ward sister should have access to allocated supernumerary time in order to fulfil management responsibilities.	Working towards achieving All Wales Safer Staffing in order to release ward sister to take on a supervisory role. Where possible at present supernumerary time backfilled by bank staff. (see above)	VW / SH/ LA	May 2015
Page 20	PSAG boards should be repositioned where they are not visible from public areas in order to protect patient confidentiality.	As this is the most appropriate area for the PSAG boards for access by all members of the MDT, new boards with doors have been ordered in order to protect patient confidentiality.	VW	June 2015
Page 21	The health board should ensure information about making complaints is accessible to patients and relatives.	A poster is displayed at entrance to the ward along with the 'Raising Your Concerns' booklet	VW	completed

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		Leaflets have been replenished and are visible and available on the ward. This is now the responsibility of the ward clerk		
Page 22	Patient concerns and complaints should be assessed, prioritised and addressed in a timely way.	Sister or her deputy are available daily to discuss concerns with patients and family. Ward team culture is to address concerns in a timely manner. ABUHB strives to meet the timescales identified in Putting Things Right.	VW / SH for nursing and ward environment complaints JP - medical	Ongoing
Delivery of a Safe and Effective Service				
Page 23	The health board should ensure incidents are reported and reviewed in a timely way.	All incidents are recorded on the safety briefing and staff are reminded of the need to complete any report of incidents by the end of their shift. Daily review by ward sister.	VW	completed
Page 24	All health board policies should be easily accessible to staff on the ward.	Generally policies are easily accessible to staff on the ward-For some policies concerning medicines, that may need to be updated more regularly these are available from the pharmacy as required and through regular bulletins to clinicians. All staff are aware of where to find and access polices via the intranet.	VW	May 2015
Page 26	The health board should ensure processes are in place to remove medicines when they	Weekly stock take of drugs is in place and a 'blue bin' is now in use to dispose of out of date	VW / GR	Completed

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	are out of date.	medicines. Stock levels to be reviewed in order to reduce the risk of out of date drugs		
Page 26	Oxygen should be stored safely in line with relevant guidelines.	New racks for storage are now in place and locked within the treatment room.	VW	Complete
Page 27	DNAR decisions should be recorded in one consistent place where staff know where to find it.	As per legal guidelines and All Wales guidelines, DNAR is recorded on the All Wales form, medical and nursing notes. The All Wales form, recently introduced, is now colour coded and this facilitates access. In order to assist communication, it is also recorded on the handover form and safety briefing.	VW	Complete
Page 27	Care plans and risk assessments should be regularly reviewed and updated to reflect changes in patients' needs, care and treatment. Care plans should ensure patients' needs are being managed in an individualised way.	Risk assessments are completed on admission and reassessed as condition changes. Weekly reviews of care plans are now in place. Core care plans are regularly adjusted to meet the individual needs of patients and are subject to weekly audit.	VW	Complete
Page 28	The health board should ensure relevant risk assessments and care plans are consistently implemented and reviewed. There should be systems in place to identify when this has not happened and resolve it.	The ward sister reviews the documentation on a weekly basis. Monthly Trusted to Care audits undertaken.	VW / SH	Complete

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Page 29	The health board should ensure all diabetic patients have clear care plans and risk assessments in place for staff to follow and to ensure care can be evaluated and is appropriate.	All diabetic patients have an individualised plan of care and reviewed and updated according to changes in treatment and also subject to weekly review and audit.	VW	Complete
Page 29	Diabetic patients' nutritional needs and risks should be assessed and managed in a consistent way.	<p>.</p> <p>On admission the nutritional needs of diabetic patients are assessed.</p> <p>Where assessed as required or at patients request a referral is made to the dietician and or diabetic team for specific guidance on managing their diabetes.</p> <p>Additional training has been obtained from the diabetic liaison nurse for all ward staff.</p> <p>All diabetic patients offered menus to reflect the management of their diabetes</p> <p>Snack menu's available for all diabetic patients and they identified on handover sheet.</p> <p>Diabetic patients are also identified to domestic staff on board in kitchen</p>	VW	June 2015

Health Board Representative:

Name (print): Denise Llewellyn

Title: Director Nursing

Date: April 30th 2015.