

Hospital Inspection (Unannounced) Llandoverly Hospital/ Hywel Dda

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Llandoverly Hospital, within Hywel Dda University Health Board on the 26 and 27 November 2019. The following hospital sites and wards were visited during this inspection:

- Llandoverly Community Hospital – Brianne Ward and the minor injuries Unit

Our team, for the inspection comprised of two HIW senior healthcare inspectors, one lay reviewer and two nurse peer reviewers. The inspection was led by a HIW senior inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that the service provided respectful and dignified care to patients on the ward.

Staff on the ward were committed to delivering a good standard of patient care and there was a strong team ethos.

We found evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

We had immediate concerns for the delivery of safe and effective care for patients, as we found the health board was at times unable to provide the agreed and appropriate number of registered nurses on the ward.

This is what we found the service did well:

- We saw staff being kind and sensitive to patients, and maintaining their dignity and privacy
- We observed patients socialising, eating meals and playing board games at a table located on the ward
- There was a pleasant atmosphere on the ward with music and television screens available
- Food was prepared on site and looked and smelled good and a nutrition board was available on the ward
- The administration of medicines management and completion of patient records were of a good standard.

This is what we recommend the service could improve:

- To ensure there are adequate numbers of registered nurses available to provide safe and effective care to the patients on the ward and the minor injuries unit
- Ensure access to the hospital is made safe by repairing a ramp
- Ensure the ward environment and therapy room is clean and made safe, and protected from infection

- Ensure the ward and minor injuries unit are adequately secured
- The reception and treatment room in the minor injuries unit are locked to prevent unauthorised access
- The provision of occupational therapy support
- Pain management tools and patient continence assessments are used for used for all patients
- Ensure discharge documentation in patient records is completed in full.

We had some immediate concerns that were dealt with under our immediate assurance process. This meant that we wrote to the service immediately after inspection, outlining that urgent remedial actions were required.

We found evidence that the ward was unable to provide the agreed and appropriate number of registered nurses on duty for some shifts on the roster in Llandovery Hospital. Registered nurses were also responsible for both the ward and the minor injuries unit during the day. This meant that at times, if the ward was short of registered nurses, and a registered nurse was required in the minor injuries unit, the ward could be left without a registered nurse in place.

Staff told us that this issue had been ongoing for some time. This was emphasised by the immediate reduction in the availability of registered nurses, owing to staff long term sickness, vacancies and maternity leave. When the availability of registered nurses was reduced, there was a risk that the service may be compromised in its ability to provide safe and effective care.

3. What we found

Background of the service

Hywel Dda University Health Board provides healthcare to a total population of around 384,000 throughout Carmarthenshire, Ceredigion and Pembrokeshire. Mental health, learning disability and other healthcare services are provided within general and community hospitals, health centres, GP practices, dental surgeries, pharmacies and optometrists.

Bronglais, Glangwili and Withybush General Hospitals provide acute healthcare services, whilst twelve smaller hospitals of which Llandovery is one, provide community based services and smaller clinics.

Llandovery Community Hospital is located in Carmarthenshire in a rural part of Wales.

The hospital provides one inpatient ward (Brienne Ward) that has 16 beds. Patients are cared for in one large ward area and one bay and there are three individual rooms designed for palliative care and for patients who require infection control measures to reduce the risk of cross contamination. At the time of the inspection the number of beds available had been reduced to 11 with 10 patients present. The reduction in beds had been a health board decision based on the availability of registered nursing staff, to provide safe and effective care. The ward provides services for the rehabilitation of patients, however patients with other complex needs were evident on the ward at the time of the inspection and nursing care was provided accordingly.

The hospital operates a number of services that include:

- Fracture clinic
- Assessment of eye injuries
- Emergency contraception
- Plastering
- Suturing
- X rays

The hospital has a minor injuries Unit. Registered nurses employed on Brianne Ward and doctors provide care to patients presenting on this unit. This unit operates between Mondays and Fridays between 9am and 5pm.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found there was a nice atmosphere on the ward. The staff were very busy however, the environment was calm.

We saw good interaction between patients and staff, with examples of staff being caring and kind.

During the inspection we spoke with patients on Brianne ward. Patient comments included:

"Meals are fantastic and I am able to have a choice"

"I am happy with my care and feel safe"

"I feel chilly at nights"

"I enjoy playing games around the table"

Staying healthy

Patients were encouraged to wash and dress if their condition allowed. This helped to support rehabilitation and allowed the patient to start to recover the ability to do activities of daily living.

A large dining table was located in the ward and we observed patients eating meals and playing board games at the table. This provided a setting where patients could socialise and speak to other patients.

We saw a physiotherapist playing games with patients providing both stimulation and enjoyment. The patients appeared content and were keenly participating in the activity.

Nutrition notice boards displayed information relating to healthy eating and the Eat Well guide¹. The notice boards included information on the different types of food required to maintain a well-balanced and healthy diet and the types of drinks we should consume and in what proportions.

Dignified care

We observed staff being caring and kind when dealing with patients. Patients told us they were happy with their care and they were treated with dignity and respect. Staff spoke in hushed voices to ensure conversations were discreet. There was a pleasant atmosphere on the ward with the radio playing and TV screens available. There was a table and chair facility in the main area of the ward, which allowed patients to sit, play games, eat meals and interact with each other and staff.

Nursing staff informed us they use the Butterfly scheme² with stickers and markers to discreetly identify those patients with dementia and mental incapacity. None were in use at the time of the inspection. We were provided with evidence that staff had received dementia training.

We saw three palliative care rooms located beside the ward. The rooms had recently been refurbished with financial support provided by the League of Friends³. The rooms were fully equipped for both the patient and their family. Facilities were available for the family to stay overnight if required. It was noted that although the windows around the rooms were obscured with pleasant country scenes, there were small gaps around the edges that enabled visitors to see through into the rooms. This could potentially compromise the privacy and dignity of patients and families.

The ward was adequately signposted and provided access for wheelchair users. However, the visitor toilet was not suitable for a wheelchair user.

¹ <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

² <https://butterflyscheme.org.uk/>

³ The League of Friends is a charity supported by dedicated volunteers who devote their time to raise funds to pay for much needed facilities and other home comforts for patients.

Patient toilet and bathroom facilities were available on the ward, and we were informed they were designated male and female.

One patient commented that they felt cold at nights and could feel a draught. We saw the patient's bed was located by a door.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Palliative care rooms are provided with full privacy and gaps around windows are obscured
- Visitor toilets provide access for wheelchair users
- All patient areas are free from draughts.

Patient information

We saw information presented on the ward walls and notice boards relating to the Stroke Association, Alzheimer's Society, Macmillan Cancer Support, Public Health Wales and Low Vision Services. Some notices were bilingual. However, there was an absence of information relating to smoking cessation and health and well-being. In addition, we saw that some notice boards located on the ward looked old and worn.

The hospital carer's notice board was located away from the ward and did not advertise a hospital carer's champion.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Old and worn notice boards are replaced
- Information relating to smoking cessation and health and well-being is presented on noticeboards in view of patients, visitors and staff
- Carer's information is presented on a notice board on the ward and carers champion is nominated.

Communicating effectively

Staff appeared to have a good rapport with patients whilst ensuring communication was conducted in a quiet way to help maintain confidentiality.

We observed that patient language and communication needs were considered by ward staff and tailored to the individual.

We noted that advocacy arrangements were not advertised.

The ward does not have a patient status at a glance board⁴ to provide patient and staffing information at handover meetings. Staff are therefore reliant on the transfer of information by word of mouth and a review of patient records, and the employee shift schedule known as the off duty roster⁵.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Information relating to advocacy support is made available to all patients
- The ward introduces a confidential patient status at a glance board.

Timely care

We saw that most of the care provided to patients was dated in patient records, however the timing of the care provided was not recorded, to maintain contemporaneous record keeping.

We saw one patient calling for nursing assistance from a palliative care area of the ward. The ward was busy and the number of registered nurses and health

⁴ Patient at a glance boards provide a visual display of patient and staffing information to provide clarity on who is doing what, for whom and provides structure for staff handover meetings.

⁵ The off duty roster is a list of staff members with the days and times they are off duty. It enables management to forward plan and ensure appropriate staffing to provide safe and effective care.

care assistants available was limited. We had to inform staff that the patient required assistance. Ward staff responded to our request.

We saw local General Practitioners (GP's) providing medical care to patients on a daily basis, Monday to Friday. We were informed that patients who had been transferred from district general hospitals were also provided with a weekly review from their consultants, and on all other days they were cared for by local GP's. Following a discussion with a patient we highlighted a number of healthcare issues to the GP on duty. Immediate action was taken by the GP to review the patient records and take appropriate action.

We were informed that the number of beds available on the ward had been reduced from 18 to 11. This was in direct response to the depleted number of registered nurses as a result of vacancies, sickness, maternity leave and resignation. However, we found evidence that despite a reduction in bed numbers, some shifts fell short of the required numbers of registered nurses. We were provided with additional evidence that senior managers had made a recommendation to the health board to reduce the beds further.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Both the date and the time of the administration of patient care is recorded in patient records
- The appropriate number of registered nurses are available each shift to provide safe and effective care to patients
- A nurse recruitment and retention plan is provided to HIW, demonstrating how staff shortages will be addressed.

Individual care

Planning care to promote independence

We saw a number of patients independently using a day room equipped with a television and comfortable chairs.

Patient records reviewed as part of the inspection did not present a completed discharge plan, or record the rehabilitation potential or planning of an individual's discharge. This document forms an important part of patient discharge as it

ensures continuity of care, assesses the support required by the patient when they leave hospital and any continuing health care needs.

We noted that occupational therapy support⁶ was limited to one morning per week, and there was an absence of occupational therapy entries in patient records.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Discharge plans are completed in full, including the rehabilitation and discharge plans for each patient
- The level of occupational therapy support available to patients is reviewed, and therapy is documented in full in the patient records.

People's rights

Patients were able to choose their meals and given the option to eat meals at a large table on the ward, or remain at their bedside.

Patients were also invited to sit at a large table on the ward and play games together whilst accompanied by a member of staff.

A chapel was available in the hospital to support the spiritual needs of patients.

Listening and learning from feedback

We saw information relating to the Patient Advice and Liaison Service (PALS)⁷ in Llandovery hospital.

⁶ Occupational therapists help patients develop, recover, improve, as well as maintain the skills needed for daily living and working.

⁷ The Patient Advice and Liaison Service (PALS) is a point of contact for patients, families and carers and offers confidential advice, support and information.

The ward did not capture patient feedback and there was no evidence to show the ward responded to patient and visitor experiences. Healthcare services should be attentive to the needs of patients and visitors; who should feel empowered to describe their experiences. These experiences provide the health board with the service user's perspective on what is working well and what is not, monitor performance and demonstrate learning and improvement.

Notice boards on the ward included leaflets for the NHS Wales Putting Things Right⁸ process for patients and visitors to take away. However, the ward did not display any Putting Things Right posters. This meant that patients and visitors were not in receipt of full details on the process by which they could raise a concern.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- The ward captures patient feedback and responds to patient and user experiences demonstrating learning and improvement made as a result
- A Putting Things Right poster is placed on a notice board on the ward and is presented bilingually.

⁸ Putting things right is the process by which concerns are managed within the NHS

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We noted efficient and effective arrangements were in place for medicines management and mandatory checks were completed on resuscitation equipment.

Staff were adequately trained in fire safety, moving and handling and resuscitation.

We noted that some areas of flooring were in a poor state of repair, and notice boards and bins were in need of replacement. We saw sharps boxes left open, and frozen ready meals in a worktop freezer were out of date or did not have a use by date on them.

We noted that improvements were required to ensure safe access into the hospital.

We saw a therapy room used for patient rehabilitation purposes was being used as a storage room. The room was untidy, dirty and dusty.

We saw two fire extinguishers placed on the floor in the therapy room, and were not secured to a wall/ cradle, thus posing a trip hazard to patients and staff.

We noted that security on the ward could be improved by limiting access to ward and therapy areas.

We saw that doors to the kitchen, staff room, treatment room, sluice and minor injuries unit reception were unlocked. This potentially compromised patient and visitor safety and patient confidentiality.

At the time of the inspection we became aware of nursing staff shortages as a result of vacancies, sickness absence, maternity leave and resignations.

Safe care

Our immediate concern regarding the limited availability of registered nurses providing care on Brianne Ward and in the minor injuries unit was dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

We saw evidence that the health board had a local risk register and the issues relating to the limited availability of staff in Llandovery hospital had been identified. However, the register did not incorporate the impact of providing nursing support in the minor injuries unit. This risk was not reflected on the health board corporate risk register.

We saw evidence that there were no on-going concerns or serious untoward incidents⁹ in Llandovery hospital.

We saw records indicating staff were adequately trained in fire safety, moving and handling and resuscitation.

We found the ward area was clean however, it appeared cluttered identifying a lack of sufficient storage space. There was evidence of damaged and marked flooring and a sink unit with broken plaster, presenting a potential tripping hazard and infection control issues respectively. We saw a number of sharps boxes¹⁰ that had been left open on the ward. The boxes should be routinely closed after use. These were closed by the Inspection team.

We saw a therapy room used to assist patients with rehabilitation, which was dusty and dirty. There were sections of broken skirting board presenting a risk to patients and staff. The room was cluttered with linen, mattresses, and dirty

⁹ An incident that occurred in relation to NHS-funded services and care resulting in unexpected or avoidable death, harm or injury to patient, carer, staff or visitor.

¹⁰ Sharps boxes are hard plastic containers that are used to safely dispose of hypodermic needles and other sharp medical instruments

equipment and dusty Christmas decorations. Within the therapy room, we saw a work top freezer unit that contained a number of frozen meals. One of the meals was out of date and the others did not present use by dates. We were told these were used by occupational therapy staff for the rehabilitation of patients. At the request of HIW the frozen meals were removed and disposed of.

There were two fire extinguishers placed on the floor in the therapy room, which should be secured in a cradle or on to the wall. These posed a tripping hazard to staff and patients.

We found the doors to the ward were unlocked and fire doors left open, presenting a risk of patients wandering away from the ward into the main hospital. We found the door to the staff kitchen and staff room were left open. Patients could access knives in the kitchen and a hot water dispenser in the staff room thus, exposing them to the risk of potential harm. We saw the door to a storage room located outside the ward was also open, and had a hairdryer with cable exposed on top of a trolley also presenting a risk of harm to patients, particularly those with mental capacity issues and dementia. We also noted the room was dirty and dusty. At our request, the staff room and kitchen doors was closed, and the storage room door closed and locked.

The door to the reception in the minor injuries unit was unlocked. There were no staff on duty. We were able to walk into the reception and access patient casualty cards displaying confidential patient information. We raised our concerns with staff and the door was closed and locked.

The door to the treatment room located in the minor injuries unit was unlocked allowing easy access to the general public and potential harm from medication, scissors, chemicals and equipment. We raised our concerns with staff and the door was locked.

The treatment room in minor injuries was also the main treatment room for the ward. Located away from the ward meant registered nurses could be away from inpatients for some time, potentially compromising safe and effective care. The room did not have an emergency buzzer, which prevented staff from effectively requesting emergency assistance if required, when treating patients in the minor injuries unit.

The sluice area was located away from the ward and at the time of the inspection was not locked. This meant staff had to leave the ward to access this area and potentially leave the ward understaffed or with limited registered nursing care. In addition, the area was potentially subject to unauthorised access, and possibly cross contamination. However, we saw evidence of a secure lockable storage for cleaning solutions in the sluice and on the ward.

A patient informed us that the water from a hot water tap in the bathroom located near the ward was scolding hot. We immediately informed the Service manager who confirmed arrangements would be made to check the water temperature was being correctly maintained.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- The local and corporate risk register reflect the limited availability of nursing staff in Llandovery hospital, and the impact of providing appropriate nursing care on the ward and in the minor injuries unit
- The ward is de-cluttered and sufficient storage space provided
- Damaged and marked flooring is repaired or replaced
- Sharps boxes are closed when not in use
- The therapy room is cleaned, de-cluttered, dirty therapy equipment cleaned or replaced and broken skirting boards repaired or replaced
- Frozen food used for encouraging the rehabilitation of patients is stored appropriately, and regular checks are made on the use by dates, by nominated staff
- All fire extinguishers are placed on stands or secured onto the wall
- Doors to the ward, kitchen and staff room are adequately secured
- The reception in the minor injuries unit is routinely locked and patient sensitive information is secure
- The storage room is cleaned and locked when not in use
- The sluice area and treatment room are routinely locked when not in use
- An emergency buzzer is made available in the treatment room
- Hot water is maintained at the correct temperature.

Preventing pressure and tissue damage

Patient notes reviewed as part of the inspection indicated pressure and tissue damage risk assessments completed by the district general hospital had been

transferred to Llandovery hospital. However these risk assessments had not been routinely re-assessed within 24 hours of admission in line with the criteria recommended within the Waterlow assessment tool¹¹. Whilst patient notes detailed an on-going review of the assessment of pressure and tissue damage, the Waterlow assessment chart was not being updated. This chart provides an on-going visual assessment of the risk of pressure and tissue damage.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- In line with good practice, risk assessments are re-assessed within 24 hours of admission and on-going assessment is recorded on the assessment chart.

Falls prevention

Patient records incorporated a falls care plan. This provides a documented falls risk assessment and associated care plan.

The hospital had a falls frailty nurse who was hospital based. The specialist nurse for falls attends patient in the community only.

Infection prevention and control

Standard infection prevention and control policies were up to date and available on the health board intranet.

Side rooms were available for patients with palliative care needs. These facilities were also available for patients presenting with infection.

We saw hand hygiene notices around the ward encouraging patients, visitors and staff to wash their hands in the most effective way. We also saw hand sanitising

¹¹ Waterlow assessment tool is used in conjunction with professional judgement to give an estimated risk of a patient developing pressure or tissue damage.

stations placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection.

We saw records indicating staff were adequately trained in infection prevention and control in line with the mandatory training requirements of the health board.

The ward appeared clean. We saw patient beds and chairs were clean and properly maintained, however there was evidence of damaged and worn flooring and notice boards, and all of the metal bins on the ward were rusty.

There was an absence of information relating to infection rates on ward notice boards. Effective infection prevention and control forms part of everyday healthcare and the ward should present suitable and accurate evidence based information on infections on ward notice boards.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Metal bins are replaced
- The ward presents suitable and accurate evidence based information on infections on ward notice boards.

Nutrition and hydration

The ward presented a nutrition board with an eatwell guide and information on the ways in which to eat healthily. Information relating to Body Mass Index (BMI)¹² was also available.

Meals were cooked on site, looked appetising, were hot, well presented and were served at regular times. Patient meal times were protected. Patients were seen to be offered choices and were encouraged and supported to eat at regular times. Patients told us they enjoyed the food.

¹² Body mass index is a measure using height and weight to determine whether someone is under or overweight.

All patients had access to fresh drinking water and hot drinks.

An adult nutritional screening tool was in place to assess a patient's nutritional status. However, nutritional risk assessments had not been completed for all patients reviewed as part of the inspection.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- All patients' nutritional needs are adequately assessed, recorded and addressed where applicable.

Medicines management

The health board pharmacies, local pharmacy and GP dispensary provide access to medication. A health board courier service is available for the transfer of medication during the week and a voluntary courier service is available at weekends.

Staff were aware of health board policies for medicines management and informed us they were easily accessible on the health board intranet.

Registered nurses wore appropriate Do Not Disturb tabards to indicate they were busy preparing and administering medication for patients. Nurses had adequate stocks of gloves, aprons, hand sanitiser and hand wash, and the medication trolley was closely attended.

Medication and controlled drugs were appropriately stored in a lockable cupboard and daily checks were evident. We found the medication fridge was locked and found to be at the correct temperature. Daily checks were in place to ensure medication was stored at the appropriate temperature, to ensure it was safe to use.

All patients wore the correct armbands and were positioned in a comfortable manner when taking medication. A review of patient medication records identified the administration of medication was evidenced on a patient's prescription chart, and in the patient records. These were found to be clear, concise and dated.

Patient records incorporated the administration of analgesia but did not record the effectiveness of this pain relief. The hospital did not use a pain management tool or record pain scores¹³.

There were no patients in receipt of oxygen at the time of the inspection.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- A pain management tool is used to record pain scores and ensure the effectiveness of pain relief for all patients.

Safeguarding children and adults at risk

We saw records that confirmed staff were trained in safeguarding adults and children, violence against women, domestic abuse and sexual violence, mental capacity act and health safety and welfare.

Policies were in place for both safeguarding adults and children. They were up to date and available on the health board intranet.

Patient records provided evidence of mental capacity assessment and Deprivation of Liberty Safeguards (DoLs)¹⁴.

Blood management

There was evidence that the hospital uses a sepsis screening tool¹⁵.

¹³ A pain management tool is used by healthcare professionals to document and assess the level of pain and monitor the effectiveness of pain interventions.

¹⁴ These safeguards form part of the Mental Capacity Act (2005) and aim to make sure patients in care homes and hospitals are looked after in a way that does not restrict their freedom.

¹⁵ This tool can be used to successfully identify sepsis early and lead to better diagnostics and treatment.

We were informed that a health board courier service is available for the transfer of blood components and products during the week, and a voluntary courier service at weekends

Medical devices, equipment and diagnostic systems

We saw patient hoists, oxygen cylinders and armchairs in the corridor leading from the entrance to the hospital. Whilst these were placed to the side of the corridor they presented an potential obstruction to wheelchair users and patient trolleys.

Equipment on the ward appeared to be clean and well maintained.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Alternative storage is provided for patient equipment and furniture with a view to removing obstructions in a public area.

Effective care

Safe and clinically effective care

The standard of patient nursing and medical records was good. Nursing documentation appeared to be complete and easy to read. Some medical notes were less easy to interpret, as the hand writing was not as clear and the name and designation of the doctor was not written next to the signature. The timing of the delivery of patient care was also not recorded, with reliance being placed on the date only.

We found the assessment of patient continence was not recorded in patient records. A continence assessment helps to identify factors that may be contributing to continence problems and aims to implement ways in which to improve or manage the problem.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- All clinicians clearly date, time, print and sign their entries within patient records
- The assessment of patient continence is recorded in patient records.

Quality improvement, research and innovation

There was no evidence to support the ward engages in activities that aim to improve by developing and implementing innovative ways to deliver care.

Information governance and communications technology

We saw evidence that staff were adequately trained in information governance in line with health board training requirements.

We were informed that ward managers have access to the Electronic Staffing Record (ESR)¹⁶ to enable them to update and review employee and workforce information. Staff also had access to electronic health board policies and procedures via the health board intranet.

Record keeping

As previously highlighted, the standard of patient records was good. Nursing documentation appeared to be complete and easy to read however, some medical notes were less easy to interpret. In addition, the assessment and planning document designed to record patient discharge was not being completed. Patients records reviewed as part of the inspection did not record best interest meetings, continuing health care in relation to discharge planning, social workers or occupational therapy support.

¹⁶ ESR is an integrated NHS Human Resource and Payroll system.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

A strong team culture was evident with notable comradery.

Senior managers who attended the hospital at the request of HIW, took a keen interest in the inspection and took immediate action where necessary.

Staff raised concerns that they were sometimes unable to take breaks during shifts.

Governance, leadership and accountability

We were provided with a copy of the health board structure relating to the Carmarthenshire County Team. This structure provided details of the management responsible for service delivery and medical and nursing care in Llandovery hospital.

There was an absence of ward managers when we arrived at the hospital. This was a direct result of sickness absence. In the absence of ward manager and the deputy ward manager, the clinical nurse lead and service manager for the County Team attended the inspection.

We became aware that the hospital had a shortage of registered nurses. We were informed that nursing posts had been advertised, but had failed to attract applicants. As a result, we were informed that senior managers were considering advertising a rotational post with Glangwilli hospital, to provide an opportunity for a registered nurse to work within a community and acute healthcare setting.

We were presented with a copy of the local risk register¹⁷ that identified the risk of a shortage of registered nurses in Llandovery hospital. However, we were informed that this risk had not been escalated onto the health board corporate¹⁸ risk register. The clinical nurse lead provided us with a copy of a risk assessment document that had been escalated to senior health board managers identifying the concerns relating to nurse staffing levels.

We were informed of a proposal made to reduce the number of patient beds in Llandovery to nine, and for there to be only one registered nurse on duty for each shift. The need to support the minor injuries unit with registered nursing staff from the ward had not been taken into consideration. Implementation of this proposal could potentially compromise safe and effective care with only one registered nurse available to provide care to patients on the ward, and patients presenting in the minor injuries unit.

A review of staff off duty rosters between August 2019 and November 2019, provided examples of the occasions when only one registered nurse was present on the ward, when there should have been a minimum of two to ensure the delivery of safe and effective care to patients. This was evident on the morning of the inspection when only one registered nurse was available to provide patient care on the ward and was also expected to attend to patients presenting at the hospital minor injuries unit.

A review of the minutes of two staff meetings indicated there was no set agenda and few members of staff attended. We were unable to find evidence to indicate if staff had read them. We were informed that minutes were made available to staff and pinned to the notice board in the staff room.

Members of staff raised concerns with the inspection team in relation to staff well-being. They indicated that there were occasions when they were unable to take breaks during their shifts. Working excessively long hours on a shift without a

¹⁷ A risk register is a record of the risks that threaten an organisation's ability to achieve its aims and objectives.

¹⁸ Corporate risk register is reflective of risks for the whole organisation.

break may cause fatigue, breach the Working Time Regulations¹⁹, and increase the risk of harm to patients as a result of fatigue.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Senior Managers conduct a full risk assessment on the staffing levels in Llandovery hospital and ensure the correct number of registered nurses are rostered on all shifts to deliver safe and effective care to all patients
- Staff team meetings have an agenda, minutes are circulated to all staff and staff are asked to confirm they have read the minutes
- Senior Managers ensure all staff have the opportunity to take a break when on duty.

Staff and resources

Workforce

Our immediate concern regarding the limited availability of registered nurses providing care on Brianne Ward and in the minor injuries unit in Llandovery hospital was dealt with under our immediate assurance process.

All staff we spoke with told us they enjoyed their jobs and were striving to provide a high standard of care. They indicated that they felt like one big family, were very much a team and pulled together to overcome the challenges presented to them in the work environment.

We received nine completed staff questionnaires from a range of staff.

¹⁹ The Working Time Regulations are a European Union initiative designed to prevent employers requiring their workforce to work excessively long hours.

The majority of staff felt there was usually enough staff to enable them to do their job properly however, a quarter of staff indicated there was never enough staff. Responses also indicated that three quarters of staff felt they were unable to meet all the conflicting demands during their time at work. A comment included:

“Problems with staffing levels lead to most staff taking on extra shifts which can be detrimental to health. Shift patterns can leave one feeling tired, with runs of four night shifts, say, running straight into day shifts”

All respondents agreed the care of patients is the organisation’s top priority, and that the organisation acts on concerns raised by patients. All agreed they would recommend the organisation as a place to work and would be happy with the standard of care provided by the organisation if a friend or relative needed treatment. All respondents agreed that the privacy and dignity of patients is always maintained, and said patient independence is promoted, and none disagreed.

All respondents said their manager was supportive in a personal crisis and encouraged them to work as a team, and staff commented:

“We have two very supportive sisters and consequently a very good team spirit, all supportive of each other.”

Most respondents agreed that their immediate manager takes a positive interest in their health and well-being.

All respondents said their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. One respondent reported having been discriminated against, by a patient on the grounds of ethnic background.

We saw evidence that staff have had Criminal Record and Barring Service (CRB) checks and from December 2012 the Disclosure and Barring Service (DBS) checks²⁰. The health board has a responsibility to ensure robust safeguarding

²⁰ Checks that are made on the Police National Computer that provide details on current criminal convictions.

measures are in place and periodic background checks are made to ensure they prevent unsuitable people from working with vulnerable adults and children.

Staff told us they received regular personal appraisals. An initial review of the data presented in the Electronic Staffing Record identified 85.19 per cent of staff had received an appraisal. However, a review of staff files could not provide assurance the appraisals had been completed, as there were no signed and dated paper copies.

Staff informed us they are provided with time to complete on-line mandatory training. This was reflected in the health board electronic staffing record that confirmed mandatory training compliance was recorded as being 87.48 per cent.

We were unable to find a number of job descriptions in staff files reviewed as part of the inspection.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Robust safeguarding measures are in place and periodic background checks are made to ensure they prevent unsuitable people from working with vulnerable adults and children
- Copies of staff appraisals are completed in full, signed, dated and placed on the appropriate member of staffs file.

4. What next?

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

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

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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

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

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

| Immediate concerns identified | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|--|--|--|--|
| <p>The door to the reception and the treatment room in the minor injuries unit were unlocked. There were no staff on duty.</p> | <p>HIW were able to walk into the reception and access patient casualty cards displaying confidential patient information (Standard 2.1 Managing risk and promoting health and safety).</p> <p>An unlocked treatment room door provided easy and unauthorised access to patients and the general public and potential harm from medicines, chemicals and equipment (Standard 2.1 Managing risk and promoting health and safety).</p> | <p>HIW raised this with the Service Manager in charge of the hospital.</p> | <p>At the request of HIW the doors were closed and locked.</p> |

| | | | |
|--|--|--|---|
| <p>The work top freezer unit in the therapy room contained a number of out of date and undated frozen meals used by occupational therapy staff for the rehabilitation of patients.</p> | <p>(This presented a risk of potential harm to patients if eaten. Standard 2.1 Managing risk and promoting health and safety).</p> | <p>HIW raised this with the nurse in charge of the ward.</p> | <p>At the request of HIW the frozen meals were removed and disposed of.</p> |
|--|--|--|---|

Appendix B – Immediate improvement plan

Hospital: Llandovery Hospital
Ward/department: Brianne Ward and Minor Injuries Unit
Date of inspection: 26 – 27 November 2019

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

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--------------|---|--|--|
| <p>Finding:</p> <p>HIW found evidence that the ward was unable to provide the agreed and appropriate number of registered nurses on some shifts on the roster in Llandovery Hospital. Registered nurses were responsible for both the ward and the minor injuries clinic during the day. This meant that at any one time if the staffing numbers of registered nurses had not been met on the ward and nursing support was required in minor injuries the ward would be left without a registered nurse. Staff told us that this had been ongoing for a long period of time. This was emphasised by the immediate</p> | Standard 7.1 | <p>Update</p> <p>The planned nurse staffing levels for the hospital have been urgently reviewed utilising the methodology set out in the Nurse Staffing (Wales) Act). Support from the health board’s Nurse Staffing Programme team has been given to undertake this initial review.</p> <p>As a result of this review, the nurse staffing levels required within the</p> | Head of Community Nursing (Carms) | Immediate interim staffing review completed by Dec 4th 2019. |

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------|---|---|---|
| <p>reduction of registered nurses, owing to staff long term sickness, vacancies and staff leaving the role within the next ten working days having resigned or going on maternity leave. The limited availability of registered nurses had the potential to impact on the ability of the service to provide safe and effective care.</p> <p>Recommendation:</p> <p>The health board is required to provide HIW with the actions it will take to meet the agreed and appropriate staffing levels in Llandoverly Hospital to provide a service that ensures the delivery of safe and effective care.</p> | | <p>hospital have been revised and interim, template nurse staffing rosters (for varying bed numbers) have been confirmed and agreed with the Director of Nursing, Quality and Patient Experience.</p> <p>It has been agreed that 2 registered nurses to be rostered and on duty whenever the minor injury unit (MIU) service is operating (i.e.9am to 5pm, Monday to Friday).</p> <p>Registered Nurse staffing levels will be flexed based upon bed occupancy, acuity and professional judgement. e.g. 1 Registered nurse for 7 beds adjusted up based upon occupancy, and acuity.</p> <p>A daily review of the new staffing levels will be undertaken by the Registered nurse in charge at Llandoverly Community Hospital to</p> | <p>Head of Community Nursing (Carms)</p> | <p>Implemented 03.12.19</p> <p>Implemented from Dec 2nd 2019.</p> |

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|------------------------------|----------|---|----------------------------|---|
| | | <p>ensure that patient acuity is adequately considered. It has been agreed that the adult patient Welsh levels of Care tool be used to support this</p> <p>A formal process will be established which considers patient acuity / complexity levels on referral prior to accepting patient for admission.</p> <p>A clear escalation process will be introduced to inform nurse staffing levels and when necessary trigger a staffing review.</p> <p>Ongoing reviews and recalculation of nurse staffing levels, will be undertaken, in line with the principles set out in the All Wales Nurse Staff (Wales) Act. Which considers the acuity, quality and 'professional judgement' data. These reviews</p> | <p>Senior Nurse</p> | <p>Implemented 03.12.19</p> <p>Implemented 03.12.19</p> <p>31st March 2019</p> |

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|------------------------------|----------|--|---|---|
| | | <p>have commenced and aim to be completed by end March 2020.</p> <p>The review process will be led by the professional Head of Nursing for the hospital, supported by the HB's Nurse Staffing Programme team: Any further, immediate concerns which emerge during this review process will be escalated with immediate effect to the appropriate Executive Directors who will also be provided with regular updates on progress of the review.</p> <p>Senior nursing leadership support has been allocated to the ward:</p> <p>An experienced ward sister has been seconded to the ward to provide</p> | <p>Head of Community Nursing (Carms)</p> <p>Head of Community Nursing (Carms)</p> <p>Head of Community Nursing</p> | <p>Implemented December 2019 2nd</p> <p>Implemented December 2019 2nd</p> <p>To be Reviewed 16th December 2019</p> |

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|------------------------------|----------|---|---------------------|-----------|
| | | interim leadership (3 days per week pro tem). This arrangement will be reviewed on the 16 th December 2019 as this is the anticipated date of the return of the ward sister and will be reviewed with the seconded ward sister remaining on site if necessary. | (Carms) | |

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

Service representative:

Name (print): Sarah Cameron

Job role: Head of Community Nursing Carmarthenshire

Date: 03.12.2019

Appendix C – Improvement plan

Hospital: Llandovery Hospital
Ward/department: Brianne Ward and Minor Injuries Unit
Date of inspection: 26 – 27 November 2019

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

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--------------------|--|---|---|
| Quality of the patient experience | | | | |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • Palliative care rooms are provided with full privacy and gaps around windows are obscured • Visitor toilets provide access for wheelchair users • All patient areas are free from draughts. | 4.1 Dignified Care | <p>Privacy is maintained by blinds covering 2 of the 3 windows in the care rooms. Blinds obtained for the 3rd window.</p> <p>Estates team to review each window in the 3 care rooms.</p> | <p>Operations Manage East – Estates</p> <p>Operations Manage East – Estates</p> | <p>25.02.20 Complete</p> <p>25.02.20 Complete</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--------------------|----------|---|----------------------------------|------------------------|
| | | Appropriate covering to conceal the gaps around the window to be identified by estates. | Operations Manage East – Estates | 29.02.2020 Complete |
| | | Work to be commenced to conceal gaps. | Operations Manage East – Estates | 29.02.2020 |
| | | There are visitor toilets available in the Minor injuries unit, which can accommodate access for wheelchair users at all times. Signage to be updated in the unit to advise visitors of the location. | Ward Manager | 29.02.2020 |
| | | Estates department will complete an audit of draughts on all windows and address according to the result of the audit. | Operations Manage East – Estates | 31.03.2020 |
| | | Estates department will complete an audit of draughts on all doors and | Operations Manage East – Estates | 31.03.2020 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|-------------------------|--|---|---|
| | | address according to the result of the audit. | | |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • Old and worn notice boards are replaced • Information relating to smoking cessation and health and well-being is presented on noticeboards in view of patients, visitors and staff • Carer's information is presented on a notice board on the ward and carers champion is nominated. | 4.2 Patient Information | <p>The service to identify funding mechanisms to enable replacement of the notice boards.</p> <p>Smoking cessation team (Public Health Wales) to be contacted for information relating to Smoking cessation and the relevant information to be displayed. Health and Wellbeing information to be updated on notice boards, to be monitored under the monthly spot check programme to ensure all notices are kept up to date.</p> <p>Lead for Investors in Carers to be contacted for relevant information to display on the notice boards.</p> | <p>Ward manager</p> <p>Clinical Nurse Lead</p> <p>Ward Manager</p> | <p>31.03.2020</p> <p>27.01.2020 Completed</p> <p>29.02.2020</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------------------------------|--|--|---|
| | | 2 carers champions have been identified who have completed the relevant training, the hospital have received a bronze award for Investors in Carers. | Ward Manager | 27.01.2020 Completed |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Information relating to advocacy support is made available to all patients The ward introduces a confidential patient status at a glance board A nurse recruitment and retention plan is provided to HIW, demonstrating how staff shortages will be addressed. | 3.2 Communicating effectively | <p>Advocacy West Wales to be contacted and provide relevant posters, which are to be displayed in the area.</p> <p>The patient status at a glance board to be revised and placed in the nurses office.</p> <p>Nurse recruitment and retention plan to be developed and to be submitted to HIW on completion.</p> | <p>Ward Manager</p> <p>Clinical Nurse Lead</p> <p>Head of Community Nursing</p> | <p>23.01.2020 Completed</p> <p>27.01.2020 Completed</p> <p>31.03.2020</p> |
| The health board is required to provide HIW with details of the action it will take to ensure that: | 5.1 Timely access | | | |

| Improvement needed | Standard | Service action | Responsible officer | | Timescale |
|--|--|---|------------------------|------|-------------------------|
| <ul style="list-style-type: none"> Both the date and the time of patient care is recorded in patient records The appropriate number of registered nurses are available to provide safe and effective care to patients. | | <p>Relevant staff at the hospital to be reminded of the standards of documentation.</p> | Clinical Nurse | Lead | 2.02.2020 |
| | | <p>Spot checks of audits on documentation will include checking that the date and the time of patient care is recorded in patient records.</p> | Clinical Nurse | Lead | 28.02.2020 |
| | | <p>The service have reduced the number of beds enabling the appropriate number of registered nurses to provide safe effective care. This is to be continually reviewed and monitored through the nurse staffing levels work, related to nurse staffing (Wales Act). Acuity and staffing ratios to continue to be monitored, through this work plan.</p> | Head Community Nursing | of | 03.01.2020 Completed |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> | <p>6.1 Planning Care to promote independence</p> | | | | |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|----------|--|---------------------------|------------|
| <ul style="list-style-type: none"> Discharge plans are completed in full, including the rehabilitation and discharge plans for each patient The level of occupational therapy support available to patients is reviewed, and therapy is documented in full in the patient records. | | <p>Effective use of the discharge documentation will be monitored and staff to be instructed on the requirement to complete in full.</p> | Ward Manager | 30.03.2020 |
| | | <p>The rehabilitation goals / plans determined by the therapists, to be kept in the patients notes.</p> | Ward Manager | 29.02.2020 |
| | | <p>This will be monitored with the monthly spot checks undertaken by the Clinical Lead Nurse.</p> | Clinical Nurse Lead | 29.02.2020 |
| | | <p>Meeting scheduled for 06.02.2020 to review the level of provision with the lead for Occupational Therapy.</p> <p>The requirement to document the therapy requirement in notes will be discussed at the meeting and plan identified.</p> | Head of Community Nursing | 28.02.2020 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|--|--|---|
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> The ward captures patient feedback and responds to patient and user experiences demonstrating learning and improvement made as a result A Putting Things Right poster is placed on a notice board on the ward and is presented bilingually. | 6.3 Listening and Learning from feedback | <p>Patient Experience Team to be contacted and meeting to be arranged to identify plan as to how the team can support the service with gaining appropriate patient feedback, to support learning and improvement based on user feedback.</p> <p>Bilingual posters to be printed and displayed on the ward.</p> | <p>Head of Community Nursing</p> <p>Ward Manager</p> | <p>31.03.2020</p> <p>16.01.2020 Completed</p> |
| Delivery of safe and effective care | | | | |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> The local and corporate risk register reflect the limited availability of nursing staff in Llandovery hospital, and the impact of providing appropriate | 2.1 Managing risk and promoting health and safety | The risk to be recorded on the directorate (local) risk register, its content and risk level has increased to 16. | Head of Community Nursing | 16.01.2020 Completed |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|----------|--|--|-------------------|
| <p>nursing care on the ward and in the minor injuries unit</p> <ul style="list-style-type: none"> • The ward is de-cluttered and sufficient storage space provided • Damaged and marked flooring is repaired or replaced | | <p>The risk to monitored and updated based on assessment.</p> | <p>Head of Community Nursing</p> | <p>29.02.2020</p> |
| | | <p>The Head of Nursing to continue to work with the corporate nursing team to consider related issues, in respect to nurse staffing levels that affect the Directorates. Acuity and models of care to be reviewed and monitored through the nurse staffing work to ensure appropriate nursing care on the ward and minor injuries.</p> | <p>Head of Community Nursing</p> | <p>29.02.2020</p> |
| | | <p>The ward area has been decluttered.</p> <p>Storage space on the site to be reviewed.</p> | <p>Operations Manager East – Estates</p> | <p>31.03.2020</p> |
| | | <p>Estates department to complete a flooring audit review and replace marked or damaged flooring as recommended.</p> | <p>Operations Manager East – Estates</p> | <p>31.05.2020</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|----------|---|-----------------------------------|-------------------------|
| <ul style="list-style-type: none"> Sharps boxes are closed when not in use | | All staff to be reminded of the procedure to follow for safe disposal and storage of sharps. | Ward Manager | 17.01.2020 Completed |
| <ul style="list-style-type: none"> The therapy room is cleaned, de-cluttered, dirty therapy equipment cleaned or replaced and broken skirting boards repaired or replaced | | The therapy room to be fully cleaned and decluttered and the skirting sections repaired and made safe. | Operations Manager East – Estates | 17.01.2020 Completed |
| | | A rolling refurbishment programme has commenced to redecorate the area. | Ward Manager | 31.03.2020 |
| <ul style="list-style-type: none"> Frozen food used for encouraging the rehabilitation of patients is stored appropriately, and regular checks are made on the use by dates, by nominated staff | | No food is now stored in the Occupational Therapy fridge - This will be monitored as part of the monthly spot checks. | Ward Manager | 6.01.2020 Completed |
| <ul style="list-style-type: none"> All fire extinguishers are placed on stands or secured onto the wall | | Audit of the building to be undertaken and all extinguishers to be placed securely on the walls. | Ward Manager | 16.01.2020 Completed |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------|--|---|--|
| <ul style="list-style-type: none"> Doors to the ward, kitchen and staff room are adequately secured | | <p>The importance of security to be reinforced to staff – nurse in charge to ensure this is maintained, 3 additional digital locks to be fitted.</p> | <p>Ward Manager Operations Manager East – Estates</p> | <p>16.01.2020 Completed 29.02.2020</p> |
| <ul style="list-style-type: none"> The reception in the minor injuries unit is routinely locked and patient sensitive information is secured | | <p>All staff to be instructed that this is to be kept locked at all times when not in use – spot checks have confirmed the area is secure.</p> | <p>Clinical Nurse Lead</p> | <p>16.01.2020 Completed</p> |
| <ul style="list-style-type: none"> The storage room is cleaned and locked when not in use | | <p>Storage room to be cleaned and staff to be informed of importance of locking when not in use.</p> | <p>Ward Manager</p> | <p>16.01.2020 Completed</p> |
| <ul style="list-style-type: none"> The sluice area and treatment room are routinely locked when not in use | | <p>To be monitored through the spot checks audit, this has confirmed the improvement.</p> | <p>Ward Manager</p> | <p>16.01.2020 Completed</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--|--|--|--|
| <ul style="list-style-type: none"> An emergency buzzer is made available in the treatment room Hot water is maintained at the correct temperature. | | <p>The staff to be reminded of the importance of keeping all areas safe, secure and locked at all times when not in use.</p> <p>Emergency buzzer system to be in situ in the Minor Injuries Unit (MIU) treatment room.</p> <p>To confirm with Estates that all operational sinks have regulators, and are audited and control temperatures are monitored and recorded.</p> | <p>Ward Manager</p> <p>Operations Manager East – Estates</p> <p>Operations Manage East – Estates</p> | <p>27.01.2020 Completed</p> <p>29.02.2020 Complete</p> <p>29.02.2020</p> |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> In line with good practice, pressure and tissue damage risk assessments are re-assessed within 24 hours of admission and on-going assessment is recorded on the assessment chart. | <p>2.2 Preventing pressure and tissue damage</p> | <p>To reinforce information to staff to ensure re-assessment within 24 hours of admission. Ongoing re-assessments are to be recorded on the intentional rounding charts daily, as a minimum.</p> | <p>Ward Manager</p> | <p>27.01.2020 Completed</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|--|---|---|---|
| | | This is to form part of the spot check audits by the Clinical Lead Nurse. | | |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • Metal bins are replaced • The ward presents suitable and accurate evidence based information on infections on ward notice boards. | 2.4 Infection Prevention and Control (IPC) and Decontamination | <p>New plastic bins to be ordered.</p> <p>Infection control team to provide Hand Hygiene posters and other relevant infection control information to display on ward notice boards.</p> | <p>Ward Manager</p> <p>Ward Manager</p> | <p>31.01.2020</p> <p>Complete</p> <p>31.01.2020</p> |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • All patients nutritional needs are adequately assessed, recorded and addressed. | 2.5 Nutrition and Hydration | To ensure all staff comply with assessing patients nutritional needs, this is to be monitored via the monthly spot checks by Clinical Lead Nurse. | Ward Manager | <p>27.01.2020</p> <p>Completed</p> |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • A pain management tool is used to record pain scores and ensure the | 2.6 Medicines Management | Staff to be informed that they are to use the Abbey pain scale for patients with cognitive impairments. | Ward Manager | <p>27.01.2020</p> <p>Completed</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|-------------------------------------|
| effectiveness of pain relief for all patients. | | <p>Staff to be informed of the need to reassess and document the effectiveness.</p> <p>This is to be monitored via the monthly spot check process.</p> | | |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Alternative storage is provided for the equipment and furniture with a view to removing obstructions in a public area. | 2.9 Medical devices, equipment and diagnostic systems | Alternative storage areas to be explored with estates department. | Ward Manager | 29.02.2020 |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> All clinicians clearly date, time, print and sign their entries within patient records | 3.1 Safe and Clinically Effective care | <p>Relevant staff to be reminded of the need to comply with the sample signature profile, ensuring all signatures are legible and correlate to the date, time, and signature to be printed on all entries into the patient documentation.</p> <p>A signatory book to be established, for the GPs and all staff that document in the</p> | <p>Ward Manager</p> <p>Ward Manager</p> | <p>29.02.2020</p> <p>29.02.2020</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|--|---|
| <ul style="list-style-type: none"> The assessment of patient continence is recorded in patient records. | | <p>medical notes and to provide specimens of their signatures for cross referencing.</p> <p>Relevant staff to be reminded of the need to assess continence status of patients and record in patient records.</p> <p>To be monitored as part of documentation spot checks.</p> | Ward Manager | 27.01.2020 Completed |
| Quality of management and leadership | | | | |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Senior Managers conduct a full risk assessment on the staffing levels in Llandoverly hospital and ensure the correct number of registered nurses are rostered on all shifts to deliver safe and effective care to all patients Staff team meetings have an agenda, minutes are circulated and staff are | Governance, Leadership and Accountability | <p>Number of beds have been reduced to support safe staffing levels. There will continue to be on-going assessment of staffing levels, with support from the corporate nurse staffing programme team.</p> <p>All future meetings to include an agenda and minutes of meetings to be taken and circulated to staff. Staff will be asked to</p> | <p>Head of Community Nursing</p> <p>Ward Manager</p> | <p>31.03.2020</p> <p>27.01.2020 Completed</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------------------|--|--|-------------------------------------|
| <p>asked to confirm they have read the minutes</p> <ul style="list-style-type: none"> Senior Managers ensure all staff have the opportunity to take a break when on duty. | | <p>sign a declaration that they have been read.</p> <p>Alternative models of care to continue to be explored to ensure compliance with break periods for staff.</p> | <p>Head of Community Nursing</p> | <p>31.03.2020</p> |
| <p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Robust safeguarding measures are in place and periodic background checks are made to ensure they prevent unsuitable people from working with vulnerable adults and children Copies of staff appraisals are completed in full, signed, dated and | <p>7.1 Workforce</p> | <p>A Task and Finish Group has been established, led by corporate workforce colleagues within the Health Board to identify a strategic approach to ensuring relevant background checks are undertaken.</p> <p>All staff identified as requiring a DBS check are completing the appropriate documentation to comply.</p> <p>All relevant staff to be reminded of the importance of completing staff appraisals in full, including signatures and dates.</p> | <p>Head of Nursing</p> <p>Ward Manager</p> | <p>31.04.2020</p> <p>28.02.2020</p> |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|----------|--|---------------------|-----------|
| placed on the appropriate member of staffs file. | | All staff appraisals once completed to be kept in staff files. | | |

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

Service representative

Name (print): Sarah Cameron

Job role: Head of Community Nursing

Date: 27.01.2020