

## **Hywel Dda Health Board**

### **Unannounced Dignity and Essential Care Inspection**

**Date of inspection 24 and 25 June 2012**

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## 1. Introduction

1.1 Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way<sup>1</sup>. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect. Dignity is also one of the five United Nations Principles for Older People and is a key principle underpinning both the Welsh Government’s Strategy for Older People and the National Service Framework for Older People in Wales. In 2007, the Welsh Government launched its ‘Dignity in Care Programme for Wales’ an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

1.2 Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 Healthcare Inspectorate Wales (HIW) commenced a programme of unannounced ‘Dignity and Essential Care Inspections’ to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW’s Dignity and Respect Spot Checks which took place during 2009 and 2010<sup>2</sup>.

1.3 The ‘Dignity and Essential Care Inspections’ review the way a patient’s dignity is maintained on a hospital ward and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations. More information on how the inspections are carried out is available at Appendix A of this report.

1.4 The inspections capture a ‘snapshot’ of the care patients receive on hospital wards, which may point to wider issues about the quality and safety of essential care and dignity.

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<sup>1</sup> ‘Inhuman treatment’ means treatment causing severe mental or physical harm, and ‘degrading treatment’ means treatment that is grossly humiliating and undignified.

<sup>2</sup> For more information on the 2009-2010 Dignity and Respect Spot Checks, please visit <http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

1.5 On 24 and 25 June 2012, HIW undertook an unannounced Dignity and Essential Care visit to Bronglais General Hospital.

## **Bronglais General Hospital**

1.6 Bronglais General Hospital is located in Aberystwyth, mid Wales. The hospital has around 200 beds and provides a comprehensive range of in-patient and outpatient facilities, mental health services together with Accident and Emergency and Diagnostic facilities.

1.7 As part of the inspection we visited two wards; Iorwerth Ward which is a general acute medical ward and Ceredig Ward which specialises in Orthopaedic, General Surgery and Colorectal.

## **2. Findings**

2.1 This chapter sets out the findings from our visit.

### **Iorwerth Ward General Acute Medical**

2.2 Overall the ward appeared calm and quiet with a high visibility of nursing staff who were observed caring for patients in a friendly and professional manner. However, the clinical environment of the ward was congested and concerns were raised around the visible leadership for the ward.

#### **Ward environment**

2.3 Patients we spoke to on the ward were positive and complimentary about the cleanliness of the ward. However, generally we observed the cleanliness to be of a substandard level. Dirt was noted on the floor, on walls, doors and there was also dust on the ward equipment including the cardiac arrest trolley in the main corridor. Documentation of cleaning schedules was in place however the schedules were not all complete and it was not evident whether cleaning had taken place. For example, it was clear from our observation that the ward kitchen floor had not been cleaned for a number of days despite it being documented that it had.

2.4 There was a lack of storage available which resulted in a lot of clutter in the main corridor to the ward. Also, the patient lockers available for storing patient items were inadequate and patients were using plastic bags to store their belongings.

2.5 Curtains were fully closed around beds when treatment was being provided and there were dignity signs sewn onto the curtains on the ward to notify people that care and treatment was being provided behind them when drawn.

2.6 Toilets on the ward were designated male or female and clearly signed to indicate this to patients. However, there were only two toilets available on the ward.

2.7 There was no day room available for patients.

2.8 We were concerned to identify that the fire door on the ward led out onto an open staircase which could be a safety risk to patients, especially confused patients. When we raised this issue with staff on the ward we were informed that the fire exit door is locked to prevent any confused patients from opening the door onto the stairs. This is not appropriate and does not comply with Health and Safety Regulations.

### **Staff attitude, behaviour and ability to carry out dignified care**

2.9 The patients we spoke to were very positive about staff attitude and we witnessed staff interacting with patients in a very polite, caring and compassionate manner. Nursing staff and in particular the Health Care Support workers were observed caring for patients in a very compassionate manner.

2.10 However, we did observe some staff addressing patients with the use of names such as 'sunshine' and 'young man' which even though it was meant in a kind manner, it could be offensive to some patients.

2.11 We observed staff being discreet during sensitive discussions with patients. However, we also observed staff on a number of occasions discussing the condition of patients openly in public areas of the ward.

2.12 The staff we spoke to, considered the staffing levels and skill mix to be satisfactory on the ward. However, a number of nursing staff reported concerns regarding the lack of visibility of Senior Management on the ward above ward manager level.

2.13 Not all staff on the ward were observed to be wearing name badges as a means of identifying themselves.

## Management of patients with confusion or dementia

2.14 At the time of our visit there were no initiatives in place on the ward relating to the management of patients with confusion or dementia. However, there was a poster displayed detailing the Butterfly Scheme<sup>3</sup> which we were told is going to be implemented on the ward.

2.15 We observed staff displaying a kind attitude and demeanour towards the patients with dementia on the ward.

2.16 There were no large pictorial signs on doors to patient facilities available to assist patients, especially patients with dementia when trying to locate them.

## Care planning and provision

2.17 There were core care plans in place for patients on the ward; however a number of the care plans we viewed were not complete and there was no evidence of them having been evaluated or reviewed. Also, the care plans were not individualised to include and address the individual patient's specific needs.

2.18 We recognise that there were many patients on the ward with high acuity and the majority were being cared for in bed; however we considered that a number of these patients could have been encouraged and supported by staff to mobilise into their bedside chairs.

2.19 We were concerned that after taking a patient's blood sugar level reading, that highlighted that the patient required further attention, a Health Care Support Worker documented the reading in the patient's notes but did not report the issue to the registered nurse until an hour later. There was a lack of awareness of the urgency of the member of staff.

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<sup>3</sup> The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

2.20 We also noticed that a diabetic patient on insulin had not been referred to a dietician.

### **Records management**

2.21 Patient records were disjointed as patient notes and care plans were kept separate which made them difficult to follow. Also, we viewed a number of patient records located at the bottom of their beds, most of which were up to date and being completed immediately after care and treatment had been provided, however we did identify some records which were incomplete.

2.22 We reviewed a number of patient records where the patient had been identified as 'Do Not Attempt Resuscitate.' All records viewed had the appropriate form which had been fully completed.

### **Fluid and nutrition**

2.23 Protected meal times were in place on the ward and family members were encouraged to visit the ward to assist their relative during meal times. All patients who required assistance were provided with help.

2.24 We observed that meal times on the ward were being directed and managed by the Health Care Support Workers with no involvement from the Registered Nurses.

2.25 Patients were positioned appropriately prior to meals being delivered and trays were positioned well to make it easier for patients to eat. However, we did not observe all patients being offered or supported to sit out of their beds to eat their meals should they wish to do so.

2.26 We identified that food trays were being collected by domestic staff which resulted in no assessment of the dietary intake of patients. We were informed by staff that the domestic staff normally collected patient trays following meal times.

2.27 We observed that red trays and jugs were being used by staff on the ward. However, following discussions with staff, it became apparent that there was confusion regarding the purpose of the red tray/jug initiative as the initiative on the ward had broadened so widely it was not being used to identify patients needing assistance to eat or drink. We witnessed one patient with a red tray who was eating without assistance while an adjacent patient with a brown tray was being assisted to eat by a staff member.

2.28 The patients we spoke to all told us that they enjoyed their meals and reported that the food provided on the ward was good.

2.29 There were no nutritional assessments available in the patient documentation we viewed.

2.30 Water and clean cups were available for patients. However, we observed that some of the patients' water jugs and cups were not within their reach.

2.31 The All Wales Food Chart was being used on the ward; however the charts we viewed in patients' notes were incomplete. While there was evidence of completed fluid charts in patient notes, our review of one patient's notes on the ward highlighted that he had last received fluids at 06:00 which was 200ml of tea. At the time of our review of his notes (12:25), the patient had not been offered any further fluids. Following discussions with staff on the ward we were informed that they have limited confidence that fluid charts are accurate at all times as not all staff routinely completed them.

## **Pressure sores**

2.32 Whilst on the ward we observed patients being regularly turned and inspections of pressure areas carried out which were being recorded on bedside

charts. Also SKIN bundles<sup>4</sup> were in place which were very well documented, up to date and evaluated.

2.33 There were risk assessments in place for patients developing pressure damage and all patients who required a pressure relieving mattresses were provided with one. The ward was also using PSPS (Pressure Sore Prediction Scores) to monitor pressure sores and safety crosses. However, we identified that some of the PSPS and safety crosses were not up to date. Also, following discussions with staff on the ward it was apparent that staff were unaware that pressure ulcers of a certain grade should result in a Protection of Vulnerable Adults (POVA) referral.

### **Personal care and hygiene**

2.34 The majority of patients appeared well cared for and that their personal care and hygiene needs had been met. However, we identified one patient who was 'nil by mouth' and was receiving oral hygiene from staff every six hours. This patient clearly required oral hygiene more frequently. Also, we identified another patient who had been admitted to the ward with severe weight loss, but had not been weighed on admission to the ward.

2.35 Patient oral hygiene was being provided; however it was being documented on the fluid balance chart rather than in the patients' care plan.

2.36 Patients were wearing their own clothes which appeared clean. The patients we spoke to informed us that they were able to wash (with or without assistance) as regular as they wanted to and that nursing staff helped them carry out other personal care needs. Also patients were offered dental hygiene as part of their assisted wash.

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<sup>4</sup> A simple holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage.

2.37 Dignity gowns were available for patients; however we were informed that there was only a choice of two gowns and there were no dignity gowns with side ties. Staff we spoke to told us that they currently had to use two gowns for patients, one at the front and one at the back to preserve patients' dignity.

2.38 Patients were provided with a hand wipe with their meals, however we did not observe staff encouraging them to use the wipes prior to eating their meals.

### **Toilet needs**

2.39 During our time on the ward we witnessed bedpans and commodes being brought to patients in a timely manner. We also observed patients being assisted to and from the toilet, however this was only observed on a few occasions.

2.40 During a meal time we witnessed a patient being provided with a commode to use in the patient bay. This type of toileting at a meal time was both undignified and inappropriate as the patient was able to mobilise to the toilet facilities available with the support of nursing staff.

2.41 There was no evidence of continence assessments being carried out or there being any involvement from a continence nurse in patient care.

### **Buzzers**

2.42 There were buzzers available in patient toilets and bathrooms which were all in working order. During our time on the ward we observed patient buzzers being answered in a timely manner and the patients we spoke to all told us that staff were quick to respond to buzzers. However, we identified that not all buzzers were in easy reach of patients.

### **Communication**

2.43 Patients we spoke to were very positive about the communication they received from nursing staff regarding decisions about care and treatment. However,

we identified that there were no specialist communication tools such as Braille or loop systems available to assist patients on the ward who had a sensory impairment.

### **Medicines and pain management**

2.44 The patients we spoke to on the ward did not raise any issues regarding pain management. However, we identified that there were no pain assessment tools (measurements of pain intensity) available on the ward.

2.45 We were pleased to see red tabards being worn by staff undertaking the medicine round to inform others that they are not to be disturbed. However, we did observe one nurse being interrupted and having a conversation with another member of staff during the medicine round which compromises the logic of the tabards.

2.46 The medication cupboards on the ward were locked to prevent any unauthorised personnel or patients having access. However, there was a bin holding the medication room door open and despite the medication being securely stored, anyone who entered the room would have access to needles and syringes.

2.47 We were concerned when we identified that in some instances tablets were being left on the patient tables and in one instance our reviewer found a tablet which had fallen on the floor underneath a diabetic patient's bedside table. The tablet was immediately handed back to the Registered Nurse undertaking the medicine round.

2.48 Whilst reviewing patient medical records on the ward, we identified gaps in information without any reason being provided. Also, in one patient's notes it stated that there was a query as to whether the patient had taken her medication the day before, due to a tablet being found in a crisp packet on her bedside table.

### **Discharge planning**

2.49 The patients we spoke to informed us that they had been involved in discussions regarding their discharge from the ward. Also, there were no recent

reported delays in discharge on the ward. However, following discussions with staff on the ward we were informed that at times there were concerns with discharge delays due to Social Service timescales.

## Activities

2.50 Recreational activity on hospital wards (including board games, cards and bingo) can provide patients with an opportunity to improve the increased sense of control, social interaction, social support and the accomplishment of task-orientated goals. It can also help vulnerable people develop or re-establish social skills in a controlled environment. Research<sup>5</sup> has shown that activities on hospital wards have a range of positive effects on inpatients, including:

- Inducing positive physiological and psychological changes in clinical outcomes.
- Reducing drug consumption.
- Shortening length of hospital stay.
- Promoting better doctor-patient relationships.
- Improving mental health.

2.51 As previously mentioned, there was no day room on the ward and there were no activities or any stimulating activities available for patients on the ward. There were also no televisions in use or a newspaper round. The nurses and patients we spoke to informed us that they would welcome more activities.

## Ceredig Ward Orthopaedic, General Surgery and Colorectal

2.52 Overall the ward was friendly and professional. However, there were concerns raised around the ward leadership which were highlighted by our observations and discussions with staff on the ward.

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<sup>5</sup> British Medical Association, 'The psychological and social needs of patients,' January 2011.

## Ward environment

2.53 Generally we found the ward to be clean and the patients we spoke to were all positive about the cleanliness of the ward. However we identified the following environmental issues:

- Damaged flooring on one side of the ward corridor on the orthopaedic side of the ward. Following discussions with staff we were informed that this had been escalated two months prior to our inspection; however the floor had still not been repaired.
- A missing handrail in the corridor on the orthopaedic side of ward.
- Evidence of paint and grime on some of the door handles on the ward.

2.54 Patient toilets were designated male or female and the locks were in working order. However, there was only one male and one female toilet available on the ward.

2.55 Curtains on the ward had dignity signs sewn onto them to signal to others that care and treatment was being provided behind closed curtains; however we were informed by staff on the ward that they had found the curtains not to be robust.

2.56 There was a day room available with magazines and a television and we observed some patients using this room.

## Staff attitude, behaviour and ability to carry out dignified care

2.57 We observed staff on the ward, especially Health Care Support Workers, demonstrating a compassionate attitude towards patients on the ward and utilising their own initiative to improve the care patients received on the ward.

2.58 All patients we spoke to informed us that the staff on the ward were polite to them and their family and friends. However, we were informed by some staff that they felt that not all of the nurses on the ward provide care consistently and compassionately.

2.59 In general, staff attempted to be discreet in their communications; however conversations did occur in the main corridor with regards to admissions and discharges. In addition, patients being discussed for admission were referred to not by name but by the nature of their condition e.g.

*“There are two joints being admitted tomorrow.”*

2.60 We observed the surgical team undertaking a ward round. With the exception of one doctor of the 14 doctors taking part in the ward round, none of them washed their hands at any time when moving throughout the ward.

2.61 The staffing levels on the day of inspection were adequate for that day. However, staff did raise concerns with regards to the fact that they do have shortages. There were also concerns raised by staff around the lack of visibility of the lead nurse who they felt did not spend much time on the ward. During our time on the ward we also identified that there was an apparent lack of visibility of the Ward Sister.

2.62 Signs were displayed at the entrance to the hospital informing patients and visitors that smoking was not permitted on hospital premises. However, we noted that a member of ward staff had a packet of cigarettes in her scrubs pocket, which raised the concern that she was either smoking on hospital premises or going off the premises in her scrubs to smoke. Also, following discussions with some staff members on the ward, they informed us that this member of staff was leaving the ward with other members of staff for cigarette breaks at the back of the hospital which also depleted staff numbers on the ward. This issue was raised during the feedback and the Health Board representatives confirmed that smoking was not permitted on hospital premises.

2.63 We observed that the majority of staff on the ward were not wearing name badges as a means of identifying themselves.

## Management of patients with confusion or confusion or dementia

2.64 There were no initiatives in place on the ward to assist staff to provide care for patients with confusion or dementia. Also staff on the ward reported they had received no training to assist them in dealing with patients with confusion or dementia.

2.65 Signs on the ward for patient facilities such as toilets and bathrooms were small and were not noticeable enough for patients, especially patients with confusion or dementia.

## Care planning and provision

2.66 Patient assessments and records were available on the ward, however several issues were highlighted:

- Falls assessment documentation was in place, however the documentation was not being completed consistently.
- PSPS (Pressure Sore Prediction Scores) were not being consistently completed.
- Fluid charts were not available for all patients.
- One patient's chart showed that the patient had a raised blood pressure which had been recorded at 22:00 but the patient's next blood pressure reading was not taken until 10:50 the next morning, there was no monitoring throughout the night.

2.67 Patient core care plans were in place; however a number of the care plans we inspected had not been reviewed or evaluated. Also, the care plans in place were not individualised to include the patient's specific needs, some care plans did not record the patient's name.

## Records management

2.68 Patients medical records were disjointed and difficult to follow due to them being stored in different locations. For example: some patient assessments were kept at the end of patients' beds and others were kept at the nurses' stations. This meant that it was difficult to follow the 'patient's story' from the notes.

2.69 Patient care plans and assessments were in place however not all were being reviewed routinely by staff on the ward.

## Fluid and nutrition

2.70 Protected meal times were in place on the ward and family members were encouraged to visit patients on the ward should the patient require assistance to eat their food. However, we observed two staff nurses on the ward carrying out medication rounds during the protected meal time.

2.71 As with lorwerth ward, the meal time process was being directed and managed by the Health Care Support Workers. There was no preparation of patients on the ward prior to their meals being handed out by staff.

2.72 We did not see any evidence of nutritional assessments being undertaken for patients on the ward.

2.73 We were informed that the red tray system was in place; however we noted that despite a red tray being requested for one patient, the patient's meal did not arrive on the ward on a red tray. Patients told us that staff provided help to those patients who required help eating or drinking.

2.74 The majority of patients who were able to get out of bed were sitting on their bedside chairs to eat their meals and most of the patients we spoke to informed us that they enjoyed the food on the ward. However, one patient informed us that there was limited choice of food for vegetarians.

2.75 As with lorwerth ward, following the meal time the patient trays were collected by health care support workers and also domestic staff. We did not observe any food charts being completed to document food or fluid intake.

2.76 Jugs of water and cups were available for patients; however we did not observe the jugs being changed.

### **Pressure sores**

2.77 SKIN bundles were in place and documented. We also saw evidence of Pressure Sore Prevention Scores (PSPS) being completed, however not all of these were fully completed.

2.78 Air mattresses were in place for patients assessed as being as high risk of developing pressure damage. However, as with lorwerth ward, the staff on the ward we spoke to could not recognise the interface between POVA referrals and incidences of pressures sores.

### **Personal care and hygiene**

2.79 Patients on the ward appeared well cared for and that their personal care and hygiene needs had been met. The majority of patients were wearing their own clothing; however one patient was wearing a fully open backed gown resulting in him being exposed to others on the ward. We asked the patient why he was in the gown and if he had his own pyjamas to wear. The patient told us that he did not know why he was in a gown and confirmed that he did have his own pyjamas with him. We arranged for him to be immediately dressed in his own pyjamas.

2.80 A lot of the patients on the ward were independent and able to carry out their own personal care and hygiene needs. The patients we spoke to informed us that they were able to wash and clean their teeth/dentures as regularly as they wanted to. However, there were issues in relation to the planning of personal care in care plans, as the care plans were not individualised and hence did not detail the patient's specific needs.

2.81 Hand wipes were provided to patients on their meal trays at the lunch time we observed; however the staff on the ward were not encouraging the patients to use them.

### **Toilet needs**

2.82 Patients on the ward were able to use the toilet method of their choice. Also, during our time on the ward we observed patients being assisted to and from the toilets by staff.

2.83 As with lorwerth ward, we did not see any evidence in the patient records of continence assessments that we viewed being undertaken.

### **Buzzers**

2.84 All patients on the wards had access to the buzzers which were within their reach and we observed staff on the ward responding to them in a timely manner. Also patients informed us that staff answered their buzzer in a timely manner when they have used it.

### **Communication**

2.85 There were Welsh speaking staff available on the ward but following discussion with some of the staff members they informed us that they were unsure how they would be able to access any translators for patients on the ward. We also saw no evidence of specialist communication tools such as a loop system or any Braille being available.

2.86 We would like to commend one Health Care Support Worker for, on his own initiative, obtaining a booklet which provided for his own use, details of signing and other languages to improve communication with patients.

## Medicines and pain management

2.87 There were no issues raised during discussions with patients regarding pain management. However, there was no evidence of any pain assessments being carried out.

2.88 We observed a female patient who had returned to the ward from theatre informing a student nurse that she was in pain. The student nurse informed a Registered Nurse, however the Registered Nurse told the student to go back and tell the patient that she was not allowed any more analgesia<sup>6</sup> and to go back and reassure her. Our reviewer immediately raised this issue with the ward sister and asked for a pain assessment to be undertaken.

2.89 The staff undertaking the medicine round were not wearing red tabards to inform others that they were not to be disturbed. Also, staff were carrying out the medication round using small clinical dressing trolleys not medication trolleys. We identified that these trolleys could not be locked and at one point the medication at the bottom of one of the trolleys fell off due to the limited space. Since the inspection, the Health Board have informed us that

*“A new drugs’ trolley has been ordered and until it arrives the current trolleys will not be overstocked and will not be left alone at any time.”*

2.90 The medication room on the ward was accessible by entering the key code into the lock on the door, however when inside the room all cupboards containing medication (apart from the controlled drugs cupboard) were left open giving rise to the potential risk of unqualified staff and possibly patients being able to access the medication. Since the inspection, the Health Board has informed us that:

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<sup>6</sup> Analgesia is any member of the group of drugs used to relieve pain.

*'The ward has been told to ensure all cupboards containing medications are locked at all times and the door to the room locked. This has been reviewed and is now occurring. The Senior Nursing staff will be undertaking spot checks to confirm permanent compliance.'*

## **Discharge planning**

2.91 At the time of our visit there were no patients deemed to be Delayed Transfers of Care (DTOC) and patients we spoke to informed us that they were involved in discussions with staff regarding when they can expect to leave the ward.

2.92 Discharge checklists were available in patients' notes; however they were not being consistently completed by staff on the ward.

## **Activities**

2.93 There was a patient day room available which had a television and magazines. We observed a number of patients using the room during our visit. A newspaper trolley also visited the ward. However, there was no other stimulation or activities for patient to participate in during their time on the ward.

### **3. Recommendations**

3.1 In view of the findings arising from this review we make the following recommendations:

#### **Ward environment**

3.2 The Health Board should ensure that systems are in place to maintain an acceptable level of cleanliness on wards.

3.3 The Health Board should review the ward environment on Ceredig to ensure that the issues highlighted in this report are addressed.

3.4 The Health Board should review storage arrangements on wards to ensure that ward supplies/equipments and patients belongings are stored appropriately.

3.5 The Health Board should undertake an assessment of the toilet facilities on lorwerth ward in partnership with estates and service users.

3.6 The Health Board should review the fire exit on lorwerth ward in terms of both health and safety requirements and risks to patients who may wander due to confusion.

#### **Staff attitude, behaviour and ability to carry out dignified care**

3.7 The Health Board should ensure that staff undertake dignified care training.

3.8 The Health Board should ensure that staff are reminded that every face to face encounter with patients must be respectful, especially when referring to patients names and titles.

3.9 The Health Board should ensure that all staff are aware of the importance of discretion when discussing sensitive information.

3.10 The Health Board should ensure that all staff are aware of the importance of encouraging and supporting patients who are able to mobilise out of their beds.

3.11 The Health Board should ensure that all staff on the wards are wearing identification badges as a means of identify themselves to patients whilst on duty.

3.12 The Health Board should ensure that all staff are aware of the importance of washing their hands whilst moving from patient to patient on wards.

3.13 The Health Board should ensure that Senior Nurse Leadership is visible within wards.

3.14 The Health Board should ensure that Ward Sisters allocate periods throughout the day to spend on the ward with staff to guide them and address any queries.

### **Management of patients with confusion or dementia**

3.15 The Health Board should ensure that staff are provided with the opportunity to develop their knowledge around patients with confusion/dementia.

3.16 The Health Board should ensure that large signs are available on patient facilities to assist patients in locating them.

### **Care planning and provision**

3.17 The Health Board should ensure that all patient assessments are routinely fully completed and documented.

3.18 The Health Board should ensure that all patients have a care plan which is adapted to specific patients needs and that these care plans are regularly reviewed and updated.

3.19 The Health Board should ensure that clear nursing documentation systems are in place on wards to enable ready access to assessment, care planning and evaluation aspects of records.

3.20 The Health Board should ensure that all staff are aware of the importance of immediately escalating patients who require further attention.

3.21 The Health Board should ensure that all patients on insulin have an assessment for referral to a dietician which is documented.

## **Fluid and nutrition**

3.22 The Health Board should ensure that a registered nurse on each shift oversees the meal times and/or has accountability for the way meal times are carried out.

3.23 The Health Board should ensure that there are a variety of vegetarian options available for patients at meal times.

3.24 The Health Board should ensure that all patients are positioned appropriately prior to meal times on wards.

3.25 The Health Board should ensure that all patients are encouraged and supported to eat their meals out of their beds where possible.

3.26 The Health Board should ensure that appropriate members of staff collect patient trays following meal times to allow for assessment and recording of patient food intake.

3.27 The Health Board should ensure that all patients are provided with fluids which are within their reach and patients are routinely encouraged to drink by staff.

3.28 The Health Board should ensure that jugs of water are routinely refreshed for patients on the wards.

3.29 The Health Board should ensure that all staff are aware of the correct purpose of the red tray/jug initiative to assist patients to eat and drink.

3.30 The Health Board should ensure that food and fluid charts are routinely completed.

3.31 The Health Board should ensure that all staff are aware that patients should be mobilised with assistance to use the ward toilets where possible.

3.32 The Health Board should ensure that all patients receive a nutritional assessment which is fully completed and updated.

### **Pressure sores**

3.33 The Health Board should ensure that staff are aware of the POVA referral process and criteria for referral in the context of pressure sore grading.

3.34 The Health Board should ensure that all safety crosses are fully completed and regularly updated by staff.

3.35 The Health Board should ensure that patient Pressure Sore Prevention Scores (PSPS) are fully completed and regularly updated by staff.

### **Personal care and hygiene**

3.36 The Health Board should ensure that all patients are encouraged to wash their hands prior to meal times on the ward.

3.37 The Health Board should ensure that where possible all patients are dressed in their own clothing.

3.38 The Health Board should review oral care standards in particular for oral assessments and documentation.

### **Toilet needs**

3.39 The Health Board should ensure that any patient assessed as having continence issues receives a more detailed assessment and an appropriate care plan is put in place.

### **Buzzers**

3.40 The Health Board should ensure that all patient buzzers remain within the patients reach.

### **Communication**

3.41 The Health Board should ensure that communication aids are available on wards to assist patients with sensory impairments.

### **Medicine and pain management**

3.42 The Health Board should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is regularly reviewed and evaluated.

3.43 The Health Board should ensure that staff carrying out ward rounds wear red tabards to inform others that they are not to be disturbed and that all staff are aware that they are not to be disturbed during the medicine round.

3.44 The Health Board should ensure that methods are in place to ensure that patients take their medication when it is administered and therefore not left unattended on patient bedside cabinets.

3.45 The Health Board should ensure that measures are put in place to mitigate the risk of patients and unauthorised personnel having access to medication or medication equipment.

## **Activities**

3.46 The Health Board should consider ways to provide patients with activities and stimulation throughout their hospital stay.

## 4. Conclusion

4.1 Overall during our time on both wards staff demonstrated a sensitive and professional attitude towards patients. We observed staff especially the Health Care Support Workers on both wards providing care to patients in a very compassionate manner. The patients we spoke to on both wards were also very positive about staff attitude and behaviour towards them.

4.2 During our inspection a number of areas for improvement were highlighted which included:

- The cleanliness of lorwerth ward was identified as an issue of concern with clutter throughout the ward and dirt and dust noted on floors, walls and doors.
- A number of risks were identified on both wards around access to medication by unauthorised personnel and patients.
- Evidence of patient assessments were available, however we identified that these assessments were not consistently being completed by staff.
- We identified that there was a lack of individualised care planning for patients on both wards.

## 5. Next Steps

5.1 The Health Board is required to complete an action plan to address the key issues highlighted and submit it to HIW within two weeks of the report being published. The action plan should clearly state when and how the issues we identified on the two wards we visited have been addressed as well as timescales for ensuring the issues are not repeated elsewhere across the Health Board.

5.2 This action plan will then be published on HIW's website and monitored as part of HIW's regular monitoring process.

5.3 Healthcare Inspectorate Wales would like to thank Hywel Dda Health Board, especially staff from Iorwerth Ward and Ceredig Ward who were extremely helpful throughout the inspection.

### Background and Methodology for the Dignity and Essential Care Inspections

In 2009-2010 HIW carried out a number of unannounced 'Dignity and Respect Spot checks' to wards and departments which provided services to older people with mental health problems.

After each of these spot checks, we wrote to the Chief Executive of the relevant Health Board explaining our findings and highlighting areas for improvement. The Health Board then provided HIW with an 'action plan' explaining how they would develop areas we had identified as needing improvement.

For further information on HIW's 2009-2010 unannounced dignity and respect spot checks, please use the following link:

<http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

In 2011, HIW developed a new programme of spot checks to focus on the essential care, safety, dignity and respect that patients receive in hospital.

A number of external reports published by organisations such as The Patients Association, Public Services Ombudsman for Wales, Older People's Commissioner for Wales and Wales Audit Office were reviewed as well as information from the public and previous HIW inspections. This information led to us developing an inspection methodology which focuses on the following areas:

- Patient environment.
- Staff attitude / behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure sores.
- Fluid and nutrition.

- Personal care and hygiene.
- Toilet needs.
- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

These inspections have been designed to review the care and treatment that all patients receive in hospital, especially older patients which research has proven can be particularly vulnerable during their hospital stay.

### **The Dignity and Essential Care Inspections**

HIW's programme of 'Dignity and Essential Care Inspections' (DECI) commenced in November 2011 with a pilot inspection in the University Hospital of Wales, Cardiff.

The inspection team is made up of a HIW inspector, two practising and experienced nurses and a 'lay' reviewer.

The team uses a number of 'inspection tools' to help gather information about a hospital ward. .Visits include carrying out observations, speaking to patients, carers, relatives and staff and looking at health records. .The inspection tools currently being used for the DECI inspections can be found on our website:

<http://www.hiw.org.uk/page.cfm?orgid=477&pid=57445>

Once a hospital has been inspected a report of the findings is produced and presented to the Health Board who is then required to provide HIW with an action plan to address the key issues highlighted.

### The Roles and Responsibilities of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative and employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality.

Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003.
- Care Standards Act 2000 and associated regulations.
- Mental Health Act 1983 and the Mental Health Act 2007.
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001.
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006.

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

HIW is one of 18 UK organisations who collectively have been designated by the UK Government as the 'National Preventative Mechanism' (NPM) under the Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPACAT) to examine the treatment of people deprived of their liberty and recommendations for improvement.

## Dignity and Essential Care themes, Human Rights and Standards for Health Services in Wales

This document illustrates how the themes reviewed during a Dignity and Essential Care inspection relate to both 'Doing Well, Doing Better - Standards for Health Services in Wales and the European Convention on Human Rights.

<b>Dignity and Essential Care theme</b>	<b>European Convention on Human Rights</b>	<b>Doing Well, Doing Better Standards for Health Services in Wales</b>
<b>Ward environment</b>	<p>Right to liberty and security (Article 5).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p><b>12. Environment</b></p> <p>Organisations and services comply with legislation and guidance to provide environments that are:</p> <p>d) safe and secure; e) protect privacy.</p>
<b>Staff attitude, behaviour and ability to carry out dignified care</b>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right not to be discriminated against (Article 14).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p>

		<p><b>10. Dignity and respect</b></p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p><b>26. Workforce training and organisational development</b></p> <p>Organisations and services ensure that their workforce is provided with appropriate support to enable them to:</p> <p>a) maintain and develop competencies in order to be developed to their full potential;  b) participate in induction and mandatory training programmes;  c) have an annual personal appraisal and a personal development plan enabling them to develop their role;  d) demonstrate continuing professional and occupational development; and  e) access opportunities to develop collaborative practice and team working.</p>
<p><b>Management of patients with confusion or dementia</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>

<p><b>Care planning and provision</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right to freedom of expression (Article 10).</p>	<p><b>7. Safe and clinically effective care</b></p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <ul style="list-style-type: none"> <li>a) based on agreed best practice and guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;</li> <li>b) that complies with safety and clinical directives in a timely way; and</li> <li>c) which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.</li> </ul> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> <li>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</li> <li>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and</li> <li>c) working in partnership with other services and organisations, including social services and the third sector.</li> </ul>
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<p><b>Communication</b></p>	<p>Right to freedom of expression (Article 10).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p><b>9. Patient information and consent</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements;</p> <p>b) providing opportunities to discuss and agree options;</p> <p>c) treating their information confidentially;</p> <p>d) obtaining informed consent, in line with best practice guidance; and</p> <p>e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.</p> <p><b>18. Communicating effectively</b></p> <p>Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:</p> <p>b) with patients, service users, carers and staff using a range of media and formats;</p> <p>c) about patients, service users and their carers;</p> <p>e) addressing all language and communication needs.</p>
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<p><b>Fluid &amp; nutrition</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>14. Nutrition</b></p> <p>Organisations and services will comply with legislation and guidance to ensure that:</p> <ul style="list-style-type: none"> <li>a) patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed;</li> <li>b) any necessary support with eating, drinking or feeding and swallowing is identified and provided;</li> </ul> <p>where food and drink are provided:</p> <ul style="list-style-type: none"> <li>d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and</li> <li>e) is accessible 24 hours a day.</li> </ul>
<p><b>Pressure sores</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> <li>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</li> </ul>
<p><b>Personal care and hygiene</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <ul style="list-style-type: none"> <li>a) needs of individuals whatever their identity and background, and uphold their human rights.</li> </ul>

		<p><b>10. Dignity and respect.</b></p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>
<p><b>Toilet needs</b></p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>2. Equality, diversity and human rights</b></p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) needs of individuals whatever their identity and background, and uphold their human rights.</p> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>

		<p><b>10. Dignity and respect</b></p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p>
<b>Buzzers</b>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p>	<p><b>7. Safe and clinically effective care</b></p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <p>b) that complies with safety and clinical directives in a timely way.</p> <p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>
<b>Medicine and pain management</b>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>

		<p><b>15. Medicines management</b></p> <p>Organisations and services will ensure that:</p> <ul style="list-style-type: none"> <li>a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs;</li> <li>b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and</li> <li>c) there is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.</li> </ul>
<p><b>Records management</b></p>	<p>Right to respect for private and family life (Article 8).</p>	<p><b>20. Records management</b></p> <p>Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:</p> <ul style="list-style-type: none"> <li>a) designed, prepared, reviewed and accessible to meet the required needs;</li> <li>b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately;</li> <li>c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and</li> <li>d) shared as appropriate.</li> </ul>

<p><b>Discharge planning</b></p>	<p>Right to liberty and security (Article 5).</p> <p>Right to respect for private and family life (Article 8).</p>	<p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and</p> <p>c) working in partnership with other services and organisations, including social services and the third sector.</p>
<p><b>Activities</b></p>	<p>Right to freedom of expression (Article 10).</p> <p>Right to liberty and security (Article 5).</p>	<p><b>8. Care planning and provision</b></p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>