Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Cardiff and Vale University Health Board

Unannounced Dignity and Essential Care Inspection

Date of inspection: 29 and 30 May 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[1]. 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[2].

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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[1] 'Inhuman treatment' means treatment causing severe mental or physical harm, and 'degrading treatment' means treatment that is grossly humiliating and undignified.

[2] 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 29 and 30 May 2012, HIW undertook an unannounced Dignity and Essential Care visit to University Hospital Llandough.

University Hospital Llandough

1.6 The University Hospital Llandough is a District General Hospital which is located in Penarth, five miles from the centre of Cardiff. The Hospital has 480 beds and provides all major specialities.

1.7 As part of the inspection we visited two wards: Ward West 6 which specialises in Medical Respiratory and Ward East 8 which specialises in Care of the Elderly.

2. Findings

2.1 This chapter sets out the findings from our visit.

Ward West 6 Medical Respiratory Ward

2.2 Overall, the ward was well organised with a caring atmosphere and a positive and motivated ward team.

Ward environment

2.3 The ward was visibly very clean and generally tidy. The patients we spoke to on the ward told us that they thought the ward was very clean and had no issues to report.

2.4 The ward included three four bedded bays, three side rooms and a 16 bedded Nightingale style male bay. The male bay was free from clutter however, we identified that the female bays were small with clutter between the bed spaces. Also the corridor to the entrance to the ward was narrow and there was medical equipment stored along the corridor which made the area look cluttered and untidy.

2.5 The ward commodes we saw were very clean, however the ward sluice area was very small and commodes were inappropriately being stored in patient shower rooms and toilets.

2.6 The toilets on the ward were single gender and signed to indicate this to patients.

2.7 There was a dayroom available for patients with a television and we observed patients using the room; however this room was being used to store a large amount of medical equipment and disused mattresses. We were informed by staff that

Transforming Care[3] is in the process of being implemented on the ward and the clutter such as the disused mattresses and medical equipment in the day room has been identified for removal.

2.8 There were dignity pegs available on the wards which are used to inform others that care and treatment was taking place behind closed curtains, however whilst we were on the ward we only observed one occasion when they were used.

Staff attitude, behaviour and ability to carry out dignified care

2.9 We observed staff interacting well with patients. Staff were polite, focused and helpful at all times which resulted in a very caring atmosphere. Also the patients we spoke to reported very high levels of satisfaction with the staff.

2.10 In general, staff were aware of the need for discretion when communicating personal patient information. However, during the ward round we observed a consultant speaking to patients about their condition; he spoke very loudly and could be heard across the room.

2.11 Staffing levels on the day of inspection were very good; however we were informed by staff that they had gone through a difficult period earlier in the year when staffing levels were low due to sickness.

2.12 During our time on the ward we observed that not all staff were wearing name badges as a means of identifying themselves.

[3] Transforming Care' is a ward-based improvement programme across NHS Wales that empowers ward teams to improve the quality and efficiency of the services they provide.

Management of patients with confusion or dementia

2.13 Staff were observed demonstrating sensitive and dignified care with confused patients on the ward. We also observed practical measures being put in place such as signs being placed above the bed of a patient with confusion detailing how he preferred his tea.

2.14 Signage on the patient toilet and shower room facilities were small and could be made clearer for the benefit of all patients especially for patients with confusion or dementia.

2.15 We were informed in the feedback session by the Health Board that the Butterfly Scheme[4] is going to be implemented on the ward following the Transforming Care implementation.

Care planning and provision

2.16 Care plans were in place for all patients and those we reviewed were appropriate for the patients' needs. There was also evidence in the nursing and medical records of patient assessments being carried out which were up to date and informing patient care plans. However, all the care plans observed were generic and whilst they were appropriate to patients' conditions none of them had been individualised to reflect specific patient's needs.

Records management

2.17 Patient records were easy to follow and were being updated immediately after care and treatment had been provided

[4] 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.

Fluid and nutrition

2.18 We observed staff taking time to prepare patients for their lunch by helping them to either sit in their bedside chairs or by assisting them to position themselves more comfortably in their beds.

2.19 A list detailing those patients who required assistance to eat had been prepared by night staff, these patients were discussed at the morning Ward Health and Safety meeting. This information was also shared with catering staff.

2.20 During the mealtime we observed the registered nurses carrying out a drug round and the staff involved in handing out the patient meals were Health Care Assistants and Catering Staff with little input from any of the Registered Nurses.

2.21 We observed the Health Care Assistants providing timely assistance to patients who required help with eating their meals or drinking. Also food charts were up to date and were being completed immediately after meals.

2.22 Patients had access to water and we observed staff encouraging patients to drink throughout the day. However, a number of patients expressed a wish to have more hot drinks. A total of five drinks rounds were carried out throughout the day as opposed to the All Wales Catering and Nutrition[5] standard which states that seven or eight beverages should be offered in any 24 hour period. Patients felt that:

"From 9:00pm to 8:00am was a long time to go without having a hot drink."

[5] All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients

Pressure sores

2.23 Safety crosses[6] were in use and appropriate SKIN bundles [7] in place for patients deemed at higher risk to reduce pressure sores. These were all up to date and linked to patient medical notes.

2.24 All patients who were assessed as being at risk of developing pressure damage were provided with the appropriate mattress to try to prevent any damage.

Personal care and hygiene

2.25 Patients on the ward appeared well cared for and their personal and hygiene needs were met. Also the majority of patients were wearing their own clothes which appeared clean.

2.26 Good documentation detailing the provision of personal care provided to patients on the ward was in place which was easy to follow.

2.27 Patients were offered the opportunity to wash their hands after using the toilet; however we did not observe patients being offered hand wipes/hand washing prior to meal times.

Toilet needs

2.28 During our time on the ward we observed patients being assisted to and from the toilets by staff; however a number of patients were being wheeled on commodes. We were informed by staff that they would prefer to use wheelchairs as it would be easier, more comfortable and more dignified for patients but they had to use the commodes due to there being no patient wheelchairs available on the ward.

[6] Safety cross is a tool used to raise awareness within team regarding how many ulcers are acquired in care area and also to promote good practice.
[7] A simple holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage.

Buzzers

2.29 All patients had access to their own bedside buzzer which was within reach and during our time on the ward we observed staff answering buzzers in a timely manner. Also, the patients we spoke to told us that staff on the ward were prompt when answering buzzers.

Communication

2.30 We were informed by the patients and relatives we spoke to that they felt that staff on the ward listened to them and involved them in discussions about care and treatment. Also the patient records we viewed evidenced communication with patients and relatives.

Medicines and pain management

2.31 Our discussions with patients on the ward highlighted no issues regarding pain management.

2.32 During our time on the ward we observed a medicine round. We were pleased to see that red tabards were being worn by staff to inform others that they were carrying out the round and were not to be disturbed. However, we were concerned to observe one patient's medication being left on the bedside table. We immediately informed a nurse who ensured that the patient took their medication.

Discharge planning

2.33 We were informed that the role of a shift coordinator role is rotated between staff every six months. The coordinator is to solely deal with patient discharge and we were informed that it has worked well in terms of improving overall patient discharge from the ward. However, as the coordinator was the only person dealing with discharge the system faltered when the shift coordinator was not on duty. Also when the role was rotated to the next member of staff, expertise was being lost.

2.34 Patients we spoke to who were due for discharge soon all knew when and where they where going. However, a number of patients told us that they were anxious as they had not been given enough notice of their discharge arrangements.

Activities

2.35 Recreational activity on hospital wards (including board games, cards and bingo) can provide patients with an opportunity to improve quality of life through an 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[8] 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.

2.36 There was a dayroom available with a television and some books. However, as previously mentioned there was a large amount of clutter in the room.

2.37 There were no other terms of stimulation or activities available for patients on the ward.

Ward East 8 Care of the Elderly

2.38 Overall the ward was clean and uncluttered and all staff worked in a professional and sensitive manner. Patients looked well cared for and several noteworthy practices were in place.

[8] British Medical Association, 'The psychological and social needs of patients,' January 2011.

Ward environment

2.39 The ward was extremely clean and tidy as store rooms were being appropriately utilised and were well organised. Patients and relatives we spoke to were very happy with the ward environment.

2.40 The ward is divided into two male six bedded rooms and two female six bedded rooms separated by a central area containing the nurses station and single occupancy rooms. The ward also had two day rooms available for patients with a television and books available in each. The larger dayroom at the female end of the ward also had dining tables available and we were informed that patients are encouraged to use the dinning tables to eat their lunch during luncheon club on the ward.

2.41 Toilets and bathrooms were single gender and they were clearly marked to indicate this.

2.42 The dressing trolleys and commodes were clean and staff place green labels on the equipment to indicate to others that they had been cleaned.

2.43 Dignity pegs were available on the ward to inform others of care and treatment taking place behind closed curtains and we saw evidence of them being used by staff. However, the use of dignity pegs was not always adhered to by other members of staff on the ward.

Staff attitude, behaviour and ability to carry out dignified care

2.44 We observed staff interacting very well with patients in a kind and sensitive manner and the patients we spoke to were very complimentary regarding staff attitude and behaviour towards them.

2.45 Staff were observed providing care and treatment sensitively and we also observed a ward round which was undertaken discreetly by the staff involved.

2.46 During our time on the ward we observed that not all staff wore name badges as a means to identify themselves.

Management of patients with confusion or dementia

2.47 Whilst on the ward we observed excellent attitude towards patients with confusion or dementia and there were also pictorial signs on the doors to assist such patients.

2.48 Transforming Care has been well established on the ward and also the butterfly scheme had been introduced which involves using the symbol of a butterfly to discretely identify a patient with dementia. This was seen on the ward's whiteboard. We also saw evidence of the good use of memory aids for patients with dementia, one example of this was where staff had written information on a piece of paper for a patient with dementia detailing where he was and information about the day ahead including the time his wife would be visiting the ward to see him.

2.49 There were a number of patients on the ward with dementia who as part of their condition exhibited exploratory walking behaviour (commonly referred to as 'wandering'). Several of the other patients we spoke to who were in the same bay reported feeling frightened at night due to the behaviour of these patients as they would sometimes try to get into their beds. Ward staff we spoke to acknowledged that monitoring patients who exhibit exploratory walking behaviour night has become increasingly difficult to manage. Therefore, we recommend that the Health Board should review the placement of patients with dementia to ensure that it is easier for staff on duty to observe them and also that the Health Board should develop, implement and train staff in the application of a policy on how to manage patients with dementia who exhibit exploratory walking behaviour, taking account of human rights issues.

Care planning and provision

2.50 Patients' assessments were being carried out and documented well. Also all patients assessed had an appropriate care plan with the majority being individualised.

2.51 Whilst on the ward we became aware of an acute medical patient who had been admitted to the ward the previous night with a chest infection. We observed from her notes that her condition had deteriorated and we discussed this with the nurse caring for her, who was aware of the deterioration in the patient's condition but did not realise the seriousness of the situation and hence had not escalated the issue to anyone. We took immediate action and escalated the issue to the ward sister who took the appropriate action. This incident highlighted that not all staff working on the ward were familiar with the early warning system used to identify deteriorating patients and had not received any training.

2.52 Since the inspection we have received assurance from the Health Board that:

> "*The Health Board has responded in a supportive way so that the individual staff nurse concerned and the wider team are supported with development of their knowledge and skills so that they can recognise and appropriately respond to a deteriorating patient."*

Records management

2.53 Patient records were completed immediately after care and treatment had been provided and records were also easy to follow.

2.54 We reviewed a number of records where the patient had been identified as 'Do Not Attempt Resuscitation' (DNAR). All of the patient records we reviewed had the appropriate form which was up to date and fully completed.

Fluid and nutrition

2.55 Water was available to patients, although the fluids were not always within reach of the patients and also we did not observe all staff encouraging patients to drink.

2.56 We saw evidence of nutritional assessments being in place for the patients who required them on the ward.

2.57 There was adequate preparation carried out by staff prior to the meal time we observed. Patients who were able were also assisted by staff to and from the dinning tables in the day room during the luncheon club days, which usually occurred once a week.

2.58 The red tray system was in place on the ward and patients who required assistance were helped by staff. On the day of our inspection patients were being well supported to eat, however it was clearly challenging to support feeding for so many patients who needed help on the ward. We were informed by the Ward Sister that she plans to explore the utilisation of volunteers to assist patients during meal times as part of a Health Board initiative.

2.59 Following the meal time, food and fluid charts were completed appropriately by staff.

Pressure sores

2.60 Waterlow assessments[9] were completed for patients deemed to be at risk of developing pressure damage and also appropriate SKIN bundles were in place for the patients at risk. Patients assessed as being at risk of pressure damage were provided with the correct mattresses to reduce the risk of skin damage.

[9] The 'Waterlow' is a pressure ulcer risk assessment/prevention policy tool.

Personal care and hygiene

2.61 There was evidence available of the provision of personal care provided to patients on the ward. Also we were informed by the patients we spoke to that they were able to wash and clean their teeth as regularly as they wanted to.

2.62 Patients also informed us that they were given the opportunity to wash their hands prior to having their meals on the ward. We also observed patients having their hands washed for them.

2.63 Generally we found that the patients on the ward appeared well cared for and their personal care and hygiene needs were being met. Also, patients were dressed in their own clothes which appeared clean. However, one patient on the ward had caked faeces under her nails; this was immediately pointed out to a member of staff who cleaned the patient's nails.

Toilet needs

2.64 The female patients were not observed to be actively toileted during the morning although we did observe toileting after the lunch period. We were concerned that pads were being used as an alternative to supporting toileting but this appeared to be only at the female end of the ward and may be related to the team who were caring for the patients rather than a ward culture. This issue was also raised with a member of staff who agreed that this may be occurring.

Buzzers

2.65 Not all patients on the ward had their buzzers within reach of them; however nursing staff were generally visible to patients.

2.66 The patients we spoke to told us that the buzzers were not used by patients very often but when they did staff were quick to respond.

Communication

2.67 Patients and relatives told us that staff listened to them and involved them in decisions regarding care and treatment, patient records reviewed also evidenced communication with patients and relatives. We were also informed by staff on the ward that a communication clinic was being trialled on the ward to facilitate communication with relatives and a leaflet had been produced to raise awareness of this.

Medicines and pain management

2.68 There were no issues raised by the patients we spoke to with regards to pain management. As with East 6 we were pleased to see that the staff involved in the medicine round were wearing red tabards to notify others that they were undertaking the round, however we were concerned to observe that medication was left on a patient's bedside table. This was particularly concerning due to there being a number of confused patients on the ward. We immediately escalated this issue with a nurse who ensured that the patient took the medication.

Discharge planning

2.69 The ward had a discharge liaison nurse who provided support along with three other wards with regards to discharging patients. We were informed that there were currently three patients on the ward who had had their discharge from the ward delayed.

Activities

2.70 There were two day rooms available on the ward which contained televisions, books, games and a stereo system.

2.71 Staff told us that they tried to engage patients in significant events such as watching rugby matches and the jubilee, which was evident on the day of our inspection. We were also informed that the ward has a therapy liaison nurse who

arranged and carried out activities with patients one day a week. However, we were informed that input from the liaison nurse had recently been reduced.

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 review storage arrangements on the wards to ensure patient belongings and ward supplies are stored appropriately.

3.3 The Health Board must ensure that measures are put in place across the Health Board to inform others of care and treatment taking place behind closed curtains and also that staff are made aware that these signs are to be observed.

Staff attitude, behaviour and ability to carry out dignified care

3.4 The Health Board must ensure that staff who carry out medical rounds do so in a sensitive manner to maintain patient privacy and dignity.

3.5 The Health Board should ensure that all staff on the wards are wearing identification badges whilst on duty.

Management of patients with confusion or dementia

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

3.7 The Health Board should develop, implement and train staff in the application of a policy on how to manage patients with dementia who exhibit exploratory walking behaviour, taking account of human rights issues.

3.8 The Health Board should review the placement of patients with dementia on wards to ensure that it is easier for staff on duty to observe them.

Care planning and provision

3.9 The Health Board should ensure that all in-patients have care plans which are adapted to specific patient needs and that these care plans are regularly reviewed and updated.

3.10 The Health Board must review the management and monitoring of patients whose condition is deteriorating and ensure that all staff are appropriately trained to recognise the signs of deterioration and understand and follow appropriate escalation process.

Fluid and nutrition

3.11 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.

3.12 The Health Board should ensure that patients are provided with improved access to hot drinks in line with the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients.

3.13 The Health Board must ensure that all patients have access to fluids which are within their reach.

3.14 The Health Board must ensure that staff are aware that they should be routinely encouraging patients to drink fluids.

3.15 The Health Board should consider the use of volunteers to assist with helping patients to eat their meals during lunch times on ward East 8.

Personal care and hygiene

3.16 The Health Board must ensure that all patients are provided with the opportunity to wash their hands prior to meal times.

3.17 The Health Board must ensure that all staff are aware of all aspects of the provision of patient personal care.

Toilet needs

3.18 The Health Board should ensure that wheelchairs are available on wards to assist patients to and from the toilet facilities.

3.19 The Health Board must ensure that all patients are encouraged and supported to use the toilet method of their choice.

Buzzers

3.20 The Health Board must ensure that all patients have access to a buzzer which is within their reach.

Medicine and pain management

3.21 The Health Board must 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.

Discharge planning

3.22 The Health Board must ensure that systems are in place to prevent poor quality discharges for individual patients.

Activities

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

4. Conclusion

4.1 Overall we found staff to be interacting well with patients and providing care in a kind and sensitive manner.

4.2 We were pleased to see the Butterfly Scheme had been introduced on East 8. We were informed by Health Board staff that the Butterfly Scheme is going to be implemented on West 6 following the implementation of Transforming Care on the ward. During our time on both wards we witnessed staff providing care in sensitive manner and they displayed an excellent attitude towards patients with confusion and dementia. However, on East 8 we became aware of issues around the observation and monitoring of patients with dementia at night times who were exhibiting exploratory walking behaviour. We have made two recommendations for the Health Board to consider regarding this issue.

4.3 In general we found care was being provided well to patients on the wards visited, however a number of issues were raised during our visit including the lack of escalation following the deterioration of a patient on East 8 and also on West 6 not all patient care plans on the ward were not individualised to that specific patients needs, which led to inconsistencies in care planning on the ward.

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 Cardiff and Vale University Health Board especially staff from Wards East 6 and West 8 who were extremely helpful throughout the inspection.

Appendix A

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.

Appendix B

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.

Appendix C

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.

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

		10. Dignity and respect 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. **26. Workforce training and organisational development** Organisations and services ensure that their workforce is provided with appropriate support to enable them to: 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.
Management of patients with confusion or dementia	Right not to be tortured or treated in an inhuman or degrading way (Article 3). Right to liberty and security (Article 5). Right not to be discriminated against (Article 14).	**2. Equality, diversity and human rights** Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the: a) needs of individuals whatever their identity and background, and uphold their human rights. **8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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.

Care planning and provision	Right not to be tortured or treated in an inhuman or degrading way (Article 3). Right to liberty and security (Article 5). Right not to be discriminated against (Article 14). Right to freedom of expression (Article 10).	**7. Safe and clinically effective care** Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care: 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; b) that complies with safety and clinical directives in a timely way; and c) which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above. **8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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; b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and c) working in partnership with other services and organisations, including social services and the third sector.

Communication	Right to freedom of expression (Article 10). Right not to be discriminated against (Article 14). Right not to be tortured or treated in an inhuman or degrading way (Article 3). Right to respect for private and family life (Article 8).	**2. Equality, diversity and human rights** Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the: a) needs of individuals whatever their identity and background, and uphold their human rights. **9. Patient information and consent** Organisations and services recognise and address the needs of patients, service users and their carers by: a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements; b) providing opportunities to discuss and agree options; c) treating their information confidentially; d) obtaining informed consent, in line with best practice guidance; and e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate. **18. Communicating effectively** Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing: b) with patients, service users, carers and staff using a range of media and formats; c) about patients, service users and their carers; e) addressing all language and communication needs.

Fluid & nutrition	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	**14. Nutrition** Organisations and services will comply with legislation and guidance to ensure that: a) patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed; b) any necessary support with eating, drinking or feeding and swallowing is identified and provided; where food and drink are provided: d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and e) is accessible 24 hours a day.
Pressure sores	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	**8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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.
Personal care and hygiene	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	**2. Equality, diversity and human rights** Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the: a) needs of individuals whatever their identity and background, and uphold their human rights.

		10. Dignity and respect. 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. **8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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; b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.
Toilet needs	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	**2. Equality, diversity and human rights** Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the: a) needs of individuals whatever their identity and background, and uphold their human rights. **8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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; b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.

		10. Dignity and respect 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.
Buzzers	Right not to be tortured or treated in an inhuman or degrading way (Article 3). Right to liberty and security (Article 5).	**7. Safe and clinically effective care** Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care: b) that complies with safety and clinical directives in a timely way. **8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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.
Medicine and pain management	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	**8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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.

		15. Medicines management Organisations and services will ensure that: a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs; b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and 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.
Records management	Right to respect for private and family life (Article 8).	**20. Records management** Organisations and services manage all records in accordance with legislation and guidance to ensure that they are: a) designed, prepared, reviewed and accessible to meet the required needs; b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately; c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and d) shared as appropriate.

Discharge planning	Right to liberty and security (Article 5). Right to respect for private and family life (Article 8).	**8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: 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; b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and c) working in partnership with other services and organisations, including social services and the third sector.
Activities	Right to freedom of expression (Article 10). Right to liberty and security (Article 5).	**8. Care planning and provision** Organisations and services recognise and address the needs of patients, service users and their carers by: b) providing support to develop competence in self-care and promote rehabilitation and re-enablement.