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Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Abertawe Bro Morgannwg University Health Board

Unannounced Dignity and Essential Care Inspection

Date of inspection: 3 and 4 July 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 3 and 4 July 2012, HIW undertook an unannounced Dignity and Essential Care visit to The Princess of Wales Hospital.

Princess of Wales Hospital

1.6 The Princess of Wales Hospital, part of Abertawe Bro Morgannwg University Health Board, is the district hospital for the Bridgend area of South Wales. The hospital is situated on the outskirts of Bridgend and serves a population of approximately 160,000. The hospital provides a comprehensive range of in-patient and outpatient facilities together with Accident and Emergency and specialist services for patients much further afield.

1.7 As part of the inspection we undertook in July 2012 we visited two wards: Ward 19 which specialises in Elderly Rehabilitation and Ward 4 which specialises in cardiology

2. Findings

2.1 This chapter sets out the findings from our visit.

Ward 19 Elderly Rehabilitation

2.2 Overall the ward appeared well organised and patients on the ward we spoke to were happy with the care they were being provided with. The staff were very professional and sensitive towards patients; all the patients appeared to be very well cared for.

Ward environment

2.3 The ward environment was visibly very clean and tidy. Bathrooms were in a good state of repair with clean equipment and no visible dust. The patients we spoke to were all positive about the cleanliness of the ward.

2.4 Toilets on the ward were designated male or female, there were clear signs to indicate this to patients. However, the bathrooms/showers were not designated. All locks on toilet and bathroom/showers were in working order.

2.5 We identified that the curtains between patient beds were slightly short and therefore there was a risk to patients' privacy and dignity. Also, there were no signs being used on closed curtains to inform others that care and treatment was being provided to patients.

2.6 There was limited space between patient beds in the bays and some of the patients we spoke to informed us that they felt 'cramped'. Also we identified that there was a store cupboard on the ward which was, at the time of our visit, being used as the ward manager's office.

2.7 There was a day room available, which contained a television and board games, but we did not observe any patients using the day room during our

inspection. The room also included dining tables however we were disappointed when we were informed that patients do not use these tables during meal times.

Staff attitude, behaviour and ability to carry out dignified care

2.8 During our time on the ward we observed excellent staff interaction with patients. We witnessed staff speaking politely and respectfully to patients. Following discussions with staff we were informed that they felt patients received a good quality of care on the ward and that they felt very well supported by their ward manager and senior clinical nurse; however concerns were raised by staff that, on occasions, they did not have sufficient time to spend with patients. Staff also expressed concerns that staffing levels are not sufficient at weekends and for some late shifts.

2.9 The majority of patients we spoke to praised staff attitude and behaviour and informed us that staff were always polite to them and their relatives. However, a few of the patients we spoke to informed us that staff had not discussed their medical condition with them nor had they been involved in any decisions about their care and treatment.

2.10 Whilst on the ward we witnessed nursing and medical staff communicating discretely with patients. However, one medical member of staff was observed discussing a patient's progress and condition with a relative in the middle of the ward corridor.

2.11 The majority of staff on the ward were wearing name badges as a means to identify themselves. However, we observed that there were a number of staff who were not wearing badges.

Management of patients with confusion or dementia

2.12 At the time of inspection, there were no initiatives in place on the ward to help staff treat and care for patients with confusion or dementia; however we were

informed by staff that there were plans to launch the Butterfly Scheme[3] in the next few weeks.

2.13 We witnessed staff demonstrating kindness and sensitivity when caring for patients on the ward with dementia. Also, there were pictorial signs placed on toilet doors on the ward to assist confused patients or patients with dementia to locate them.

2.14 Staff training was arranged by the Ward Sister and the majority of staff stated that they had attended dementia training and also regular Protection of Vulnerable Adults (POVA)[4] training. However, one member of staff informed us that they had never had any POVA training and did not regularly attend mandatory training.

Care planning and provision

2.15 Patient assessments were being undertaken; however they were not regularly updated to inform the patients' plan of care.

2.16 All patients we reviewed had a care plan in place; however the care plans were generic and did not include information specific to the individual patient's status and progress. Also, the patients' care plans that were in place did not provide the level of intervention and support required for the individual patient's needs.

2.17 Whilst we were on the ward we identified that there were a number of patients in bed and the patients' care plans stated the reasons for this.

[3] 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.
[4] 'Protection of Vulnerable Adults' (PoVA) – adult protection procedures which give Social Services the responsibility for receiving referrals about and co-ordinating investigations into circumstances where a vulnerable adult has been abused or neglected. The procedures are based on the National Assembly for Wales' publication, in July 2000, *In Safe Hands: Implementing Adult Protection Procedures in Wales* - guidance issued under Section 7 of the Local Authority Social Services Act. 1970.

Records management

2.18 We reviewed a sample of medical notes which were well organised and easy to follow; however not all patient notes were up to date as we identified that some were completed retrospectively and not updated by staff until the end of a shift e.g. fluid balance charts and food charts. This can result in completing records incorrectly and therefore other nursing/medical staff are not fully informed of the care and treatment that has taken place.

2.19 We reviewed four patients' medical records who were identified as Do Not Attempt Resuscitation (DNAR). The DNAR forms were easily identifiable in the medical notes viewed; however only two out of the four forms were complete as not all the forms evidenced that there had been discussions held with patients' relatives. We also identified that there were different abbreviations used by staff on the forms which could cause confusion. These issues were immediately raised with the staff nurse.

Fluid and nutrition

2.20 Protected meal times were in place on the ward and relatives were encouraged to come into the ward during the meal time period to assist patients who required help eating. During the meal time we observed a number of relatives coming to assist. However during the protected meal time period we also observed staff on the ward undertaking a medical round.

2.21 Prior to mealtimes we witnessed staff assisting several patients to reposition themselves in bed to enable them to eat and drink more comfortably. All tables were clean and clear of clutter with plenty of space available for patients' food.

2.22 A few patients ate their meals in bed but the majority ate in their bedside chairs. As previously mentioned the day room on the ward included a number of dining tables and chairs, ideal for patients to use during the meal time periods on the ward. However, none of the patients were using the day room facilities during the

meal time we observed. We were informed by staff that patients are encouraged to eat their meals on the tables in the day room but patients prefer to eat by their beds.

2.23 The red tray system was in place on the ward to identify those patients who required assistance to eat their food. Patients we spoke to informed us that staff help the patients who require assistance to eat. Also during our time on the ward we witnessed staff assisting patients to eat their meals; however following the meal time it was unclear who was delegated responsively to collect patient trays.

2.24 Patients we spoke to informed us that they had regular access to fresh water and staff assist the patients who require help with drinking. During our time on the ward all patients had their drinks within their reach and we witnessed patients being regularly encouraged to drink by staff. Also, patients who required help to drink were provided with assistance.

2.25 Some of the patients' food and fluid charts were completed in a contemporaneous manner; however the majority were completed retrospectively. On a number of occasions we witnessed staff members asking patients what they had had to drink that morning. The staff members we spoke to informed us that charts were completed when they completed their documentation not necessarily at the time when the patient had eaten or drank.

2.26 MUST[5] scores had been completed in all the patient bed side charts we reviewed. Also, the majority of patients we spoke to informed us that they thought the meals provided on the ward were good, however there were a few who stated that there was little variety and a lack of fresh fruit.

[5] 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under-nutrition), or obese.

Pressure sores

2.27 Intentional rounding[6] had been implemented on the ward and charts were available to evidence how often patients were being turned. Also, Waterlow [7]risk assessments were in place for all patients on the ward and those patients identified as requiring a pressure relieving mattress were provided with one. However we identified that some of these assessments were not up to date.

Personal care and hygiene

2.28 All patients appeared clean and well cared for and those we spoke to informed us that their personal care and hygiene needs had been met. We observed an example of noteworthy personal care provision when a patient was helped by a nurse to soak her feet in a bowl of water by her bed prior to the podiatrist coming to cut her nails.

2.29 There were signs at the entrance to the ward encouraging relatives to bring patients' clothes in for them to wear on the ward. Out of 25 patients on the ward, we identified ten patients who were dressed in their own clothing.

2.30 The patients we spoke to informed us that they were able to clean their teeth/dentures as regularly as they wanted to. However, we did not witness any patients being offered hand washing prior to the meal time on the ward.

2.31 Patient personal care needs had been identified in the unified assessment tools which are completed when patients are admitted to the ward and detail the 'patients' story' and also their usual pattern for activities of daily living. There were also evaluation reports available documenting the patients' progress, for example, if a patient was encouraged to wash and needed little help and support. However we identified that the reports were inconsistent with some containing little narrative regarding the patients' progress and an update on care.

[6] Formal checklist used when checking on patients which happens every 1-2 hours and is carried out by the responsible nursing staff.
[7] The 'Waterlow' is a pressure ulcer risk assessment/prevention policy tool.

Toilet needs

2.32 During our time on the ward we did not witness commodes being taken to patient bedsides, patients were being encouraged to walk to bathrooms. Staff we spoke to on the ward informed us that they actively encouraged patients to maintain their independence by encouraging them to walk to the toilet. Whilst on the ward we observed patients being assisted to and from the toilet by staff.

2.33 There were two commodes available on the ward; both were very clean and in an excellent state of repair. There was also verification tape available to denote that commodes had been cleaned after use. However, we identified that the tape was not being used by staff.

2.34 There was only one type of continence pad available on the ward and there was evidence of a few patients using pads which was being documented in the patients' notes.

Buzzers

2.35 All patients on the ward had access to a buzzer; however we identified two patients who did not have their buzzer within reach. Also, patients we spoke to informed us that the staff were always quick to respond to buzzers. Whilst on the ward we observed staff answering patient buzzers promptly. There were also emergency buzzers available in all patient toilets and bathrooms.

Communication

2.36 There were large pictorial signs available on toilet doors to assist patients in locating them. However, there was no evidence of aids for assisting patients with sensory impairments.

2.37 We saw evidence detailed in the medical records that we reviewed of communication with patients and relatives. However as previously stated a few

patients we spoke to told us that staff had not discussed their medical condition with them nor had they been involved in any decisions about their care and treatment.

Medicines and pain management

2.38 Pain scores were included on patients NEWS[8] charts, however were not consistently recorded for all patients. Also, there was no evaluation of pain being documented.

2.39 There were no issues raised regarding pain management by the patients we spoke to on the ward. Also, we saw from patient medication charts that pain relief was provided as prescribed.

2.40 Red tabards were not being used by the staff on the medicine round to inform others that they were not to be disturbed. During the feedback meeting Health Board representatives informed us that the red tabards had been withdrawn as the nurses undertaking the round were being disturbed more frequently when they were wearing the red tabard. Also, they raised an issue around infection control, pertaining to keeping the red tabard clean.

2.41 During the medicine round we did not witness any medication being left on bedside tables. The drugs trolley used to transport the medication was locked when not in use. However, we were concerned to identify that the drugs fridge on the ward which contained medication was left unlocked. We requested immediate assurance from the Health Board following our visit that this would be addressed to mitigate the risk of unauthorised personal or patients accessing the medication. The Health Board responded by informing us:

> "*The drugs cupboards/fridges all have locks on them and safety crosses have been introduced to audit and monitor compliance."*

[8] 'National Early Warning Score' (NEWS) provides national guidance in standardisation of critical signs for patients in the acute setting. For an acutely unwell patient, a fast, efficient and consistent response is essential to optimise clinical outcomes. The underlying rationale for NEWS is to encourage the adoption of this standardised approach across the NHS.

Discharge planning

2.42 Weekly Multidisciplinary Team (MDT) meetings were held to discuss patients being discharged from the ward and the staff we spoke to informed us that there was good discharge planning processes on the ward involving staff members, social workers and relatives. However, there was no definitive discharge planning document in medical notes. Also, the majority of patients we spoke to were not aware of their discharge plan and the steps towards discharge from the ward.

Activities

2.43 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[9] 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.

2.44 There was a therapy/gym room available for patients to use with the therapists on the ward. We observed therapists supporting and assisting the patients, but as with the day room we did not observe any patients using the therapy/gym room during our time on the ward.

2.45 There was a television in each bay and as previously mentioned there was a day room available which included a television, CD player, board games and books.

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

However during our time on the ward we did not observe any patients using the room and also there was no stimulation or activities available for patients on the ward.

Ward 4 Cardiology

2.46 Overall the ward appeared well organised and the staff were very professional, welcoming and sensitive towards patients. Transforming Care[10] had recently been recently implemented on the ward and its positive impact was already evident.

Ward environment

2.47 The ward environment was visibly clean and we did not identify any clutter. Patients we spoke to told us that they thought that the ward was clean.

2.48 Patient toilet/bathroom facilities were designated male and female with clear signs to indicate this to patients. The toilets were also clean and tidy with all locks in working order.

2.49 Red pegs were placed on closed curtains and cubicle doors to inform others that care and treatment was taking place. The pegs were clearly visible and other staff members took notice of them. The use of red pegs on cubicle doors is rarely seen and this noteworthy practice which should be shared across the Health Board to ensure the privacy and dignity of patients nursed in single rooms is maintained.

2.50 There was a central nurses' station on the ward which included screens detailing patient information. There is a possibility that the information displayed could be seen by unauthorised personnel. We also identified a risk of patient records being accessed by unauthorised personal due to the storage location.

[10] '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.

2.51 There was no day room available for patients on the ward.

Staff attitude, behaviour and ability to carry out dignified care

2.52 We observed staff being very professional and caring towards the patients on the ward. Also, the patients we spoke to commended the staff informing us that they were kind, patient and professional.

2.53 All staff were observed as discreet in their communications with the patients and other staff. Also the doctors who were undertaking a medical round were discreet as no patient information could be overheard during the round.

2.54 The staffing levels on the ward were adequate on the day of our inspection; however we were informed that the dependency of patient was usually higher than on the day of our visit. We were also informed by staff that the current staffing levels would not be adequate to cover the reopening of decommissioned beds.

2.55 We identified that not all staff on the ward were wearing name badges as a means to identify themselves.

Management of patients with confusion or dementia

2.56 There were no initiatives in place on the ward to assist staff nursing patients with confusion or dementia. However we were informed of the impending roll out of the Butterfly Scheme.

2.57 Whilst on the ward we witnessed staff being very kind and sensitive towards patients with confusion or dementia. Staff were observed caring for a patient with confusion and taking time to speak to the patient to reassure him.

2.58 There were large pictorial signs on patient facility doors to assist all patients especially patients with confusion or dementia in locating them.

2.59 We were informed by the staff we spoke to that they had received training in POVA and DOLS[11]. However, we were informed that staff would like more training on the care of patients with confusion or dementia.

Care planning and provision

2.60 Patient assessments were available and we saw examples of noteworthy assessments in the records we viewed, for example one patient's manual handling risk assessment included a good level of detail in relation to the level of support, staff and equipment required. However, the quality of the assessments varied and they were not consistently reflected in care plans.

2.61 All patients we reviewed had a care plan; however they were generic and not individualised to the patient's specific needs. Care planning did not appear to inform the level of intervention and support required for patients.

2.62 Some patients stayed in their beds all day; we were informed by staff that the reason for patients on bed rest was due to a clinical condition which was also documented in the patients' bedside charts.

2.63 Whilst we were on the ward, unfortunately one patient's condition deteriorated. As a result, the patient was reviewed by medical staff and the stroke team and was appropriately put on The End of Life Care Pathway. There was a red peg placed on the patient's cubicle door to ensure privacy. The patient's relatives were contacted and invited to the ward. We observed the patient and their relatives being treated with dignity and respect.

[11] The'Deprivation of Liberty Safeguards' (the Safeguards) are there to protect people whose mental capacity is compromised, who either live in a care home or are patients on a hospital ward. These Safeguards were developed to ensure that the human rights of such individuals are maintained.

Records management

2.64 The patient records we reviewed were easy to follow and kept in noteworthy order. However, we were informed by staff that they updated patient notes at the end of their shift. The Ward Sister informed us that she has encouraged staff to complete notes immediately; however it appears that the completion of the patient notes is dependent on the individual staff member.

2.65 We identified an issue with one patient's records where a medical request had been made for intake and output charts to be completed; however no output had been recorded for the patient.

2.66 Two Do Not Attempt Resuscitation (DNAR) patients' files were reviewed and we noted that the appropriate form was included in their records and the necessary process followed.

Fluid and nutrition

2.67 Protected meal times were in place and we observed that where relatives had not come to assist a patient to eat, they were asked to wait until after the meal time before going on to the ward. However, we were informed by staff that, on occasions, meal times had been interrupted by ward rounds, depending on the consultant activity.

2.68 There were no dining room facilities available on the ward for patients who were able to eat their meals outside of their beds. Staff were observed cleaning bedside tables and re positioning patients who required support prior to the meal time on the ward.

2.69 The Red Tray System was in use to identify patients who required assistance to eat their meals. We were also informed that information was provided during staff handover regarding which patients required assistance. During the meal time we observed patients being assisted to eat their meals. That said, a number of patients who were seen eating by themselves without assistance, were observed spilling their

food onto trays and cleaning it themselves with their napkins as they had difficulty transferring food to utensils. We feel that these patients required further support.

2.70 We identified that not all food and fluid charts were completed immediately after meals by staff to evidence the patients' intake.

2.71 Patients comments were varied regarding food on the ward. The majority of patients we spoke to informed us that the food was not good. Patients' comments included:

"Unappetising, bland and tasteless."

and

"Food was mundane and lacking in flavour."

The Ward Sister also raised concerns around the quality and type of food served for the ward, but was reassured that dieticians had recently been involved with catering.

2.72 All patients had access to water and the water jugs and cups were within their reach and we observed staff encouraging patients to drink.

2.73 All patient records we reviewed had a completed nutritional assessment.

Pressure sores

2.74 Safety crosses were displayed on the ward and SKIN bundles[12] had been implemented. Compliance with SKIN bundles was also documented on the patient intentional rounding charts.

[12] A simple holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage.

2.75 Waterlow risk assessments had been completed for the patients we reviewed. However, the risk assessments had not been updated for those patients whose clinical condition had altered.

2.76 Staff were fully aware of when they needed to obtain the appropriate air mattresses/cushions for patients assessed as being at high risk of developing pressure damage and the majority of patients who had been assessed as at risk had been provided with the appropriate mattress. However it was documented that one patient had refused the mattress.

Personal care and hygiene

2.77 Patients on the ward appeared well cared for and most patients were wearing pyjamas which appeared clean. Also all patients we spoke to informed us that they were able to wash and clean their teeth as regularly as they wanted to.

2.78 However we identified a number of issues regarding the provision and documentation of personal care and hygiene:

- The nails of one patient who required support to maintain hygiene were not clean and required cutting.
- Documentation stated that hygiene had been maintained but not all documentation stated how this was done e.g. bed bath, shower, self-caring.
- The provision of oral care was not recorded in the notes reviewed, this was concerning as some patients were on bed rest.
- The washing of hair and the cutting of nails was not documented or included in the patients' plan of care.
- As with Ward 19, we did not observe patients being offered the opportunity to wash their hands prior to meal time.

Toilet needs

2.79 Patients on the ward were able to use the toilet method of their choice. During our time on the ward we observed staff assisting patients to and from the toilet in a discreet manner.

2.80 There was one patient on the ward using incontinence pads and according to the patient's assessment these were being used prior to the patient's admission to the ward. Whilst viewing this patient's records we identified that it was recorded on the Patients' Safety Round Chart that the patient's pad was regularly checked.

2.81 We identified that there was no evidence of continence assessments available for patients on the ward and also there was no evidence of any assessment to inform the choice of incontinence pad.

2.82 Commodes were clean and verification tape was used by staff to indicate to others that the commode is ready for use.

Buzzers

2.83 All patients had access to a buzzer, however we identified that one patient's buzzer was not within his reach despite it having been documented on the safety round check that it was. We immediately highlighted this issue with staff and the problem was quickly rectified.

2.84 The patients we spoke stated that they were happy with the responses to buzzers and staff were observed answering patient buzzers within a reasonable time. However it was highlighted that during busy periods on the ward, staff should have an awareness to check the patient is okay when the buzzer is pressed to reassure them and then return to assist them when they are able.

2.85 Buzzers were available in all patient toilet and bathroom facilities. However we identified that the buzzers in two male toilets had snapped and this was highlighted with staff. We also requested immediate assurance from the Health

Board following our inspection that the buzzers had been repaired, which we received.

Communication

2.86 Large pictorial signs were available on patient facilities to assist them in locating the rooms. However there was no evidence of any aids for assisting patients with sensory impairments. We were informed by the staff members that they involve family members to help with communicating with patients with sensory impairments.

2.87 The medical records we viewed evidenced communication with patients and relatives. Staff informed us that patients and where applicable relatives were invited to MDT meetings.

2.88 Also, the majority of patients we spoke to informed us that the staff on the ward listened and involved them in discussions regarding their care and treatment; however one patient we spoke to informed us that he had not been involved in any discussions around his care and treatment.

Medicines and pain management

2.89 The patients we spoke to on the ward did not raise any issues regarding pain management.

2.90 Whilst on the ward we observed a medication round and witnessed the nurses supervising patients taking their medication. We did not observe any medication being left on patient bedside tables.

2.91 Pain measurements were being recorded on some patient NEWS charts and also patients were asked if they were in pain during the ward safety round, which was documented. However it was only documented as ‘Yes/No’ and therefore did not allow for any evaluation.

2.92 We identified an issue around the observation charts used on the ward, as it was highlighted that there was inconsistency in respect of pain measurements being recorded.

2.93 As with Ward 19, the staff undertaking the medicine round were not wearing red tabards to inform others that they were carrying out the round and should not be disturbed. As previously stated we were informed feedback meeting health board representatives informed us that the red tabards had been withdrawn as the nurses undertaking the round were being disturbed more frequently when they were wearing the red tabard. Also they raised the issue with infection control, pertaining to keeping the red tabard clean.

2.94 We were concerned that there was no door on the medication room for the ward. Also, the cupboards containing medication (apart from the controlled drugs cupboard) and the drugs fridge were left unlocked presenting a risk of unauthorised staff and possibly patients being able to access the medication. We requested immediate assurance from the Health Board that action would be taken to mitigate the risk of access to medication.

Discharge planning

2.95 There are weekly MDT meetings at which patient discharge is discussed and estimated discharge dates are set, these are displayed on the ward patient status at a glance board (PSAG). The Ward Sister reported that patients and relatives are invited to MDT meetings and we saw evidence in some patients' notes of patients and family members being involved in the discharge planning process. However, the majority of patients informed us that they were not aware of when they would be leaving the ward or what was planned following their discharge as they had not been involved in any discussions.

Activities

2.96 There was no day room available on the ward and the patients we spoke to informed us that they would like a room away from the ward area where they could

watch television and socialise. There was a daily newspaper round and also jigsaws and playing cards were available.

2.97 Televisions were available in each bay with individual patient televisions at the end of each bed in the large bay areas. Some of the patients we spoke to informed us that the televisions in the adjacent beds have, on occasions, prevented them from being able to sleep at night. Where staff told us that earphones were available for televisions; however we identified that not all the televisions in the bay had earphones available to use.

2.98 There was no other stimulation or activities available for patients 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 review curtains' lengths between patient beds on Ward 19 to ensure that they are appropriate to maintain patients' privacy and dignity.

3.3 The Health Board should ensure that measures are rolled out across the Health Board to inform others of care and treatment taking place behind closed curtains.

3.4 The Health Board should review space between patient beds on Ward 19 to ensure that there is an appropriate distance between to maintain patients' privacy and dignity.

3.5 The Health Board should ensure that bathrooms/shower rooms are designated male/female to ensure that patient dignity is maintained.

3.6 The Health Board should ensure that patient records and information is protected at all times.

Staff attitude, behaviour and ability to carry out dignified care

3.7 The Health Board should review its current staffing levels on Ward 19 to ensure that patient care is not regularly compromised due to staffing shortages.

3.8 The Health Board should ensure that all staff are aware of the importance of discretion when discussing patient information

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

Management of patients with confusion or dementia

3.10 The Health Board should ensure that all staff attends the relevant mandatory training.

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

Care planning and provision

3.12 The Health Board should ensure that all staff are aware that patients are fully informed and involved in discussions about their condition and treatment.

3.13 The Health Board should ensure that patient assessments are fully completed and regularly updated by staff to inform the patients care plan.

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

Record management

3.15 The Health Board should ensure that patients' notes are completed immediately by staff following care, treatment or meal times etc.

3.16 The Health Board should ensure that all DNAR forms are fully completed and evidence discussions with the patients' family.

3.17 The Health Board should ensure that abbreviations are not used in patient records to prevent any confusion or information being misinterpreted.

Fluid and nutrition

3.18 The Health Board should ensure that all staff are aware that patients are not to be interrupted during the protected meal times on wards.

3.19 The Health Board should ensure that staff continue to encourage patients to utilise dinning facilities where available.

3.20 The Health Board should ensure that patient menus provide an appropriate choice of meals.

3.21 The Health Board should ensure that all patients are supervised at meal times even if they are able to eat their meals independently.

Pressure sores

3.22 The Health Board should ensure that all Waterlow assessments fully completed and updated by staff for patients whose clinical condition alters.

Personal care and hygiene

3.23 The Health Board should ensure that patients are provided with the opportunity to wash their hands prior to meal times on wards.

3.24 The Health Board should ensure that all personal care and hygiene provided to patients is clearly documented in the patients' notes.

3.25 The Health Board should ensure that all staff are aware of all aspects of the provision of patient personal care

Toilet needs

3.26 The Health Board should ensure that systems are put in place to evidence every time that a commode is cleaned by staff on wards.

3.27 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

3.28 The Health Board should ensure that all patients have access to a fully functional buzzer which is within their reach.

3.29 The Health Board should ensure that emergency buzzers are available in all patient toilet and bathroom/shower room facilities.

Communication

3.30 The Health Board should ensure that systems are in place on wards to assist patients with sensory impairments to communicate.

3.31 The Health Board should ensure that patients are involved in discussions with staff regarding their care and treatment.

3.32 The Health Board should ensure that systems are in place on the wards to assist patients with sensory impairments to communicate.

Medicine and pain management

3.33 The Health Board should ensure that after identifying a patient is in pain, a pain assessments are undertaken immediately which are reviewed and evaluated.

3.34 The Health Board should ensure that systems are put in place to mitigate the risk of patients and unauthorised personal accessing medication.

Discharge planning

3.35 The Health Board should ensure that patients and where appropriate their relatives are informed and involved in the discharge planning process.

Activities

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

3.37 The Health Board should ensure that ear phones are available for all individual televisions sets in the large bay on Ward 4.

4. Conclusion

4.1 Overall we witnessed staff on both wards interacting well with patients and providing care in a sensitive manner. Also, patients we spoke to on both wards commended staff attitude and behaviour.

4.2 During our visit we highlighted a number of areas for improvement on both wards regarding the completion of documentation including incomplete patient assessments and patient records being completed retrospectively by staff.

4.3 On both wards, the care plans we reviewed were generic and did not include information specific to individual patient's status and progress. Also, the care plans did not inform the level of intervention and support required for the individual patient's needs.

4.4 We identified issues on both wards around the risk of access to medication by unauthorised personnel and patients. Following our inspection we received written assurance from the Health Board that action had been taken to mitigate the risk. However we have also included a recommendation for the Health Board to consider.

4.5 There were limited activities and stimulation on both wards which was especially disappointing for Ward 19 as it was a ward for rehabilitation. We have recommended that the Health Board consider ways to ensure that patients are provided with activities and stimulation throughout their hospital stay.

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 Abertawe Bro Morgannwg University Health Board especially staff from Ward 19 and 4 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).	**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.

	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).	**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.