

Healthcare Inspectorate Wales ABMU Action Plan – following a visit to Moriston Hospital 25th and 26th November 2012

WARD A

<u>HIW Recommendations</u>	<u>Action(s)</u>	<u>Lead Manager(s)</u>	<u>Date/ Timescale</u>	<u>Progress/ Date Completed</u>
WARD ENVIRONMENT				
1.1 Review storage arrangements on wards to ensure that equipment and patient and staff belongings can be stored appropriately.	Consider options for additional storage as part of plans being considered to change the function of the Ward to incorporate an Assessment Unit.	Assistant Director Estates.	March 2015 (if plans are approved)	Awaiting review of plans and decision
	Proposal to create storage for Ward A on the main corridor.	Estates Manager/Ward Manager	December 2013 if plans approved	Awaiting review of plans and decision
	Transforming Care – review of stock levels usage of space to be completed.		June 2013	Actioned and kept under regular review
1.2 Ensure that all fire exits on wards remain free from clutter to allow for a safe exit from the ward in the case of an emergency.	Introduce daily walk through to ensure fire exit clearance.	Fire Officer/Ward Manager	Actioned and ongoing	Completed Check list sign off sheets for every shift check of fire exits ongoing from Nov 2012 with hard copies

				kept for audit purposes from April 2013.
1.3 Ensure that measures are to ensure that patient privacy and dignity is maintained when they use the toilets on wards.	Remind staff to ensure patients dignity is respected at all times and to ensure they enter the toilet (when patients buzz for assistance) ensuring no one is able to see into the toilet.	Ward Manager & Head of Nursing.	Actioned	Actioned
1.4 Review compliance with single sex bays to ensure that all attempts are made to avoid any breaches.	Ward policy is NO MIX. (Occasional Mixing still ongoing with pressure from Bed Manager to accommodate)	Ward Manager IR1 form now completed every time this happens	In place.	Complying.
STAFF ATTITUDE, BEHAVIOUR AND ABILITY TO CARRY OUT DIFINIFIED CARE				
2.1 Ensure that all staff are reminded that every face to face encounter with patient must be respectful, including addressing patients by their preferred name.	Re-emphasised that patients need to be asked about their preferences. All staff to attend dignity and respect training	Ward Manager	Immediate and ongoing monitoring by Ward Manager	Complying.
2.2 Ensure that all staff are aware of the importance of discretion when discussing sensitive information.	Reiterate training and patient confidentiality in the clinical area.	Ward Manager	Immediate and ongoing monitoring by Ward Manager	Complying.
2.3 Ensure that all staff are wearing identification badges as a	All staff reminded of the requirement to wear ID	Ward Manager	Immediate and ongoing	Complying.

means of identifying themselves whilst on duty.	badges at all times.		monitoring by Ward Manager	
	MANAGEMENT OF PATIENTS WITH CONFUSION OR DEMENTIA			
3.1 Ensure that there are large signs available on patient facilities such as bathrooms and toilets.	Order pictograms and to the toilet/bathroom doors. ("Stick man" signs already in place)	Ward Manager	June 2013	Actioned
	CARE PLANNING AND PROVISION			
4.1 Ensure that patient assessments are fully completed and regularly updated by staff to inform the patients care plan	Point Reviews in place and spot check audits monthly Ward Documentation/assessments revamped April/May 2013 along with reiteration of the rationale. Must not complete at end of shift or section but as and when care carried out	Ward Manager to refer to Head of Nursing.	Immediate escalation.	Actioned and ongoing. Spot check audits by lead nurse
4.2 Ethat all in-patients have care plans which are adapted to specific patient needs and that these care plans are regularly reviewed and updated	Generic Care Plan is used: -Attached to fundamental of care form	Ward Manager	Immediate.	Complying.
4.3 The Health Board must ensure that all staff are aware that patients and where appropriate their relatives are fully informed	Next of kin informed. Other relatives are informed. Accepted that not all relatives are.	Ward Manager	Immediate.	Complying.

<p>and involved in discussions about their treatment and plan of care which are documented.</p>	<p>However, there is an expectation that relatives talk to each other, especially over discharge. (Evidence of discussion with patient/family <u>MUST</u> be recorded in Evaluation Notes even if it is early on in admission treatment process and there is no definite plan available – reiterated to staff)</p>			
RECORD MANAGEMENT				
<p>5.1 Ensure that patients' notes are completed immediately by staff following care, treatment or meals etc.</p>	<p>Brought in PSAG. Patient safety at a glance: Ward split into red and blue. There is a 6 week trial update (Ward assessments <u>MUST NOT BE</u> completed at end of shift or room section but as and when care carried out – reiterated to staff) Change of practice hand over in the office. Altered care plan and assessments.</p>	<p>Head of Nursing Senior Clinical Nurse</p>	<p>June 2013</p>	<p>Actioned</p>
<p>5.2 Health Board should ensure that all DNAR forms are fully</p>	<p>Consider means to highlight the DNAR</p>	<p>Medical Director</p>	<p>August 2013 Consent training</p>	<p>Actioned and Ongoing</p>

completed and evidence discussions with the patient and or the patient's family.	process, contained within the Health Board Resuscitation Policy and review compliance		to incorporate the use of DNAR forms. All Wales Mortality review form currently being piloted now includes section on DNAR.	
FLUID AND NUTRITION				
6.1 Health Board should undertake a review of timings of food deliveries to ensure appropriate gaps between the three main meals.	A review of timings has previously been undertaken and the Health Board aims to ensure that between supper and breakfast there is a maximum of 14 hours gap. This, on some wards can be difficult relating to the patients condition. Nutritional snacks available on the Wards.	Head of Hotel Services	Ongoing Monitoring	Actioned and Ongoing
6.2 Ensure that a registered nurse on each shift oversees the meal times and, or has accountability for, the way meal times are carried out.	Actioned.	Ward Manager	Immediate.	Complying.
6.3 Ensure that patients are appropriately prepared prior to meal times on the ward, including assisting them to sit in a more	Staff reminded and will be kept under review by Ward Manager.	Ward Manager	Immediate.	Complying.

comfortable position and cleaning/clearing bedside tables for easier access to their meals.				
6.4 Ensure that all staff are aware of the correct purpose of the red tray initiative in identifying patients who require assistance to eat.	Staff reminded and kept under review by Ward Manager (All Staff <u>MUST</u> complete the e-learning nutrition package – this has been ongoing, there have been repeated difficulties reported in accessing the site. Helen Griffiths assures us problem now resolved)	Ward Manager	Immediate.	Complying.
6.5 Ensure that all patients who require assistance are provided with it as soon as their food is served to them.	Patients needing assistance are served last to ensure staff have sufficient time to provide assistance.	Ward Manager	Immediate.	Complying.
6.6 The Health Board should ensure that all patients are supervised at meal times even if they are able to eat their meals independently.	Staff reminded of the importance to supervise all patients at meal times.	Ward Manager	Immediate.	Actioned and ongoing
6.7 Ensure that appropriate members of staff collect patient trays following meal times to allow for assessment and recording of patient food intake.	Reiterate to staff and kept under review by Ward Manager.	Ward Manager	Immediate.	Complying.
6.10 Ensure that food and fluid charts are routinely completed by staff.	Reiterate to staff and support members of staff in the process.	Ward Manager	Immediate.	Complying.

6.11 Ensure that patients are routinely encouraged to drink by staff.	Patients that need it are encouraged.	Ward Manager	Immediate.	Complying.
PRESSURE SORES				
7.1 Ensure that safety crosses are fully completed and regularly updated by staff.	The safety crosses are on the wall in the Ward office. Staff reminded to ensure they are completed.	Ward Manager	Immediate.	Complying.
7.2 Ensure that all Waterlow assessments are fully completed and updated by staff for patients whose clinical condition alters.	Reiterate to staff.	Ward Manager	Immediate.	Complying.
7.3 Ensure that the balance between rest and risk of pressure damage is addressed to ensure that safe and appropriate care is provided to patients. Rationale for any exceptions from full compliance with the SKIN bundle should then be documented.	Reiterate to staff the importance of turning patients ensuring the balance between rest and risk of pressure damage.	Ward Manager	Immediate.	Complying.
PERSONAL CARE AND HYGIENE				
8.1 Ensure that all staff aware of all aspect of patient care.	There is a bundle over oral care that will be reiterated to staff.	Ward Manager	Immediate.	Complying.
8.2 Ensure that all patients are provided with the opportunity to wash their hands prior to meal times.	Reiterate to staff that wipes are to be provided.	Ward Manager	Immediate.	Complying.
8.3 Review the current process for providing clean linen to wards to ensure there is an adequate supply available at all times.	Out of hours system is in place with Wards contacting the porters out of hours to gain	Support Services Manager.	Within a month.	Actioned and monitored

	access to linen. Purchase of linen done regularly through out the year. Incidents to be reported to the Deputy Head of Support Services for investigation.			
		TOILET NEEDS		
9.1 Ensure that a consistent approach to the effective cleaning of commodes is put in place and there is a visible sign to indicate the commode is cleaned and ready for use.	Daily audits are carried out. It is accepted that more vigilance is needed.	Ward Manager	Immediate.	Complying.
		COMMUNICATION		
11.1 Health Board should ensure that all communication aids are available on Wards to assist patients with sensory impairments and staff are aware of them.	Staff to be reminded to ensure patients sensory needs are identified as part of the review of patients physical, social and psychological needs. Needs to be documented on admission and staff made aware of the sensory aid(s) requirements and, as appropriate, obtained.	Ward Manager	Immediate.	Ongoing
		MEDICINE AND PAIN MANAGEMENT		
12.1 Ensure that after identifying that a patient is in pain, a pain assessment is undertaken	Pain assessment is reviewed on NEWS charts. Pain tools outside	Ward Manager & Head of Nursing	Immediate	Actioned and ongoing

immediately and a plan of action is put into place which is regularly reviewed and evaluated	of that are not used. (Pain assessments are part of NEWS chart <u>MUST</u> be filled in and acted upon. Staff to be reminded to complete the assessment and take timely, appropriate action.			
12.2 Ensure that systems are in place to mitigate the risk of patients and unauthorised personnel having access to medication.	Cupboard locked however a door has been ordered Situation to be monitored. Lockable Main door and extra storage requested from Estates 25.01.13 – still awaiting action by Estates.	Ward Manager & Estates Manager.	Immediately	Complying.
DISCHARGE PLANNING				
13.1 Ensure that patients and, where appropriate their relatives, are involved in the discharge planning process.	Discussion takes place with main carer. Reiterate to staff. From day of admission. (Evidence of discussion with patient/family <u>MUST</u> be recorded in Nursing Evaluation Notes and not just left unrecorded – reiterated to staff)	Ward Manager & Head of Nursing	Immediate.	Complying.
ACTIVITIES				
14.1 Consider ways to provide patients with appropriate	The Ward is a Short Stay Acute Orthopaedic	Ward Manager	N/A	N/A

<p>activities and stimulation throughout their hospital stay</p>	<p>Trauma Ward with patients on average staying between 3 – 5 days.</p> <p>Television and Radio are available to all patients on the Ward and WRVS come round with library books.</p>			
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