

Velindre Cancer Centre Ward: Active Support Unit (ASU)

Unannounced Dignity and Essential Care Inspection

**Date of inspection
6 February 2014**

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection to the Active Support Unit (ASU) which included both Male and Female Wards at Velindre Cancer Centre part of the Velindre NHS Trust on Thursday 6 February 2014. During the inspection we observed and reviewed the following areas:

- Patient Experience
- The Delivery of the Fundamentals of Care
- Management and Leadership
- Quality and Safety.

Velindre NHS Trust is a nationally recognised specialist centre of excellence for the provision of non-surgical oncology including radiotherapy and chemotherapy; specialist palliative care; blood transfusion; specialist immunohaematology; antenatal blood testing reference work; and transplant immunology.

The Trust employs over 3000 staff and provides a range of specialist non-surgical oncology services to approximately 1.5 million people of south east Wales, and to the whole of Wales for some services, working in partnership with the hospitals managed by the Local Health Boards. The Welsh Blood Service collects processes and delivers blood and blood products to hospitals across south and mid Wales.

The Trust also hosts the following national organisations on behalf of NHS Wales;

- NHS Wales Informatics Services (NWIS)
- NISCHR Clinical Research Centre (NISCHR CRC)
- National Collaborating Centre for Cancer (NCC-C)
- Cancer National Specialist Advisory Group – Core Team (CNSAG - CT)
- NHS Wales Shared Services Partnership (NWSSP).

Velindre Cancer Centre is one of the largest cancer centres in the UK. Each year over 5,000 new referrals and around 50,000 new outpatient

appointments are provided. Velindre Cancer Centre has 3 inpatient wards. These are:

- Active Support Unit (ASU)
- First floor ward
- Princess Margaret Ward.

A total of 47 beds are spread across the centre. The Trust has a dedicated children's room which can be booked by families to enable them to have private time with children, and other family members.

2. Methodology of Inspection

HIW's '*Dignity and Essential Care Inspections*', review the way patients' dignity is maintained within a hospital ward/ unit and the fundamental, basic nursing care that patients receive¹. We review documentation and information from a number of sources including:

- Information held to date by Health Inspectorate Wales (HIW)
- Conversations with patients, relatives and interviews of ward staff
- Discussions with senior management within the Trust
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observations with regard to the environment of care and care practice.

These HIW inspections capture a '*snapshot*' of the standards of care patients receive on hospital wards/units, which may point to wider issues about the quality and safety of essential care and dignity.

We provided an overview of our main findings and requirements to representatives of the NHS Trust at the feedback meeting held at the end of our inspection. Urgent concerns emerging from the inspection were notified to the NHS Trust via an Immediate Action letter and these findings are detailed within Appendix A of this report.

¹ *The Fundamentals of Care*, Welsh Assembly Government 2003

3. Summary

Overall, patients can be confident that the service at Velindre is well run, with due care and attention to professional standards of care. We found that the Trust has very well established monitoring arrangements regarding patients' experience of care, clinical practice, safe systems of working, staff training and development and the wider aspects of organisational governance.

Our Dignity and Essential Care Inspection visit to the Velindre Cancer Centre observed several areas of noteworthy practice including the Patient Dignity Group which demonstrated active engagement with the public through the use of patient experience surveys, and the Trust's actions in response to the feedback received. Patients informed us that they feel safe during their time within the ASU and we observed patients being treated with dignity and respect. Our conversations with patients and relatives at Velindre NHS Trust highlighted that they feel actively encouraged to speak to staff and ask questions about any aspect of their care. We observed staff encouraging patients to retain as much independence as possible within the hospital environment.

Notwithstanding the good practise observed above, we made the following findings which require improvement as detailed in appendix A:

- The ward environment is not ideal due to limited patient shower/toilet facilities and an ongoing environmental modernisation programme
- A family room was available for use, however, discussions indicated that this was unwelcoming, not ideally located or regularly used
- We found some clutter on the ward and boxes stored at ground level within the storage cupboards
- A commode within a storage room was found to require cleaning
- We observed an unattended procedure trolley which was brought to the attention of The Trust during the inspection
- An incorrectly implemented Protection of Vulnerable Adults (POVA) process

- Potential unauthorised access to medication
- An inappropriately completed Do Not Attempt Resuscitation (DNAR) form
- Patient records were not found to contain a recognised pain assessment tool
- Nursing documentation was found to lack evidence of person centred care, and was completed inconsistently
- Incompletion of medication administration record.

HIW would like to thank the nursing staff at Velindre Cancer Centre who were helpful throughout our inspection.

4. Findings

4a Patient Experience

During this inspection we did not identify any aspect of service which required improvement in this area.

Overall, we observed patients being treated with dignity and respect and witnessed the efforts made by staff to ensure patients and relatives were afforded as much privacy as possible at times when they were assisted with personal care, or engaged in private conversation with a member of the multi-professional team.

Our conversations with patients and relatives at Velindre NHS Trust highlighted that they feel actively encouraged to speak to staff and ask questions about any aspect of their care. Discussions with relatives confirmed they feel that staff listen to them and involve them in decisions regarding care and treatment.

The majority of patients and relatives we spoke to were highly complimentary of the care and support they received. Examples of some of the positive comments that patients had made to the staff team in the past twelve months are as follows:

'I came in on a stretcher – in shock! I'm walking out by myself. This is thanks to your care humour, professional attitude and sense of fun. Thank you. I will not forget you'.

'Thank you so much for all your wonderful care'.

'Everyone has been so kind and reassuring. I can't thank you all enough'.

The Trust pro-actively engages with patients and families on a daily basis. Velindre has also established a Patient Dignity Group² which regularly

² Patient Dignity Group: a multi-disciplinary group of staff working throughout Velindre Cancer Centre who meet three times a year to discuss and action patient and family dignity issues.

considers the views of individuals through the use of completed patient questionnaires. Consequently, any areas of concern are promptly identified and addressed, to improve patients' experiences.

The Trust's Patient Experience Survey (completed during December 2013) is a further example of engagement with the public. This survey demonstrated a very high level of patient satisfaction with the service; problems identified having been dealt with immediately, as stated within the published analysis of the survey. The Patient Dignity Group Newsletter (September 2013 issue) also highlighted the work being undertaken to provide accessible information for people with a sensory loss.

Conversations with patients indicated that they have some choice and influence in terms of their daily care. For example, they told us that they were able to use toilet facilities in a timely manner, supported to be as independent as possible and assisted to sit out of bed at regular intervals.

It was evident from discussions with patients, nursing and catering staff on duty at the time of this inspection that an important emphasis is placed on 'protecting meal times', and offering assistance with eating and drinking as required. We were also able to confirm that patients are offered a range of food and snacks at varying times of the day in addition to designated meal times.

4b. Delivery of Fundamentals of Care

During this inspection we have made five findings which require improvement in this area, our requirements are detailed within Appendix A.

Communication and Information

We observed interaction between ward staff and patients/relatives in accordance with the standard required by the 'Fundamentals of Care'. The majority of patients and relatives we spoke to during the inspection confirmed that they felt informed about various aspects of care delivery.

We observed staff speaking with patients and colleagues in a discreet and calm manner throughout our visit. Patients confirmed they were able to identify staff that were Welsh speaking due to the uniform they wore. There was a loop system available for patients with a hearing loss and staff had access to picture cards to assist patients.

Respecting People

We witnessed numerous examples of respectful interactions between staff and patients. Staff were courteous and generally discrete when talking to patients, and they were happy to converse with patients in Welsh if this was preferred. The feedback we received from patients was very positive in relation to staff attitude and behaviour.

Ensuring Safety

Discussion with the ward manager and other staff indicated that staff levels are considered to be adequate. The ward manager informed us that they were able to obtain additional staff when required (i.e. in response to identified patients' complex needs).

A medication round was observed and staff undertaking dispensing duties were easily identifiable wearing red tabards. We also observed that the member of staff remained with patients whilst they were taking their medication.

Overall, the ward environment was clean, tidy and uncluttered. However, we observed there were difficulties in maintaining a peaceful environment due to an ongoing refurbishment programme on the ward. This will, however, increase the number of toilet/ shower facilities, as these are currently limited in number. Storage and linen cupboards were generally tidy.

We observed all staff wearing name badges as a means of identification and conversations with patients confirmed that they felt staff responded quickly to requests for assistance when a buzzer was used.

Promoting Independence

We observed staff encouraging patients to retain as much independence as possible within the hospital environment. Patients were also actively involved in deciding what they would like to eat through a menu initiative. In addition, patients told us that they were involved in choices about their care.

Conversations with staff revealed that they have access to a dementia care specialist within the Trust who provides advice on the most appropriate way to maintain the independence of individuals.

Patients with a hearing loss were able to access the loop system within ASU to assist them in remaining as independent as possible during their time on the ward.

Relationships

Patients informed us that they felt staff had time to listen to them and were available to discuss aspects of their care when required. We observed patients had formed good friendships with one another.

Rest, Sleep and Activity

Patients had the opportunity to purchase newspapers and magazines on a daily basis, and had access to bedside televisions which patients confirmed they enjoyed. Our conversations with patients and relatives informed us that they are able to receive visitors throughout the day (except for protected mealtimes) and they are also able to access physiotherapy and reflexology services within the ward environment.

Conversations with patients confirmed that they have the opportunity to rest during the day. In addition patients confirmed they have adequate pillows and blankets and are able to request more to keep them comfortable.

Ensuring Comfort, Alleviating Pain

Discussions with patients indicated that staff responded promptly to requests for pain relief, and patients appeared comfortable. However, we found an

absence of recorded evidence to support that a recognised pain assessment tool was being utilised to measure patients' pain (prior to administration of pain relief, and/or to assess the effectiveness of the medication). This may mean that some patients are not always provided with the appropriate level of pain relief/management.

Personal Hygiene and Appearance

Conversations with patients indicated facilities are available for them to have a shower or bath, however there was sometimes a delay because of the limited facilities within ASU at this time. All patients appeared well cared for and staff were observed assisting some patients with mouth care.

Eating and Drinking

We found that patients' nutritional needs were assessed appropriately. In addition, conversations with patients and staff demonstrated the emphasis placed by the ward team on ensuring that drinks are offered regularly, the timing and availability of food is well managed and patients are encouraged and assisted to eat their meals in accordance with identified need.

There was no dining room available to patients within the ASU, patients were therefore required to eat their meals whilst in bed, or at the bedside. During the inspection we observed staff preparing all patients for a mealtime ensuring bedside tables were cleared, hand wipes offered and patients positioned appropriately. Patients we spoke to were keen to comment positively about the quality and quantity of food provided.

Oral Health and Hygiene

We observed staff assisting some patients with mouth care which was subsequently recorded as required by All Wales guidelines. Individuals in receipt of care told us that they were able to clean their own teeth/dentures as regularly as they would like.

Positive comments were made by patients regarding the overall prompt response from staff to requests for assistance to use the toilet method of choice during the day and night.

Preventing Pressure Sores

Discussions with the ward manager and staff team on duty demonstrated that there are suitable management arrangements in place to prevent patients from developing damage to their skin. Examination of patient records verified that staff assessed and recorded the risk of damage to peoples' skin on a daily basis via the use of recognised All Wales documentation.

When required, patients were provided with air mattresses and other forms of pressure relieving equipment.

Notwithstanding the good practise observed above, we made the following findings in relation to delivering the 'Fundamentals of Care' which require improvement as detailed in appendix A:

- The ward environment is not ideal due to limited patient shower/toilet facilities and an ongoing environmental modernisation programme
- A family room was available for use, however, discussions indicated that this was unwelcoming, not ideally located or regularly used
- We found some clutter on the ward and boxes stored at ground level within the storage cupboards
- A commode within a storage room was found to require cleaning.

4c. Management and Leadership

During this inspection we did not identify any aspects of the service which require improvement in this area.

Overall, patients can be confident that the service at Velindre is well run, with due care and attention to professional standards of care. We found that the Trust has very well established monitoring arrangements regarding patients'

experience of care, clinical practice, safe systems of working, staff training and development and the wider aspects of organisational governance.

Our discussions with the ward staff, visiting professionals and patients/family members demonstrated that the ward team felt well supported by senior management. Staff felt empowered to make improvements to patient care delivery and to discuss ideas in an open and transparent way. Additionally, staff were clear about their roles and responsibilities.

Discussion with the ward manager revealed the emphasis placed on supporting staff at all times during the course of their work. This was in recognition of the challenges and pressures that face the team on a daily basis and the evidence that well motivated staff and good team working results in better outcomes for patients. Arrangements for clinical supervision were found to be very well embedded within the Trust.

4d. Quality and Safety

During this inspection we have made seven findings which require improvement in this area. Our requirements are detailed within Appendix A.

Overall, the ASU environment was clean, fresh and standards of hygiene appeared to be maintained. Conversations with patients indicated that they were satisfied with the cleanliness in their area and discussion with a member of the housekeeping staff revealed that they had received appropriate training to assist them in their role.

We found the structure and layout of the ASU poses many challenges for patients and staff, specifically in relation to maintaining privacy and the provision of bathing/shower facilities. However, it was evident there was a modernisation plan underway to update the environment, and in the meantime, we observed that staff clearly made every effort to ensure that patients' privacy and dignity was maintained.

Patients were able to find their way around the ward environment as a result of clear signage. Conversations with a member of the building maintenance team highlighted that improving the patient experience, through the ward environment, is a priority.

Patients informed us that they feel safe receiving care within the ASU during the day and night. We also observed that nursing and care staff wore uniforms in accordance with the All-Wales dress code with clear name badges, to assist patients in identifying their role.

We made the following findings which require improvement as detailed within appendix A:

- We observed an unattended procedure trolley which was brought to the attention of The Trust during the inspection
- An incorrectly implemented Protection of Vulnerable Adults³ (POVA) process
- Potential unauthorised access to medication
- An inappropriately completed Do Not Attempt Resuscitation (DNAR) form
- Patient records were not found to contain a recognised pain assessment tool
- Nursing documentation was found to lack evidence of person centred care, and was completed inconsistently.
- Incompletion of medication administration record.

³ POVA - Policy and Procedures for the Protection of Vulnerable Adults from Abuse

5. Next Steps

Velindre NHS Trust is required to complete an improvement plan to address the key issues highlighted and submit it to HIW within two weeks of the publication of this report. The improvement plan should clearly state when and how the findings identified on the ward we visited will be addressed, including timescales for ensuring the findings are not systemic across the service.

The Trust's improvement plan, once agreed, will be published on HIW's website and evaluated as part of the on-going Dignity and Essential Care inspection process.

Dignity and Essential Care: Improvement Plan

Hospital: Velindre Cancer Centre

Ward: Active Support Unit (ASU)

Appendix A

Findings	Requirements	Health Board Action	HIW Response
Patient Experience			
During this inspection we made no findings which require improvement in this area			
Delivery of Fundamentals of Care			
The ward environment was not ideal due to limited patient facilities and an ongoing environment modernisation plan: Our observations and discussions with staff and patients highlighted there was a limited number of toilet and shower facilities for patients and an ongoing modernisation plan underway on the ward was identified as causing a small amount of disruption to patient rest and routine.	The Trust must provide assurance of the measures being taken to ensure patients have adequate access to facilities and the actions undertaken to mitigate patient disruption during the ongoing modernisation plan.		
A family/consulting room was available	The Trust should		

for use, however discussions with staff highlighted this was not ideally located or regularly used. Our observations found the family/ consulting room would require refurbishment to ensure a more welcoming environment.	consider the provision of a more suitable and welcoming environment for use as a family/ consulting room		
We found clutter on the ward and boxes stored at ground level within the store cupboards.	The Trust must ensure going forward that it adheres at all times to the All Wales infection prevention and control policy and procedures, To be clear how these will be embedded and compliance ensured within the operation of the ward.		

A commode within a storage room was found to require cleaning.	The Trust must ensure it adheres at all times to the All Wales infection prevention and control policy and procedures. To be clear how these will be embedded and compliance ensured within the operation of the ward.		
Management and Leadership			
During this inspection we made no findings which require improvement in this area			
Quality and Safety			
Potential access to medication by unauthorised persons: We identified that the drugs fridge and cupboards (excluding the Controlled Drugs cupboard) were not able to be locked and access to the medication room was possible by unauthorised persons due to a slow closing door. At	The Trust must ensure safe medicines management.		

times, staff did not ensure the door was fully closed and locked when leaving the room.			
Incorrectly invoked “All Wales Protection of Vulnerable Adults” (POVA) and subsequent incorrect POVA process followed: A POVA form was found to be initiated and included within a patient’s records. However, discussions with staff confirmed that the POVA had been initiated in error. The POVA referral form had not been removed from the patient’s records and the rationale for the decision taken was not documented.	The Trust must ensure going forward that the All Wales guidance for the “Protection Of Vulnerable Adults” process is correctly implemented.		
We observed an unattended procedure trolley which was brought to the attention of the Trust during the inspection.	The Trust must ensure it adheres at all times to the All Wales infection prevention and control		

	policy and procedures, and be clear how these will be embedded and compliance ensured within the operation of the ward.		
An inappropriately completed Do Not Attempt Resuscitation (DNAR) form: DNAR documentation recorded a patient's request not to discuss the process at that time. The medical staff concerned, inappropriately completed the form without recording a subsequent discussion with the patient and/or their family/ carers.	The Trust must ensure that the all Wales DNAR procedure is implemented and documented correctly.		
Incomplete medication administration record (MARS): Scrutiny of the Trust's medication administration policy clearly guided staff as to their responsibilities regarding administration of medication.	The Trust must provide confirmation of the DATIX notification, and ensure safe medicines management.		

However, we found inconsistencies within a small number of medication administration records, where there should have been either (a) a nurse signature or (b) an applied code for non-administration. During the inspection we notified the ward sister and requested this finding be notified via the DATIX system.			
Patient records were not found to contain a recognised pain assessment tool.	The Trust must provide detail of a standardised tool used within the Trust to assess and measure pain management		

Nursing documentation was found to lack evidence of person centred care, and was completed inconsistently: There was limited evidence of holistic nursing assessment and standardised care plans lacking modification to reflect specific elements of practice not required by the patient. We found evidence of evaluation within patient records which lacked the basis of a care plan to evaluate against.	Documentation to reflect individualised person centred care		
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