

**Dignity and Essential Care  
Inspection (unannounced)  
Hywel Dda University Health  
Board – Bronglais Hospital –  
Rhiannon Ward**

**17 July 2014**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in Rhiannon Ward, Bronglais Hospital, part of the Hywel Dda University Health Board (HDUHB) on 17<sup>th</sup> July 2014.

Our inspection considers the following issues:

- Quality of the Patient Experience
- Delivery of the Fundamentals of Care
- Quality of Staffing Management and Leadership
- Delivery of a Safe and Effective Service

## 2. Methodology

HIW's 'Dignity and Essential Care Inspections', review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the Health Board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. These inspections may point to wider issues about the quality and safety of essential care and dignity.

### 3. Context

Hywel Dda University Health Board was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. The Health Board is responsible for the health and wellbeing of the population across Carmarthenshire, Ceredigion and Pembrokeshire, it also provides a range of services for the residents of south Gwynedd and Powys. The Health Board covers a quarter of the landmass in Wales, with a population of approximately 375,061 people.

The Health Board's community and secondary care services are delivered through:

- Four hospitals; Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli and Withybush Hospital in Haverfordwest
- Eight community hospitals
- Eleven health centres.

#### **Bronglais Hospital**

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

As part of HIW's annual inspection programme we visited Rhiannon Ward which is a 16 bed general surgical ward.

## 4. Summary

### *Rhiannon Ward;*

Overall, we were met by a friendly, approachable and organised team of staff working within a busy ward environment, striving at all times to ensure that the patient experience was as positive as possible.

While neither the Ward Manager nor the deputy were available at the time of the inspection, the service was still well run and there was attention to maintaining professional standards of care.

We witnessed strong and positive leadership displayed by the staff nurse in charge on the day of the visit. The staff nurse provided support and guidance and was observed giving instruction and receiving feedback from staff. Subsequently the ward environment was calm and controlled as a result of her intervention.

Nursing staff were seen to maintain the privacy, dignity and respect of patients whilst sharing information. Despite the busy and unpredictable nature of the ward, all staff appeared to function well as a team to ensure the seamless provision of quality care.

During our inspection we observed a focus on patients' individual care being assessed and managed appropriately. At different stages, before and after surgical operations, patients had different requirements of care related to their level of dependency. We observed care practice that was in accordance to this, including active monitoring of post operative observations and pain management.

There was a strong emphasis on early recovery and rehabilitation for patients after surgery, all of whom were well informed about arrangements for their discharge home.

The environment was clean and odour free with appropriate signage visible for infection control and the use of signage when cleaning was in progress.

Several areas of noteworthy practice were observed:

- The use of red napkins in place of red trays to ensure patients requiring assistance with eating were highlighted.
- Leadership was visible and provided appropriate direction, ensuring a positive environment for staff and a good level of care for patients.

- Examples were given where Pictorial Exchange Communication Systems (PECS)<sup>1</sup> had been utilised and where patients with complex needs had been supported within the ward.

Notwithstanding the good practice observed above, we identified a number of areas for improvement within the four domains. Broadly the areas for improvement included;

- Fragmented and cumbersome documentation.
- The use of the Surgical Ward for Medical patients.
- The under use of available communal area.
- The development of a supportive environment for patients with cognitive impairment.
- Some doctors not signing records appropriately.

Details of the areas for improvement and our requirements are set out within Appendix A.

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<sup>1</sup>PECS is an alternative communication intervention package for individuals with autism spectrum disorder and related developmental disabilities. PECS begins by teaching an individual to give a picture of a desired item to a communicative partner, who immediately honours the exchange.

## 5. Findings

### *Quality of the Patient Experience*

During this inspection we have made **three** findings which required improvement in this area. Our requirements are detailed within Appendix A.

**Overall we observed that the patients' experience was good. We saw that staff were professional, friendly and respectful in their manner, with all aspects of patient care being undertaken in a discrete and sensitive way. The environment was calm, well organised, clean and odour free which made the ward conducive for both the patients and the staff.**

During our inspection we observed a well organised service. Patients told us that they were well informed about their care, treatment and transfer/discharge arrangements. Patients stated that they felt comfortable in approaching any member of the staff in the multi-professional team if they had any questions or concerns about their care.

Throughout our inspection we observed Nursing staff, Medical staff and Therapy staff speaking with patients and other members of the Ward team in a professional and courteous manner. At the work station we observed Medical and Nursing staff speaking discreetly. There was due care and attention paid to the confidential nature of patient information and case-notes. Staff were dressed in accordance to the All Wales Dress Code, however some staff did not wear name badges which assist patients in identifying their role within the ward team. Patients told us that they feel safe receiving care during the day and night. We also observed that staff responded promptly to requests for assistance.

We saw evidence in patients' case notes which indicated that patient discharge was well managed and co-ordinated throughout their stay, with effective discharge planning and communication between hospital and community staff. Patients we spoke with were aware of their discharge arrangements and appeared to be involved in decisions about transfer and discharge.

However we spoke with one patient who was awaiting transfer back to the ward he was in previously. This would be his third transfer during this short stay in hospital. This is not good practice and unnecessary transfers between wards should be avoided where possible.

In recent years the department had undergone a programme of refurbishment, however the new layout did not include a bath facility, therefore patients could only shower. This gave no choice for ways of bathing. Patients stated that they were encouraged and supported to shower daily.



Patients stated that the food was good, better during the week than on weekends, and that they were not hurried to finish their meal due to the “protected mealtime” process. There were no patients on the ward during the visit that required assistance.

We noted that there were no radio facilities, only one television and no activities to occupy recuperating patients. There was no communal sitting area where people could converse. However there was a waiting room for day patients which could be utilised in the evenings and weekends and this was discussed with the staff on the ward as a way forward.

***All staff must wear identifying badges.***

***Provision needs to be met to ensure patients have access to meaningful activities.***

***Staff need to promote the use of the waiting room, when available to encourage socialising and rehabilitation.***

## ***Delivery of the Fundamentals of Care***

During this inspection we have made **six** findings which required improvement in this area. Our requirements are detailed within Appendix A.

**Overall our inspection findings indicated that the clinical area was achieving well on the delivery of the Fundamentals of Care. Most patients told us that they were satisfied with their care and that staff treated them with dignity and respect.**

### **Communication and Information**

*People must receive full information about their care in a language and manner sensitive to their needs.*

We observed that staff communicated appropriately and supported patients during their stay on the ward. This made patients feel safe and respected.

We observed interaction between staff and patients/relatives in accordance with the standard required by the 'Fundamentals of Care'. The majority of patients and relatives we spoke with during the inspection confirmed that they felt adequately informed about their care management and treatment.

We witnessed that patients received information about their care in a language and manner which was sensitive to their needs, partly because medical and nursing staff were talking with patients in a considerate, unhurried manner. We were given examples by the staff nurse in charge when PECS had been used to effectively communicate with a patient. We were also told where there are any communication / language issues they involve relatives and friends in discussing preferences when planning care.

Although the patient notes contained the relevant personal information and appropriate risk assessments, we saw and discussion with staff confirmed that care plans were generic and not patient centred. Therefore there is no evidence that individualised care is promoted. There were documented entries that care had been given as planned but no evidence of evaluation to ensure that the care was effective. We saw evidence of good discharge planning with referrals to appropriate community services.

We noted that there were two sets of nursing patient notes. One kept at the bedside and one at the nurse station. Different documents were filed in each set of notes. It was therefore difficult to navigate one set of documentation without reference to the other, making the system cumbersome and a potential for risk. Neither permanent or bank staff were provided with clear guidance to provide care and support to each patient in accordance with their needs, wishes and preferences. We understand that this is the new Health Board documentation and these issues are not specific to this ward alone. The ward

therefore needs to ensure that the documentation for the patients in their care, is robust and clearly sets out the individual care that needs to be provided.

We looked at the patients' medical notes and saw that there were instances where the medical doctors had recorded information, had signed but had not printed their name or designation. Good practice requires that doctors sign and then print their name and designation. This will clarify who is making the record, decisions or agreeing the decisions. This is a requirement in the Good Medical Practice<sup>2</sup> guidance: Domain 1 sec 21. There was also one set of patient notes which did not have a green folder. This was a potential risk as the documents did not immediately look like a set of notes.

There was no pictorial signage to assist patients living with a cognitive impairment, which is the lack of ability to process information. Therefore the environment could be confusing and upsetting.

***The documentation needs to identify individual nursing needs, outline interventions and evaluate effectiveness of treatment. This needs to be set out in a user friendly format.***

***Doctors need to sign, print and state their designation when making recordings in patients' notes.***

***Patient's medical notes need to be filed appropriately and in a timely manner.***

### **Respecting People**

*Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.*

We observed many examples of friendly, but respectful interactions between staff and patients whilst assisting with mobilisation, washing and dressing.

During the inspection we observed the efforts being made by staff to protect patients' basic human rights to dignity, privacy and choice. We also found that the care provided on the ward took into account patients' abilities and wishes in this regard. This is because there was evidence that staff preserved privacy and dignity by closing doors and curtains before undertaking any personal care. We did not see the use of privacy signage on the curtains around the beds, however we did not observe any staff entering, other than to assist with care, when the curtains were closed. Staff stated that confidentiality was maintained by discussing any personal matters at quieter times or by speaking discreetly behind bed curtains.

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<sup>2</sup> *Good Medical Practice* is the guidance on duties of a doctor registered with the General Medical Council

***The Ward needs to ensure that there are privacy pegs available.***

### **Promoting Independence**

*The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.*

We witnessed some patients being supported to be as physically independent as they were able - we saw patients being encouraged to mobilise with appropriate walking aids, with staff giving moral and physical support. We also saw patients receiving therapy from the Physiotherapist.

All the patients observed on the day were sitting in bed or in chairs by the side of the bed. Patients stated that they were not encouraged to wear day clothes and there was little point in getting dressed to go back to bed again. Staff explained that this was because many patients had dressing or post operative surgical procedures which needed to be undertaken and outdoor clothes would therefore not be suitable.

There was no evidence of appropriate signage to assist people with a cognitive difficulty to independently use the facilities for personal care.

***The ward must ensure that there is appropriate signage to assist patients with a cognitive difficulty to maintain their independence to the best of their ability.***

### **Relationships**

*People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.*

We saw that the ward had structured visiting times however staff indicated that there was some flexibility when required. This was evident with one patient who was in a small single room and had the support of a relative throughout out visit.

There was no visitors room for patients to speak with relatives away from the Ward environment. However there was a waiting room for out patient appointments which was available in the evenings and on weekends. It would be beneficial for the patients if this room could be promoted as a day area. This would provide respite from the ward and also encourage mobilisation and independence.

***That the waiting room for out patients is utilised as a day room in the evenings and on weekends.***

## **Rest, Sleep and Activity**

*Consideration is given to people's environment and comfort so that they may rest and sleep.*

We saw that there were adequate amounts of pillows and blankets available and we observed staff asking if patients were comfortable. The linen cupboard was well stocked and staff stated that this was replenished daily.

Staff stated that the lights were dimmed around 10:00 – 10:30 pm to encourage rest and sleep.

## **Ensuring Comfort, Alleviating Pain**

*People must be helped to be as comfortable and pain free as their circumstances allow.*

We saw evidence in the patient medication charts which were reviewed, that one patient received appropriate analgesia and the effects were monitored. However we were told by another patient that her pain relief had not been adequate throughout the previous night and she had spoken with the senior nurse regarding the issue that morning. The medical doctors had been called to resolve the issue.

We saw healthcare support workers readjusting bedding and cushions on chairs to assist with comfort and we were told if patients complained of any pain it was reported to the staff nurses immediately.

We saw evidence of a pain assessment tool<sup>3</sup> being utilised in two of the case tracked patients. These had been completed appropriately and recordings were up to date.

## **Personal Hygiene, Appearance and Foot Care**

*People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.*

We saw appropriate assistance and or encouragement being provided to promote good personal hygiene. Staff were seen walking with the patients to and from the bathroom. Patients stated that bowls were brought to the bedside if mobilising was difficult.

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<sup>3</sup> Pain assessment tools are a systematic process of pain assessment, measurement and re-assessment (re-evaluation),

We were told that there was a stock of hair combs available for those who required them. None of the patient stated that they had been offered them nor had they requested them.

Although the healthcare support worker indicated that patients were encouraged to wear their own clothes we did not observe any patients wearing day clothes other than those awaiting discharge.

All patients spoken with on the day of inspection looked clean and well cared for.

### **Eating and Drinking**

*People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.*

We observed a mealtime - the ward had adapted the Red Tray<sup>4</sup> system to a Red Napkin system due to problems with the size of the trays. This showed innovative thinking whilst still maintaining the integrity of the system, which is to ensure patients who require assistance with eating and drinking are discretely identified.

We saw that each food tray had an individual hand wipe for patients to use before and after eating food. This is an example of good practice.

Although there was evidence of protected mealtimes we did note that two medical doctors attended on the ward but nursing staff refused them access to patients.

The food looked nutritious and staff stated that patients could request different portion sizes; however our observation were that all the servings looked very similar in size.

There was evidence, in the patients' nursing files that were looked at, of nutritional assessments<sup>5</sup> being undertaken. These had been reviewed appropriately. There was also evidence of fluid balance charts<sup>6</sup> which were updated daily.

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<sup>4</sup> The Red Tray system helps to reduce nutritional risk in hospitals by providing a signal that vulnerable patients need help and support from staff, or has a poor dietary intake.

<sup>5</sup> Nutritional assessment is used to evaluate nutritional status, identify disorders of nutrition and determine which individuals need instruction and/or support.

<sup>6</sup> Fluid balance charts are recordings of the daily inputs and outputs of fluid from a patient. In a nil by mouth (NBM) patient this is particularly important as all fluids must be given IV.

On the day of inspection it was particularly warm and although we did not observe any empty water jugs, we did not see any being changed or re-filled. This was reported to the Senior Managers during the feedback session.

### **Oral Health and Hygiene**

*Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.*

It was evident that patients were supported to maintain healthy, comfortable mouths and pain-free teeth and gums, enabling them to eat well and prevent related problems.

We were told that there was a stock of toothbrushes and toothpaste available for those who required them.

Although the All Wales Oral Health and Hygiene bundle was not seen in all the notes, we did find mouth care assessments in some. We did not observe any issues of concern in relation to oral health and hygiene.

### **Toilet Needs**

*Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.*

Call bells were being answered in a timely manner, and no patients indicated that they were distressed as a result of having to wait for assistance.

There was no record viewed of any referrals to the continence nurse specialist. The above findings may mean that some patients' continence needs are not being fully met.

Toilet areas were clean with disposable paper hand towels and dispensed soap available.

Patients who were able were encouraged and supported to mobilise to the toilets. Those who required a commode were treated with dignity and respect, ensuring their privacy was maintained at all times.

We saw that there was an adequate stock of continence aids available however we did not see any continence assessments in any of the patient files that we case tracked, to ensure that patients were receiving the appropriate size continence aids.

## **Preventing Pressure Sores**

*People must be helped to look after their skin and every effort made to prevent them developing pressure sores.*

On admission to the ward every patient had an assessment of the condition of their skin.

We saw evidence in the patients' care files that appropriate pressure prevention tools were being used to assess and monitor for any break down in skin integrity.



## ***Quality of Staffing Management and Leadership***

During this inspection we have made **one** finding which required improvement in this area. Our requirement is detailed within Appendix A.

**Overall, patients can be confident that the service, at the time of the inspection, was noted to be well run with due care and attention to professional standards of care.**

The Ward Manager and her deputy were both unavailable on the day of the inspection, however there was a very capable and professional nurse in charge of the Ward who facilitated both the smooth running of the ward and the inspection process. There was an open and transparent culture with staff clearly supporting each other to ensure good quality care for patients.

There was an acceptable number and skill mix of staff on duty to meet the identified needs of the patients on the ward. However discussion with the staff indicated that this was not always the case and in recent months there had been an increasing reliance on bank and agency nurses to meet the required staffing numbers. This, it was suggested, was partly because staff were employed to work on a surgical ward as this was their area of expertise and choice of nursing practice. However there was an increasing amount of medical patients being admitted, with the ward sometimes consisting predominantly of medical patients.

Discussions with the ward staff demonstrated that the team felt well supported by Senior Management even though the management structure had recently changed and there was sometimes only one Senior Nurse on site at any one time.

We noted effective leadership, with evidence of a calm and efficient ward which had a number of routine mechanisms to ensure patient care was delivered efficiently. During the Inspection the nurse in charge of the Ward was able to provide us with concise information about the Ward and patient needs.

A Student told us that she was well supported on the ward and that she was enjoying her experiences. She felt that her Mentor was ensuring that she was given the opportunities to meet her set objectives.

We observed the Domestic and Ward Hostess staff, working as part of the team. All were well informed about individual patients' needs including special requirements and fluid and nutritional requirements.

***The Senior Management team need to explore the reason why the recruitment and retention of staff is proving to be difficult on this ward.***

## ***Delivery of a Safe and Effective Service***

*People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.*

During this inspection we have made **eight** findings which required improvement in this area. Our requirements are detailed within Appendix A.

**Overall, the ward environment is 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 domestic staff revealed that they had received appropriate training to assist them in their role. However there were some areas which need addressing to maintain a safer environment.**

### **Patient Safety**

There was an issue with storage space, with oxygen cylinders being stored in the linen cupboard with no signage on the door to warn of the possible hazard to staff. The Health and Safety Executive (HSE) suggest that cylinders should be chained or clamped to prevent them from falling over and should be stored, when not in use, in a well ventilated storage area, away from combustible materials and separated from cylinders of flammable gas.

The hoist was stored in the corridor and the commodes, although clean, were stored in the "dirty utility room". Staff must ensure that clean commodes are stored away from the macerator or any area where there may be a possibility of cross contamination.

There was evidence that the ward was using recognised tools to monitor and audit clinical effectiveness in areas such as pressure sores and falls.

Staff were aware of the All Wales policies and procedures for Safeguarding Vulnerable Adults and the nurse in charge gave an example when she had used this process to report a concern.

***Oxygen cylinders must be stored appropriately.***

***Commodes when cleaned must be stored away from the macerator or any area where there may be the possibility of cross contamination.***

### **Medicines Management**

We observed medicines being administered in a safe and unhurried manner. There was a red "do not disturb" tabard available, however the nurse did not wear this as she stated it did not fit. We inspected the clean utility room where the drugs were stored and found that although the drugs fridge and all the

cupboards were locked, the lock to the main room door was broken. This was brought to the attention of the staff nurse in charge and the issue was dealt with during the time of our visit.

We viewed the controlled drugs record book and found all to be correct. An observation however was that the index at the front of the book could be clearer. There were many crossings out and this could be a potential for error.

There was no self-medication policy. At present the Ward retains all medication brought in with the patient and then returns it on discharge. This does not give the patient, when able, the choice to administer their own medication.

There were sufficient sharp boxes which were not over filled.

There was an issue with the prescribed medication for patients to take home, whereby the doctors discharge a patient on the ward round in the morning but return after lunch to write the "To Take Out" (TTO) medication. Inevitably the Pharmacy department can not return the medication in time for discharge and patients are subsequently being delayed from going home.

The staff stated that there was a "medication borrowing protocol" between the ward and the medical wards due to the high number of medical patients attending on this Ward.

***The index page on the Controlled Drug Record book needs to be reviewed.***

***The process around prescribing of TTO medication needs to be reviewed.***

***The ward need to develop a patient self-medication policy.***

### **Record keeping**

The staff nurse explained the DATIX<sup>7</sup> system and was clearly familiar with its use. We were told by a patient about an incident that had happened overnight. This had not been recorded, however it was brought to the attention of the staff nurse immediately and to the Managers during the feed back session.

There was evidence of the overarching principles of the 1000 Lives Initiative<sup>8</sup> being implemented on the Ward and there was documented evidence of the use of appropriate "bundles".

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<sup>7</sup> DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

<sup>8</sup> The 1000 Lives Campaign aims to improve patient safety and increase healthcare quality across Wales.

***Datix entries must be undertaken in a timely manner.***

### **Diabetic Care**

There was a diabetic link nurse on the ward and staff of all grades were aware of who she was.

Staff had received training on glucose monitoring within the last 9 months. The “ThinkGlucose”<sup>9</sup> initiative was being delivered on the Ward and staff were able to signpost inspectors to the resource file in the office.

The ward had “hypo boxes”<sup>10</sup> in the case of an emergency and all staff knew where they were located.

We saw that patients were encouraged and supported to self manage their diabetes and staff stated that some patients were well informed and experienced with regard to the management of their condition.

There was no evidence of DAFNE<sup>11</sup> / DAFYDD<sup>12</sup> being promoted on the ward and staff were unsure of the meaning of the acronyms. This is not individual to this ward and HDUHB need to embrace the concept and integrate this into the hospital policy of diabetic management.

There was evidence of liaising with the Diabetic Nurse Specialist, of information leaflets and of special diets to ensure safe management of diabetic patients.

Two Healthcare support workers were currently undertaking a training course on Diabetic foot care.

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<sup>9</sup> ‘Think Glucose’ is a national initiative led by the NHS Institute for Innovation and Improvement. It aims to improve inpatient diabetes care including effective use of the inpatient diabetes specialist team.

<sup>10</sup> A “hypo box” provides staff with all the relevant equipment to treat a diabetic emergency as well as guidelines for the effective management of that emergency.

<sup>11</sup> DAFNE (Dose Adjustment For Normal Eating) is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

<sup>12</sup> DAFYDD (Dose Adjustment For Your Daily Diet) is an education programme for people with Type 1 diabetes

***That DAFNE / DAFYDD awareness training is offered to hospital based staff and that the concept is adopted into the policy of diabetic management in the hospital environment.***

## 6. Next Steps

The Health Board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit their Improvement Plan to HIW within two weeks of the publication of this report.

The Health Board Improvement Plan should clearly state when and how the findings identified within the Rhiannon Ward, Bronglais Hospital, will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments/ units of the Health Board.

The Health Boards Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the ongoing Dignity and Essential Care inspection process.

## Appendix A

**Dignity and Essential Care:** Improvement Plan  
**Hospital:** Bronglais Hospital (HDUHB)  
**Ward/ Department:** Rhiannon ward  
**Date of inspection:** 17 July 2014

Para Ref	Finding	Requirement	Health Board Action	Responsible Officer	Timescale
<b>Fundamentals of Care</b>					
4.4	<p>Although the patient notes contained the relevant personal information and appropriate risk assessments, we noted and discussion with staff confirmed that care plans were generic not patient centred. Therefore there is no evidence that individualised care is promoted. There was documented entries that care had been given as planned but no evidence of evaluation to ensure that the care was effective. We saw evidence of good discharge planning with referrals to appropriate community services</p>	<ul style="list-style-type: none"> <li>The documentation needs to identify nursing needs, outline interventions and evaluate effectiveness of treatment. This needs to be set out in a user friendly format.</li> </ul>	<p>Staff to be offered additional training on the use of the Nursing Documentation</p> <p>Staff to be informed at the next ward meeting to ensure that evaluation of care is clearly documented. This will be monitored by the ward manager through record keeping audits</p>	<p>Rhiannon Ward Manager</p> <p>Rhiannon Ward Manager</p>	<p>3 months</p> <p>1 month</p>

4.6	<p>We looked at the patients' medical notes and saw that there were instances where the medical doctors had recorded information, had signed but had not printed their name or designation. Good practice would evidence doctors signing and then printing their name and designation. This will clarify who is making the record, decisions or agreeing the decisions. This is a requirement in the Good Medical Practice<sup>13</sup> guidance: Domain 1 sec 21. There was also one set of patient notes which did not have a green folder. This was a potential risk as the documents did not immediately look like a set of notes</p>	<ul style="list-style-type: none"> <li>• Doctors need to sign, print and state their designation when making recordings in patients' notes</li> <li>• Patient's medical notes need to be filed appropriately and in a timely manner</li> </ul>	<p>Doctors to be informed at Grand Rounds the importance of printing their names, designation and the date when signing medical records</p> <p>Staff to be informed at the next ward meeting the importance of filing notes in a timely manner. This will be minuted in the Ward meeting minutes and monitored by the ward manager</p>	<p>Head of Midwifery &amp; Women's Health</p> <p>Rhiannon Ward Manager</p>	<p>3 months</p> <p>1 month</p>
4.9	<p>During the inspection we observed the efforts being made by staff to protect patient's basic human rights to dignity, privacy and choice. We also found that the care provided on the Ward took into account patients abilities and wishes in this regard. This is because there was evidence that staff preserved privacy and dignity by</p>	<ul style="list-style-type: none"> <li>• The Ward needs to ensure that there are privacy pegs available.</li> </ul>	<p>Privacy pegs are no longer in use on the ward as disposable curtains are used throughout the ward which come pre-printed with Do Not Enter on them in red which is clearly visible when the curtains are closed</p>		

<sup>13</sup> *Good Medical Practice* is the guidance on duties of a doctor registered with the General Medical Council



	<p>closing doors and curtains before undertaking any personal care. We did not see the use of privacy signage on the curtains around the beds, however we did not observe any staff entering, other than to assist with care, when the curtains were closed. Staff stated that confidentiality was maintained by discussing any personal matters at quieter times or by speaking discreetly behind bed curtains.</p>				
4.12	<p>There was no evidence of appropriate signage to assist people with a cognitive difficulty to independently use the facilities for personal care.</p>	<ul style="list-style-type: none"> <li>The Ward must ensure that there is appropriate signage to assist patients with a cognitive difficulty to maintain their independence to the best of their ability</li> </ul>	<p>The ward manager will liaise with the Dementia Care Co-ordinator for advice on the available appropriate signage which could be purchased to aid patients with cognitive impairment</p>	<p>Rhiannon Ward Manager</p>	<p>6 months</p>
4.13	<p>There was no visitor's room for patients to speak with relatives away from the Ward environment. However there was a waiting room for out patient appointments which was available in the evenings and on weekends. It would be beneficial for</p>	<ul style="list-style-type: none"> <li>That the waiting room for out patients is utilised as a day room in the evenings and on weekends.</li> </ul>	<p>The day room is available for patients to use. There are currently no restrictions in place. The ward manager will re-iterate this with staff at the next ward meeting and ensure that patients are encouraged to use the</p>	<p>Rhiannon Ward Manager</p>	<p>1 month</p>

	<p>the patients if this room could be promoted as a day area. This would provide respite from the Ward and also encourage mobilisation and independence.</p>		<p>waiting room if they wish.</p> <p>Notices to be put in place encouraging all patients to use the day room at any time.</p>		
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• Management and Leadership

4.40	<p>There was an acceptable number and skill mix of staff on duty to meet the identified needs of the patients on the Ward. However discussion with the staff indicated that this was not always the case and in recent months there had been an increasing reliance on bank and agency nurses to meet the required staffing numbers. This, it was suggested, was partly because staff were employed to work on a Surgical Ward as this was their area of expertise and choice of nursing practice. However there was an increasing amount of Medical patients being admitted, with the Ward sometimes being predominantly medical patients.</p>	<ul style="list-style-type: none"> <li>The Senior Management team need to explore the reason why the recruitment and retention of staff is proving to be difficult on this ward</li> </ul>	<p>At the time of the inspection, there were 1.6 wte posts vacant. 1.0 wte was successfully recruited to. The remaining 0.6 wte remains vacant as there were no suitable candidates at the time of interview.</p> <p>Since January 2014 only one part time member of staff has resigned from Rhiannon ward.</p> <p>Retention of staff on Rhiannon ward is not an issue</p> <p>Bank and agency staff are used in times of short term sickness and high acuity</p> <p>The 0.6 wte post is in process of being re-advertised</p>	Rhiannon Ward Manager	1 months
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Quality and Safety

4.45	<p>There was an issue with storage space with Oxygen cylinders being stored in the linen cupboard with no signage on the door to warn of the possible hazard to staff. The Health and Safety Executive (HSE) suggest that cylinders should be chained or clamped to prevent them from falling over and should be stored, when not in use, in a well ventilated storage area, away from combustible materials and separated from cylinders of flammable gas.</p>	<ul style="list-style-type: none"> <li>Oxygen cylinders must be stored appropriately.</li> </ul>	<p>An area on the ward to be identified as a suitable storage area and the necessary minor works carried out to ensure safe storage of the cylinders</p>	<p>Rhiannon Ward Manager</p>	<p>6 months</p>
4.46	<p>The commodes, although clean, were stored in the “dirty utility room” close to the macerator.</p>	<ul style="list-style-type: none"> <li>Commodes when cleaned must be stored away from the macerator or any area where there may be the possibility of cross contamination.</li> </ul>	<p>The Infection Prevention Society standards recognise that commodes will be stored in ‘dirty utility’ rooms and states the expected standards to be that they are in a good state of repair; are visibly clean and ready to use and there is a system in place to ensure this. there is also a system in place to ensure that macerator seals are intact so that no aerosols are escaping. The room layout of the dirty utility in Rhiannon will be reviewed to</p>	<p>Infection Control Nurse and Rhiannon Ward manager</p>	<p>1 month</p>

			ensure that the commodes are stored as far away as possible from the macerator and sluice sink to ensure no drips can contaminate the cleaned commodes		
4.50	We viewed the controlled drugs record book and found all to be correct. An observation however, was that the index at the front of the book could be clearer. There were many crossings out and this could be a potential for error.	<ul style="list-style-type: none"> <li>The index page on the Controlled Drug Record book needs to be reviewed</li> </ul>	<p>The Controlled Drug Record book has been renewed so this is no longer an issue.</p> <p>Appropriate practices in relation to ongoing CD register documentation will be reinforced across the ward/HB</p>	Rhiannon Ward Manager/Senior Nurse for Medicines management	Completed
4.51	There was no self-medication policy. At present the Ward retains all medication brought in with the patient and then returns it on discharge. This does not give the patient the choice to administer their own medication when able	<ul style="list-style-type: none"> <li>The Ward need to develop a patient self-medication policy The process around prescribing of TTO medication needs to be reviewed</li> </ul>	There is a Health Board Self-administration recently policy approved and in place. The ward manager is to review self-medication requirements on the ward and work with appropriate colleagues to safely introduce this on the ward, in accordance with HB policy	Rhiannon Ward Manager	6 months
4.53	There was an issue with the prescribed medication for patients to take home, whereby the doctors discharge a patient on the Ward round in the morning but return after lunch to write	<ul style="list-style-type: none"> <li>The process around prescribing of TTO medication needs to be reviewed</li> </ul>	The ward managers on Rhiannon & Ceredig wards are undertaking a joint project looking at how the TTO prescribing could be improved	Rhiannon Ward Manager & Ceredig Ward Manager	6 months

	the “To Take Home” (TTO) medication. Inevitably the Pharmacy department can not return the medication in time for discharge and patients’ are subsequently being delayed from going home				
4.55	We were told by a patient about an incident which had happened overnight. This had not been recorded, however it was brought to the attention of the staff nurse immediately and to the Managers during the feed back session	<ul style="list-style-type: none"> <li>• Datix (2) entries must be undertaken in a timely manner.</li> </ul>	Staff to be informed at the next ward meeting the importance of completing Datix in a timely manner. This will be monitored by the Ward Manager when reviewing the Datix	Rhiannon Ward Manager	1 month
4.61	There was no evidence of DAFNE / DAFYDD being promoted on the Ward and staff were unsure of the meaning of the acronyms.	<ul style="list-style-type: none"> <li>• That DAFNE / DAFYDD awareness training is offered to hospital based staff and that the concept is adopted into the policy of diabetic management in the hospital environment.</li> </ul>	The Health Board currently offers access to the XPERT Patient Education programme to people with both type 1 and type 2 diabetes, including the insulin specific module. The HB does not currently have a programme of DAFYDD or DAFNE programmes running across the health Board although the Diabetes Specialist Nurses provide individual education sessions with the patients with Type 1 diabetes (to whom these programmes apply) when they visit	ThinkGlucose Coordinator and Diabetes CNS team	3 months

			<p>Through the Health Board's standardised educational programmes relating to diabetes being developed and to be made available across the Health Board , awareness of the importance of supporting patients with both types of diabetes to maintain their self-management as much as possible whilst in hospital will be reinforced and emphasised.</p> <p>The approach to the provision of an appropriate suite of diabetes related patient education programmes will be reviewed and decisions taken through the Diabetes Service Delivery Forum (DPDG)</p>	<p>Chairman of HDUHB Diabetes Delivery Forum</p>	<p>3 months</p>
<p><b>• Patient Experience</b></p>					
4.65	<p>Staff were dressed in accordance to the All Wales Dress Code, however some staff did not wear name badges, to assist patients in identifying their role within the Ward team.</p>	<ul style="list-style-type: none"> <li>All staff must wear identifying badges.</li> </ul>	<p>All staff wear identification badges however these are not always visible and are sometimes difficult to read. A standardised specification for the name badges to be worn by all clinical is being finalised and due for approval</p>	<p>Rhiannon Ward Manager</p>	<p>3 months</p>

			<p>imminently. This specification has been assessed and approved by people with visual impairment</p> <p>Once the specification is approved the ward manager is to arrange for a review of the name badges issued to and worn by all staff and ensure that they are worn where they can be easily visible by patients</p>		
4.70	<p>We noted that there were no radio facilities, only one television and no activities to occupy recuperating patients. There was no communal sitting area where people could converse. However there was a waiting room for day patients which could be utilised in the evenings and weekends and this was discussed with the staff on the Ward as a way forward</p>	<ul style="list-style-type: none"> <li>• Provision needs to be met to ensure patients have access to meaningful activities</li> <li>• Staff need to promote the use of the waiting room, when available to</li> </ul>	<p>The use of 'Reminiscence boxes' which could be used at ward level for patients has been discussed. Some infection control issue were raised re the use of communal equipment in a surgical ward which will need further consideration. Patients and/of their families are asked to bring relevant material/equipment for them to use during their stay.</p> <p>The day room is available for patients to use. There are currently no restrictions in its use <b>at any time</b> in place. The ward</p>	<p>Rhiannon Ward Manager &amp; Infection control nurse</p> <p>Rhiannon Ward Manager</p>	<p>3 months</p> <p>1 month</p>

		encourage socializing and rehabilitation..	manager will re-iterate this with staff at the next ward meeting and ensure that patients are encouraged to use the waiting room if they wish  Notices to be put in place encouraging all patients to use the day room at any time.		
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