Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

# Dignity and Essential Care Inspection (unannounced) Cwm Taf University Health Board – Royal Glamorgan Hospital – Ward 3 (Trauma and Orthopaedics)

## 10 and 11 September 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in Ward 3 at the Royal Glamorgan Hospital, part of Cwm Taf University Health Board on the 10 and 11 September 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 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. They may also point to wider issues about the quality and safety of essential care and dignity.

## 3. Context

Cwm Taf University Health Board is situated in the heart of South Wales just north of Cardiff, between the Brecon Beacons National Park and the M4 motorway. The Health Board is responsible for providing healthcare services to the population of Merthyr Tydfil and Rhondda Cynon Taf, estimated to be around 289,400 people.

The Health Board area is made up of four localities, three of which are within the Rhondda Cynon Taf area. These are the Cynon Valley, the Rhondda Valley and the Taff Ely area. The fourth locality is Merthyr Tydfil. Cwm Taf is the second most densely populated health board in Wales; many areas being amongst the most deprived in Wales.

Cwm Taf University Health Board currently manages two district general hospitals, five community hospitals and a state of the art university health park.

Ward 3 at the Royal Glamorgan Hospital has 28 patient beds which are divided to provide a mixture of 6-bedded bays and cubicles; the nurse and ward clerk station occupying a central point. The ward accepts male and female patients who require trauma and orthopaedic care. Wherever possible, the 6-bedded areas are confined to male or female patients as a means of promoting dignity. Shower/toilet and bathing areas were also allocated to either female or male patients as determined by visible signs. Patient ages generally range from 17 years to 65 and above.

On the day of this inspection, there were three vacant beds. In addition, preparations were well underway to move the patients and ward team to Ward 4 which was vacant and in the process of being re-decorated. This move was being undertaken in accordance with current Health Board plans.

## 4. Summary

Overall, we found that patients were very satisfied with the way that the ward team had provided them with care and support. We also found that patients were encouraged to speak up if they had any concerns about their treatment and were usually treated with dignity and respect.

We found that staff were committed to providing good standards of care to patients in all circumstances. It was also evident that the ward team placed an emphasis on treating patients and their families with dignity and respect.

- A number of patients who spoke with us indicated that they had been given the option to communicate with hospital staff in the language of their choice. Patients also told us that staff were always polite and listened to them and their family. The Health Board was however advised of the need to ensure that assistance or specialist aids are provided for those patients with hearing difficulties, enabling them to receive and respond to information.

- Patients who agreed to speak with us were very complimentary of the respectful way staff provided them with care and assistance on a daily basis; some patients having been in the ward for a number of weeks.

- Examination of a sample of patient records and discussions with the individuals concerned, revealed that staff are able to offer them sufficient time to actively participate in their care (specifically in relation to mobilising around the ward and during mealtimes).

- Patients told us that they were able to receive visitors at times other than the ward determined periods. The prior agreement of the ward manager was however usually required.

- Conversations with patients revealed that they were given opportunities to rest during the day. They also told us that staff provided them with extra blankets if needed.

- Conversations with a small number of patients indicated that they felt comfortable and pain free. However, we found that the ward was not assessing and recording this component of care on a regular basis in accordance with the Fundamentals of Care.

- Overall we found that patients received assistance with their personal hygiene and appearance in accordance with their needs and wishes.

- Patients' nutritional needs and physical ability to eat and drink were regularly assessed. Where necessary, they were provided with advice and support.

- Patients were encouraged and helped to care for their mouths; appropriate care and assistance being provided as required.

- Patients were aware of, and had easy access to nurse call bells at all times which enabled them to request assistance to get to, and from, toilet facilities.

- Patients were helped to look after their skin and efforts were being made by the ward team to prevent them from developing pressure sores.

Overall, we found that the ward team placed a great emphasis on providing services to patients through the use of established management processes and well understood policies, procedures and guidelines designed to achieve successful delivery of care and treatment**.**

We did however find that some registered nurses did not feel empowered to take decisions about specific aspects of patients care. The Health Board has therefore been advised to introduce suitable measures to ensure that staff are confident and competent in relation to all aspects of service provision to patients at all times.

Overall, we were satisfied with the attention being paid to issues associated with the delivery of safe and effective healthcare/services. The Health Board has however been advised to ensure that staff are competent and confident in the application of current legislation associated with the Mental Capacity Act, and Deprivation of Liberty Safeguards (DoLS). This is to ensure that patients are not unlawfully deprived of their liberty. The Health Board has also been advised of the need to ensure that the ward team adheres to current guidelines in relation to Infection, Prevention and Control so that patients and staff are protected at all times.

## 5. Findings

### *Quality of the Patient Experience*

**Overall, we found that patients were very satisfied with the way that the ward team had provided them with care and support. We also found that patients were encouraged to speak up if they had any concerns about their treatment and were usually treated with dignity and respect.**

During the course of this inspection, we distributed more than 12 (HIW) questionnaires to patients and relatives in an attempt to obtain people's views on the services provided within Ward 3. In addition, a small number of visiting relatives were willing to speak with us over a two day period.

Six patient questionnaires were actually completed and each person indicated that they strongly agreed the ward was clean and tidy. Patients also provided us with their permission to include their additional comments about cleanliness within this report. For example:

> *'impressed by the way the ward is always cleaned'*
>
> *'very organised'*
>
> *'even the bathrooms are clean'*

And

> *'putting things away and tidying all the time'*

Some patients and a small number of relatives who spoke directly with us stated that they were very happy with the nursing care received on the ward and commented that there was always an air of calm, regardless of how busy the ward appeared to be.

Some patients who completed a questionnaire provided us with additional views in relation to hospital staff as follows:

> *'very pleased with the way I've been treated by staff-medical and nursing'*
>
> *'Doctors are not always great at communicating. Waiting for surgeons to come back and explain why things happened'*
>
> *'Physios and nurses are amazing'*

And

> *'Communication with medics poor, waiting for doctors to confirm future appointments and procedures'.*

A small number of relatives also told us that they were unhappy with the communication between their relative and some medical staff. This issue, and the comments above, were therefore brought to the attention of the ward manager, senior nurse and clinical director for surgery. We were subsequently informed on the second day of inspection that some appropriate action had already been taken to address these matters (for example, an appointment had been made for one relative to meet with a doctor to receive information and another doctor had spoken to one patient who required additional information).

Questions within four of the completed patient questionnaires about care received, resulted in an 'Excellent' response; the remaining two people choosing not to provide a score. However all six patients either 'agreed' or 'strongly agreed' that staff were kind and sensitive to them when carrying out care and treatment. They also indicated that they were able to eat their food at their own pace, had access to water, and had a choice in terms of their toilet/continence needs. In addition, patients indicated that staff helped them to eat and drink and were generally prompt in responding to their calls for assistance.

A further sample of comments that patients gave us their permission to include in this report, is shown below:

> *'I don't have a mobile phone. There used to be payphones wheeled around to patient beds'.*

> *'Have had some difficulty with getting the correct quantities of medication from the pharmacy'.*

> *'Ambulance got to my home within 5 minutes. Casualty staff great. Casualty to ward within 3 hours'.*

Conversations with four patients highlighted that they were not aware of the NHS complaints procedure. They had not however felt the need to raise any concerns to date. Conversation with the ward manager revealed that there were usually lots of posters and patient information available on notice boards and in the corridor areas. However, as a move to another ward (for patients and staff) was imminent, a great deal of the usual patient information was being stored in boxes.

## *Delivery of the Fundamentals of Care*

**We found that staff were committed to providing good standards of care to patients in all circumstances. It was also evident that the ward team placed an emphasis on treating patients and their families with dignity and respect.**

### Communication and Information

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

**A number of patients who spoke with us indicated that they had been given the option to communicate with hospital staff in the language of their choice. Patients also told us that staff were always polite and listened to them and their family.**

Patients stated that staff always called them by their preferred name, spoke to them about their medical conditions and helped them to understand elements of their care and treatment.

Discussion with the ward manager however, revealed that patients with hearing difficulties did not have access to a loop hearing system. This means that some patients may not be able to fully understand the information that is being shared with them with regard to their care and treatment.

***Recommendation***

***The Health Board is advised of the need to ensure that assistance or specialist aids are provided for those patients with hearing difficulties, enabling them to receive and respond to information.***

Conversation with more than half of the patients on the ward over a period of two days revealed that staff took time to actively listen to what they wished to say. We were also told that staff responded to their questions and those of their relatives, in an open and helpful way.

### 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.*

**Patients who agreed to speak with us were very complimentary of the respectful way which staff provided them with care and assistance on a daily basis; some patients having been in the ward for a number of weeks.**

Specifically, patients told us that staff were always patient, compassionate and respectful, particularly at times when they needed help with washing and dressing and using toilet facilities. Observations of how the team worked together at various times during the inspection demonstrated the efforts made to work as efficiently as possible in order to meet people's needs. We also observed that staff generally used curtains to protect the privacy of each patient; using appropriate signs to alert others that personal assistance was being provided. However, whilst staff often conveyed information to patients in quiet tones, there were several occasions when members of the ward team could be clearly overheard discussing personal elements of patients' care. We also saw that curtains had not been fully drawn at times when staff were administering medication to patients by injection. In addition, a doctor spoke with a patient about the outcome of a recent investigation in the presence of a member of the inspection team and at a level which could be clearly overheard by visiting relatives.

Examination of a sample of patient care records at the foot of patients' beds demonstrated that they included a copy of some useful information published by the Health Board for the benefit of patients and relatives. The information related to the Board's 'Dignity Pledge' and the prevention of patient falls in hospital. Also included in the patients' files/records, was a blank patient survey which was intended to enable and encourage individuals to provide the ward team with their views. Conversations with patients though, clearly demonstrated that they were unaware of any of the above information. This matter was discussed with the ward manager and senior nurse, so they could consider how best to improve patients' awareness of this information.

***Recommendation***

***The Health Board is advised of the need to ensure that patients are aware of their basic human rights whilst in the hospital environment.***

**Promoting Independence**

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

**Examination of a sample of patient records and discussions with the individuals concerned, revealed that staff are able to offer them sufficient time to actively participate in their care (specifically in relation to mobilising around the ward and during mealtimes).**

We found that the ward team had made appropriate referrals to members of the multi-disciplinary team such as physiotherapists and pain relief specialist nurses a means of promoting patients' independence as far as possible.

We also observed that staff ensured that patients had their nurse call bell, drinks and other personal items within easy reach at the bedside, to enable patients to be as independent as possible. In addition, some patients had the use of walking aids, to assist them to move around the ward environment freely and safely.

We did however find examples whereby staff could have been more pro-active. Those findings are outlined in the section of this report entitled 'The Delivery of a Safe and Effective Service' under the sub-heading of documentation.

## Relationships

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

**Patients told us that they were able to receive visitors at times other than the ward determined periods. The prior agreement of the ward manager was however usually required.**

The ward environment did not include a visitor's room; confidential and private conversations having to take place in the ward manager's office which was very cramped. There was a day room available to patients in Ward 3, however, the limited space was shared between three wards and was not found to be welcoming or comfortable. In addition, the location of this area in relation to the main section of the ward made patient observation extremely difficult for staff. During the course of the two day inspection, the day room was only seen to be used by relatives waiting for the start of visiting time.

## Rest, Sleep and Activity

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

**Conversations with patients revealed that they were given opportunities to rest during the day. They also told us that staff provided them with extra blankets if needed.**

We found that patients had sufficient pillows to make them comfortable over the two days of inspection and noise levels in the ward were minimal. Patients who spoke with us did not indicate that their sleep was disturbed at night. They also said that they were able to rest during the day.

**Ensuring Comfort, Alleviating Pain**

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

**Conversations with a small number of patients indicated that they felt comfortable and pain free. However, we found that the ward was not assessing and recording this component of care on a regular basis in accordance with the Fundamentals of Care.**

Examination of a sample of patient records at this inspection demonstrated that the ward team had recorded some initial information about patients who were receiving pain relief. However, there was little evidence of the assessment of patients' level of pain before, or after, prescribed pain relief medication was given. We were therefore unable to find any written evidence to confirm that such medication had been effective, or that it remained necessary.

Conversation with a patient revealed that their pain level had been improved through the use of prescribed medication. However, despite this improvement, the person concerned still remained in considerable pain. We were also told by the patient and their relative that the medical team had not explained why this situation continued. This matter was brought to the attention of the ward manager and senior nurse; remedial action being taken by the second day of our visit to the satisfaction of the people concerned.

***Recommendation***

***The Health Board is advised of the need to ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication. Results of decisions can then be recorded for the continuity of patient care.***

## 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.*

**Overall we found that patients received assistance with their personal hygiene and appearance in accordance with their needs and wishes.**

Observations over two days and conversations with patients demonstrated that they were helped as necessary in relation to personal hygiene and foot care. We also saw that some patients were able to wear their own clothes during the day as opposed to nightwear, in accordance with their preference.

One patient's nails however were found to be in need of cleaning. We also discovered that the ward shower areas were dry at all times of the day indicating that they had not been used. Conversation with staff revealed that some patients are not able to use these facilities during their pre and post-operative periods, but we were also told by a member of the ward team that the showers tended to be used by night staff at times when they assist patients to wash prior to 7 o'clock in the morning. Whilst none of the patients who spoke with us expressed any negative views about this practise, we did not find any evidence to suggest that patients had requested assistance at this particular time of day.

***Recommendation***

***The Health Board is advised of the need to ensure that all patients receive care and support with their personal hygiene at times of the day which suit their identified personal preferences.***

Patients otherwise appeared to be well cared for. In addition, the ward stock of linen was seen to include a number of dignity gowns, underwear and pyjamas.

## 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.*

**Patients' nutritional needs and physical ability to eat and drink were regularly assessed. Where necessary, they were provided with advice and support.**

A number of patients who spoke with us stated that the food was good. Those who did not like the meal being served on the first day of inspection were promptly provided with an alternative meal of their choice.

Some patients told us that they were provided with moist hand wipes or a wash bowl prior to eating their meals, whereas others stated that they were not.

***Recommendation***

***The Health Board is advised to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.***

We found that patients did not have a choice as to where they would like to eat their meal. This was because the ward did not have a separate dining area. We did not though, receive any negative comments from patients about having to eat and drink at their bedside.

Protected mealtime[1] arrangements were in place on the ward; however the ward manager told us it was difficult to put this into practice due to the need for patients to be assessed by doctors on the same day that they receive surgery (and such visits tended to take place at varying intervals throughout each day). She did however; describe the efforts made by the staff team to ensure that patients were able to be assisted with eating and drinking. Direct observation of a mealtime confirmed that staff were able to serve food and assist patients in an unhurried way.

The Red Tray system[2] was not in place, however we found that the ward manager had established other suitable arrangements to ensure that patients

[1] 'Protected Mealtimes'. This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help. Protected mealtimes also prevent unnecessary interruptions to patients' mealtimes.

[2] 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 on occasions where patients have been assessed as having a poor dietary intake.

who were at risk of not being able to eat or drink sufficient amounts, were closely monitored and supported.

Observation of a mealtime further enabled us to confirm that patients were assisted to sit in an upright position prior to eating their meals.

We observed that bed tables were cleared, but not cleaned prior to meals being served. We also saw a small number of instances whereby people's food was not placed within easy reach.

***Recommendation***

***The Health Board is advised of the need to ensure that staff place food and drink within easy reach of all patients.***

**Oral Health and Hygiene**

*People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.*

**Patients were encouraged and helped to care for their mouths; appropriate care and assistance being provided as required.**

Conversations with patients enabled us to confirm that they are encouraged and helped to care for their mouths and clean their teeth regularly. Interviews with registered nurses also highlighted that they were aware of the importance of regular mouth care.

This aspect of the Fundamentals of Care was otherwise not explored.

**Toilet Needs**

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

**Patients were aware of, and had easy access to nurse call bells at all times which enabled them to request assistance to get to, and from, toilet facilities.**

Conversations with patients indicated that staff generally responded promptly and sensitively to their requests relating to toilet needs. They also told us that on occasions when there were slight delays; staff would explain the reasons why.

Toilet facilities were easily located due to the clear male/female signs on the doors. All were found to be clean during the two days of this inspection. They were also equipped with toilet paper, a soap dispenser and a non-touch paper towel dispenser.

## Preventing Pressure Sores

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

**Patients were helped to look after their skin and efforts were being made by the ward team to prevent them from developing pressure sores.**

Scrutiny of a sample of patient's records showed that the condition of their skin was assessed and regularly monitored throughout their time on the ward. This was achieved through the use of SKIN bundle[3] documentation which prompts staff to encourage patients to change their position in the bed or chair. Where patients were not able to do this independently, they were assisted to manoeuvre into an alternative position, with the use of moving and handling aids.

Pressure area documentation examined also indicated that staff were recording their findings and evaluating patient care; making changes to their approach accordingly.

Appropriate chairs and patient moving and handling equipment were observed to be present in the ward areas together with pressure relieving mattresses.

[3] If a patient is deemed to be at risk of developing a pressure ulcer, the SKIN bundle requires nurses to record that they have examined their skin at least every two hours to reduce the likelihood of damage.

## *Quality of Staffing, Management and Leadership*

**Overall, we found that the ward team placed a great emphasis on providing services to patients through the use of established management processes and well understood policies, procedures and guidelines designed to achieve successful delivery of care and treatment**

**Staffing Levels & Skill Mix and Professional Accountability**

General observations undertaken within the ward over a period of two days indicated that staff were easily located in areas occupied by patients at all times. Conversations with the ward manager and senior nurse further revealed that the numbers of registered nurses on the ward corresponded with the Chief Nursing Officer's Guiding Principles for staffing levels. The Principles were produced in relation to acute general medical and general surgery wards, and Ward 3 at the Royal Glamorgan provides trauma and orthopaedic services. Given that the Health Board has chosen to abide by the Guiding Principles of 1 registered nurse to 7 patients by day, this is a measure of good practice. In addition, patients who spoke with us offered a number of positive comments about the ward team.

We were informed that the Health Board had recently completed a review of the hours devoted by ward managers to clinical practice and the times when they are not included in the numbers of registered nurses (to enable them to undertake crucial management and supervisory duties and ensure the safe running of the ward). As a result of this exercise, ward managers' time is now to be divided equally -50% providing care and 50% devoted to leadership/management duties, (which is an increase in supernumerary time).

Conversation with the senior nurse also revealed the emphasis placed on developing registered nurses (otherwise known as succession planning), so that the Health Board has the ability to replace ward managers as they leave, or at times when they are offered career progression.

During the two days of inspection there was a small number of bank staff on duty as a result of long term sickness. However, we were informed that sickness levels within the ward were below the Health Board average and staff turnover was also relatively low. This means that patients receive care from staff that are familiar to them.

Conversation with the senior nurse demonstrated that there is an escalation policy in place. This means that the ward manager and/or her deputy are able to request and secure additional staff in direct response to identified changes in

patients' needs. We were told that it is easier to secure additional staff by day, however in the event that patients' are admitted on an emergency basis at night, the night co-ordinator is often able to effect the temporary transfer of staff from one ward to another.

It was evident that the ward manager and senior nurse worked effectively to ensure that patients' health, safety and welfare needs were met. Conversations with other members of the ward team also demonstrated that an open and honest management style exists which encourages staff to raise any concerns about the delivery of care to patients. We were also told that the ward manager, deputy and senior nurse were always visible. General observations during this inspection clearly confirmed the efforts made by the entire staff team to support patients in a calm and compassionate way.

We also found that there was a great emphasis placed on promoting good team work and a positive work culture; healthcare support workers taking direction from, and being supported by the registered nurses.

**Effective Systems for the organisation of Clinical Care**

We found that there was a system of Intentional Rounding[4] in place through examination of a sample of patient records and discussions with staff.

Conversation with the ward manager demonstrated that every effort is made to put patients and their relatives first, by enabling them to obtain information about their care and treatment. This is sometimes achieved through telephone conversations as well as face to face conversations.

The ward holds multi-disciplinary meetings three times per week as a means of ensuring that patients' care is being delivered as planned. Staff meetings are also held every two months to enable relevant information to be shared across the ward team and to provide staff with the opportunity to share concerns and make suggestions regarding patient services.

[4] Intentional rounding[4] is a process which requires health care professionals to carry out regular checks with individual patients regarding their care, at set intervals.

The ward manager also provides the senior nurse with weekly care metrics[5] information. This helps to identify areas of patient services where improvements are required. We were also given a description of established audit activity (e.g. how patient care is being recorded and infection, prevention and control practice) as a means of ensuring safe and effective patient services.

## Training and Development

The ward manager was open and honest in relation to the provision of staff training and development. Specifically, she described the efforts made to enable staff to attend training in relation to safeguarding, health and safety and other topics which relate to patient care. There have been occasions however, when the training is cancelled at short notice. Staff are also encouraged to attend training sessions in their own time; those hours 'given back' to staff at the earliest opportunity. We were also made aware that Ward 3 had been responsible for creating and publishing brief guidelines for staff in relation to care provision for patients with dementia/short term memory loss. Further discussion with the senior nurse revealed the plans in place to increase e-learning for staff as well as practical training within the ward environment for registered nurses and healthcare support workers.

We did however find that some registered nurses did not feel empowered to take decisions about specific aspects of patients care (i.e. when patients' urinary catheters should be removed post surgery and when the need arose to support patients to administer their own insulin/to check their own blood glucose as they had been doing at home prior to hospital admission).

***Recommendation***

***The Health Board is advised to ensure that staff are confident and competent in relation to all aspects of service provision to patients at all times.***

[5] Care metrics refers to a system of measuring the quality of care delivered to patients. This is considered to be central to providing an NHS that is more transparent, accountable and focussed on improvement.

## Handling of Complaints and Concerns

We found that there were no outstanding complaints in relation to Ward 3 at the time of this inspection. We were also provided with details of three complaints which had been investigated and resolved in the past twelve months in a timely manner.

## *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.*

**Overall, we were satisfied with the attention being paid to issues associated with the delivery of safe and effective healthcare/services.**

### Risk Management

Discussions with staff demonstrated that they were aware of when, and how, to report clinical incidents via the Datix System.[6] Examination of a sample of patient records verified that details of such incidents were held as required; prompt action having been taken to ensure patients' on-going safety. We also found that clinical incidents had been investigated in a timely manner.

### Policies, Procedures and Clinical Guidelines

Staff who spoke with us were able to confirm that they were aware of some relevant clinical policies and procedures to support them in delivering safe care to patients. They were also able to describe how they would access relevant documents as a means of ensuring that they were delivering patient services in accordance with relevant guidelines.

However, on examination of four patients' records, we found that the ward had recently completed one standard authorisation form (which forms part of the UK wide Deprivation of Liberty Safeguards (DoLS)[7]) process. The form contained limited detail with regard to the patient's situation. We also found that the DoLS

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[6] DATIX software is a tool used within the NHS used to record, investigate and analyse causes of adverse events and near misses.

[7] DoLS. When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation called The Deprivation of Liberty Safeguards (DoLS) has to be followed to ensure that people are not unlawfully deprived of their liberty.

process/code of practice had not been followed as is required by current legislation. Whilst conversation with staff indicated that appropriate measures had been taken to ensure the safety of the person concerned, the failure to follow the prescribed process meant that the patient had not been provided with an advocate to support them to make decisions about their care and treatment. Neither was there any evidence to suggest that the authorisation (to temporarily deprive the patient of their liberty), had been granted or that a formal assessment of the patient's mental capacity had been completed. This issue was brought to the attention of the ward manager and other more senior members of the health board who expressed a willingness to address this, as a matter of some urgency.

***Recommendation***

***The Health Board is advised to ensure that staff are competent and confident in the application of current legislation associated with the Mental Capacity Act, and Deprivation of Liberty Safeguards. This is to ensure that patients are not unlawfully deprived of their liberty.***

We found that patients were protected against abuse. This is because the ward manager and senior staff nurse were able to describe the appropriate action taken by the ward team in the past 12 months in relation to alleged/possible abuse of patients. We were also able to confirm that the ward team were well aware of how to initiate an adult protection referral and who they needed to discuss such matters with, both within the hospital and within the Local Authority.

## Effective Systems for Audit and Clinical Effectiveness

Discussions with registered nurses and scrutiny of five patient records confirmed that the ward was using quality indicators such as All-Wales skin bundles to monitor patients skin/pressure areas. We also found that the same approach was being taken in relation to monitoring patients' falls, nutritional needs, continence care and use of intravenous cannulae[8] at such times when

[8] An intravenous cannula is a tube that can be inserted into the body, often for the delivery of extra fluids needed by patients or the removal of blood for sampling.

individuals needed assistance via a ‘drip’. These findings were consistent with the principles of the 1000 lives initiative.9

The ward team were able to provide us with evidence of their infection prevention and control (IPC) audits. The audits showed a high level of compliance with current IPC guidelines over an eighteen month period. However, we observed a small number of instances whereby staff either did not wear gloves as required, or where they did not wash their hands. We also observed one occasion where staff did not wear protective clothing when delivering care and support to a patient. These matters were discussed with the ward manager and senior nurse as a result of which, we were told that future weekly hand washing audits in the ward would be undertaken by an independent member of staff. This change would aim to reduce staff bias when completing the audit. We also spoke with a member of the senior IPC nursing staff with regard to the above. In addition, we found that there was a minor inconsistency between housekeeping staff and ward staff in relation to the frequency of glove changing (as a means of protecting patients from cross-infection) in areas occupied by patients. We were subsequently informed that the ward team would meet with the head of housekeeping to discuss and address this issue.

***Recommendation***

***The Health Board is advised of the need to ensure that the ward team adheres to current guidelines in relation to Infection, Prevention and Control so that patients and staff are protected at all times.***

Quality and safety Information was readily available to staff, patients and relatives, via noticeboards in the corridor leading to the bed areas.

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[9] The 1000 Lives Campaign ran from April 2008 - April 2010. It aimed to save 1000 lives and prevent 50,000 episodes of harm in Welsh healthcare. The Campaign was succeeded by a national programme called 1000 Lives Plus in May 2010, which sought to maintain the Campaign's progress and introduce new areas of work.
http://www.1000livesplus.wales.nhs.uk/1000-lives-campaign

## Patient Safety

We found that Doctors were not wearing name badges and nurses' identity badges were sometimes concealed. At this inspection, there were evidently a number of patients on the ward with identified complex communication difficulties. We also overheard some individuals asking staff to identify themselves as they did not know who was speaking with them or providing them with care and support. The wearing of name badges would also lead to the early identification of anyone who may enter the ward, for patient safety purposes. Alternatively, where this is not possible, staff must ensure that they introduce themselves to patients.

***Recommendation***

***The Health Board should ensure that all staff wear visible identification.***

All patients had access to call buzzers at the bedside and toilet/bathroom areas. The buzzers were frequently used by patients. We observed that staff responded on each occasion in a prompt/reasonable time. Patients confirmed that they are usually informed if staff are going to be delayed in responding to their requests for assistance.

## Medicines Management

*Ward routine and approach*

Overall, we found that there was a very high standard of care in relation to the administration of all forms of prescribed medication.

We observed a medication administration 'round' during this inspection. As a result, we found that staff adopted safe and consistent practices in accordance with the existing hospital policy and Nursing and Midwifery Council (NMC) guidelines. Conversations with registered nurses also highlighted the critical role undertaken by dedicated hospital pharmacy staff in ensuring the safe storage, management and administration of medication.

Discussion with registered nurses also demonstrated that there was a well established 'critical time medication procedure' in place within the ward. This is to ensure that some prescribed drugs are given to patients at specific times as they are crucial to patients' wellbeing (e.g. antibiotics, insulin and anti-epileptic medication).

However, we observed that a small number of patients were only partially screened by curtains when (subcutaneous) injections were being administered.

Whilst the patients concerned did not voice their concern about this, this approach undermines the privacy and dignity of patients. We also scrutinised three medication administration charts related to patients receiving oxygen therapy during the inspection. We found no evidence that the oxygen had been prescribed. Information relating to the oxygen therapy and recording of patients' oxygen saturation levels were however found on other nurse documentation.

In addition, we were told that there are occasions when medical staff do not complete/re-write patient prescription charts in a prompt and timely way. Whilst this has not resulted in any medication errors to date, this matter needs to be addressed in accordance with the Standards for Health Services in Wales and relevant professional guidelines.

***Recommendation***

***The Health Board is advised to ensure that improvements are made to the administration and prescribing practices within the ward. This is to make certain that patients' safety, privacy and dignity is maintained at all times.***

*Storage of drugs*

The arrangements in place with regard to the storage of drugs, was seen to be appropriate; the room being locked throughout the two day inspection and cupboards within the clinical room being fitted with suitable locks. The ward fridge however was not locked and did not have a locking mechanism.

We did not observe that any medication had been left unattended during the inspection.

Controlled drugs were stored appropriately, and we observed the appropriate administration of these in accordance with policy. Records of administration and stock levels were accurately maintained.

*Preparation of patients*

We observed that patients had a drink within easy reach at times when medication was to be administered. We also observed that some patients wore red identification bands signifying that they had known allergies which needed to be considered-for safety purposes.

We also observed that registered nurses did generally check patients' identity prior to offering them their medication, although there were a few occasions when this was not undertaken.

## Documentation

*Patient Assessment*

Overall, patients told us that they felt they received good care within the ward. Conversations with a small number of relatives led to similar comments.

four patient records were then examined in depth. Of these, three contained evidence that patients' needs had been generally assessed on admission. They also contained information about relevant risk assessments e.g. patients' level of mobility, continence and condition of their skin. The remaining file contained an assessment which had been completed as a result of a previous admission. It was therefore not possible to find evidence that the ward team were aware of the patients' actual needs on admission. Scrutiny of patients' records also showed that nursing staff were completing risk assessment forms, but findings were inconsistent. For example, the condition of patients' skin was not always properly scored and patients' level of mobility was sometimes incorrectly scored. This has the potential to place patients at risk as there needs to be a clear understanding of all elements of patients' needs to assist with effective planning and monitoring care.

Examination of a sample of patient records showed that the individuals concerned had not received any form of mental health assessment at the point of admission, or thereafter. Given that there are often a large number of patients within this ward who have difficulties with communication/short term memory loss; this matter needs to be addressed to ensure that their needs are fully met.

***Recommendation***

***The Health Board is advised to ensure that patients' mental health needs are assessed from the point of admission.***

Care plans which followed patient assessments were found to contain pre-printed guidance as to how care should be delivered (otherwise known as core care plans). As a result, there was very little evidence of personalised/individualised care which had been derived from the patient assessment process. In addition, evaluation of care was largely recorded within the ward daily record sheet; this document containing very little narrative to assist staff to understand on-going care required by patients. Conversations with staff throughout the two days of our inspection did serve to verify that they

had come to know their patients well, particularly as some people had been receiving care for more than four weeks. We also found that the ward used National Early Warning System (NEWS)[10] charts to help them to identify deterioration in patients' needs. However, in the event that new staff, student nurses, agency or bank staff work with the ward team, it may be difficult for them to gain a clear understanding of patients' needs overall.

***Recommendation***

***The Health Board is advised of the need to ensure that patient documentation is integral to the provision of care; safe care being founded on effective clinical assessment, care planning, care provision and the evaluation of care.***

Examination of patient records and conversation with several staff demonstrated that they provide support to diabetic patients through the use of the 'Think Glucose' [11]initiative. There was also readily available information for staff in relation to blood glucose monitoring; the protocol for treatment of low blood glucose being available on the Think Glucose chart, in the ward manager's office and on the ward computer.

Discussion with patients revealed that they had been able to administer their insulin and undertake blood glucose testing independently at home. Patients also told us that they had not been able to manage their own insulin administration since they had been admitted to the ward. During the course of this inspection however, steps were being taken to re-educate one patient to enable them to resume administering their own insulin.

Examination of one patient's records showed no evidence that the patient had been referred to a dietician for advice, despite an identified poor appetite and recordings of low blood glucose. Patients did tell us however that food is presented to them at appropriate times and snacks are always available to them. Subsequent open and honest discussions with ward staff highlighted the

[10] The National Early Warning System (NEWS) system assists healthcare staff to consistently detect deterioration in patients' condition, so that they can call for urgent medical help.

[11] '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.

need for improvements in the management of diabetes (specifically in terms of staff training and the need for the dynamic involvement of other members of the multi-disciplinary team).

***Recommendation***

***The Health Board is advised to consider ways of improving the delivery of care and support to patients with diabetes.***

Of four sets of patient documentation examined in-depth, only one contained written evidence of the arrangements in place associated with current 'Do Not Attempt to Resuscitate' (DNAR) guidelines. This means that decisions may possibly be made which are not in-keeping with the wishes of patients.

***Recommendation***

***The Health Board is advised of the need to improve the process in place with regard to DNAR decisions.***

Examination of four patient records revealed very little information about the discharge planning process or evidence that the patient or their relatives/representatives had been involved in discussions about this issue to date.

***Recommendation***

***The Health Board is advised to ensure that there is evidence of effective discharge planning at ward level.***

*Ward Management*

Staff handwriting was found to be poor/illegible at times which raises the possibility of elements of patient care being misunderstood.

***Recommendation***

***The Health Board is advised of the need to ensure that patients' individual needs are documented clearly to assist effective communication.***

Overall, we found that due care and attention was paid to the confidentiality of patient records throughout the two day inspection.

Discussion with the ward manager demonstrated that there are arrangements in place to audit and monitor records and record keeping.

However, we found evidence that a printed handover sheet was produced daily to assist with communicating key elements and changes to patients' care to in-coming staff at shift change times. The document used is accessed via a ward computer; however the document is not subject to the same level of security as other forms of patient information. Whilst we were assured that there had not been any data protection incidents to date, this matter needs to be addressed.

***Recommendation***

***The Health Board is advised of the need to ensure that all ward/patient handover information generated is held in accordance with data protection legislation.***

Scrutiny of patients' records, discussions with patients and several medical staff demonstrated that there was a need for improved verbal and written communication. This was because several patients and a relative told us that they would have preferred to have received more information about their care and treatment from the medical members of the ward team. In one case, a member of the medical staff did make arrangements to speak with a patient and their relative as a means of re-assuring the patient about a particular aspect of their care. This matter was discussed with the clinical director for surgery during the inspection who agreed that there was a need for improvement in relation to the above.

***Recommendation***

***The Health Board is advised of the need to ensure that members of the medical team provide recorded evidence of their active contribution toward patients' multi-disciplinary care plans.***

## 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 Ward 3 at the Royal Glamorgan 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 Health Inspectorate Wales website and will be evaluated as part of the on-going Dignity and Essential Care inspection process.

*Appendix A*

## Dignity and Essential Care: Improvement Plan

## Hospital: Royal Glamorgan

## Ward/ Department: 3 (Trauma & Orthopaedics)

## Date of inspection: 10 & 11 September 2014

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | **Quality of the Patient Experience** | | | |
| | None | | | |
| | **Delivery of the Fundamentals of Care** | | | |
| ***8*** | ***The Health Board is advised of the need to ensure that assistance or specialist aids are provided for those patients with hearing difficulties, enabling them to receive and respond to information.*** | None of the wards at the Royal Glamorgan Hospital have the hearing loop system as when it was built 15years ago it was not a requirement.<br>A proposal will be discussed at the Executive Capital Planning Group | Assistant Director of | December 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | | Planning (Capital and Estates)<br><br>Head of Nursing | October 2014 |
| | | The patient admission/assessment document will identify any patient that has any level of disability or impairment, This element of care need must then be care planned with specific actions identified, implemented and monitored.<br><br>The standard of care planning is monitored by the ward manager with spot checks by the senior nurse and Head of Nursing | | |
| ***9*** | ***The Health Board is advised of the need to ensure that patients are aware of their basic human rights whilst in the hospital environment.*** | Patients will be informed of our dignity pledge and given all relevant information about their hospital stay and care.<br><br>The Dignity pledge is displayed within the ward environment and within the patient's individual records kept at the base of the bed. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | Staff will be advise to ensure that the dignity pledge is discussed with patients on admission. | | |
| ***11*** | ***The Health Board is advised of the need to ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide effective and appropriate treatment/medication. Results of decisions can then be recorded for the continuity of patient care.*** | All ward staff have been reminded of the requirement to assess and record patients pain levels.<br><br>Further training and awareness has been arranged for all registered nurses and will be carried out over the next three months. | Head of Nursing | December 2014 |
| ***12*** | ***The Health Board is advised of the need to ensure that all patients receive care and support with their personal hygiene at times of the day which suit their identified personal preferences.*** | It is patient's choice when and at what time they use bathing or showering facilities, supported by ward staff.<br>There are occasions when patients shower early in preparation for theatre, other wise it is not usual practice for patients to shower before 07.00hrs. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| ***13*** | ***The Health Board is advised to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.*** | Cliniwipes are available for all patients prior to meal times. Staff are encouraged to ensure they are available and ask patients to use them. It is then patients choice if they are used. | Head of Nursing | October 2014 |
| ***14*** | ***The Health Board is advised of the need to ensure that staff place food and drink within easy reach of all patients.*** | Nursing staff accompany catering staff at meal times and are there to ensure that patients can access their meals.<br>Encouragement and supervision is given as required. Staff have been reminded of the need to ensure patients can access their meals | Head of Nursing | October 2014 |
| | **Quality of Staffing Management and Leadership** | | | |
| ***18*** | ***The Health Board is advised to ensure that staff are confident and competent in relation to all aspects of service provision to patients at all times.*** | All registered nurses are encouraged to be fully involved in decision making at a multidisciplinary level. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | Registered nurse at all levels are involved in Board Rounds where care planning and required actions are discussed.<br><br>Leadership courses are available and nurses are encouraged to attend.<br><br>Annual appraisals, where staff's development needs are discussed and addressed, are in place and this ward is making good progress meeting the UHBs appraisal target.. | Head of Nursing | October 2014 |
| | **Delivery of a Safe and Effective Service** | | | |
| ***21*** | ***The Health Board is advised to ensure that staff are competent and confident in the application of current legislation associated with the Mental Capacity Act, and Deprivation of Liberty Safeguards. This is to ensure that patients are not unlawfully deprived of their liberty.*** | All Deprivation of Liberty Safeguard applications are reviewed by our Lead Nurse for Safeguarding prior to submission.<br><br>Any additional training required is supported by the Lead Nurse. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | In order to monitor this process , all applications will now be sent to the Senior Nurse prior to submission in order to identify any further training needs. | | |
| ***22*** | ***The Health Board is advised of the need to ensure that the ward team adheres to current guidelines in relation to Infection, Prevention and Control so that patients and staff are protected at all times.*** | It is recognised that IP&C audits can be biased as they are undertaken by ward staff, therefore we are going to change practice and on a monthly basis cross ward auditing will commence.<br>Housekeeping Services are working closely with the Infection Prevention Control Team and reviewing the current practises in conjunction with risk and this will be reviewed by the Health Board Infection Prevention Control Committee. | Head of Nursing | November 2014 |
| ***23*** | ***The Health Board should ensure that all staff wear visible identification.*** | All staff have identity badges that are clipped to their pocket. Unfortunately this is not at eye level and so it is recognised that staff names are not easily visible. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | All staff have been told that they must introduce themselves by name and position, explaining how they are going to input into care needs that day or for that episode of care.<br>Promotion of “My Name Is” initiative<br>This is being monitored by the Ward Sister. | Head of Nursing/Clinical Director | October 2014 |
| ***24*** | ***The Health Board is advised to ensure that improvements are made to the administration and prescribing practices within the ward. This is to make certain that patients’ safety, privacy and dignity is maintained at all times.*** | The ward has implemented a process whereby the nurse in charge documents the requirements for medical colleagues that shift and the timeliness of that required action.<br>The nurse in charge is then responsible for making contact with the doctor and ensuring that work is undertaken in a timely way.<br>Should there be problems with this, the nurse in charge is to escalate the matter to the Senior Nurse to take action. | Head of Nursing | November 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | A review of this issue out of hours, is currently being undertaken and is being addressed at Hospital @ Night handover. | Head of Nursing | November 2014 |
| ***25*** | ***The Health Board is advised to ensure that patients' mental health needs are assessed from the point of admission.*** | On admission to hospital an assessment of need is undertaken which does not include a specific assessment relating to a patients mental health needs. The Health Board are currently undertaking a review of all of its documentation and this specific aspect of assessment has been raised with the lead.<br>Work is underway with key medics to look at a short Mental Health assessment that can be used as an initial assessment<br>In addition the UHB is further developing its Mental Health Liason service, A member of that team are then available to support with nay ongoing assessments that are required. | Head of Nursing<br>Director of Nursing<br>Head of Nursing, Mental Health | December 2014 |
| ***26*** | ***The Health Board is advised of the need to ensure that patient documentation is integral to the provision of care; safe care*** | The Health Board recognises that documentation has an integral role in the provision of patient care. As stated above the Assistant Director of Nursing is leading | Head of Nursing | January 2015 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | ***being founded on effective clinical assessment, care planning, care provision and the evaluation of care.*** | a review of the documentation throughout the organisation. When complete it will be supported by a robust training programme and an audit process | | |
| ***27*** | ***The Health Board is advised to consider ways of improving the delivery of care and support to patients with diabetes*** | There are often several reasons why a patient is unable to self administer their own insulin when they have been admitted to hospital for an acute episode of ill health. However it is the goal for all patients who are independently managing their therapeutic treatment to resume this as soon as possible.<br><br>All staff through training from our Diabetic Specialist Nurses will be reminded that this is to be identified on admission and within the care plan.<br><br>In addition work is ongoing led by the Assistant Director of Nursing on the development of a Policy/procedure to assist staff in ensuring that patients remain as independent as possible whilst also adhering to medicines management policies. | Head of Nursing | December 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| ***27*** | ***The Health Board is advised of the need to improve the process in place with regard to DNAR decisions.*** | The Health Board has a robust DNAR policy in place.<br>The ward manager is arranging additional training for all registered nurses on the ward which will be supported by Critical Care Outreach Nurses. | Head of Nursing | October 2014 |
| ***27*** | ***The Health Board is advised to ensure that there is evidence of effective discharge planning at ward level.*** | Discharge planning is an essential part of the patient pathway and staff work closely with the Discharge Liason nurses to ensure patients discharges are planned and timely. In addition senior nurse and Heads of nurses undertake board rounds with ward staff daily in an attempt to identify key issues which can be escalated for further action | Head of Nursing | October 2014 |
| ***27*** | ***The Health Board is advised of the need to ensure that patients' individual needs are documented clearly to assist effective communication.*** | Registered nurses have a responsibility under the NMC for their own standards for record keeping. In addition the Health Board provides training for nursing staff.<br>The ward manager will ensure that all staff are made aware of their responsibilities for documentation and undertake random audits supported by the senior nurse. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| ***28*** | ***The Health Board is advised of the need to ensure that all ward/patient handover information generated is held in accordance with data protection legislation.*** | Each nursing shift has a thirty minute verbal handover for twenty eight patients. This is supplemented with a printed summary of the patients current status and care needs for that shift. This information is kept on the secure IT system and each nurse has password protected access.<br><br>At the end of each shift this document must be placed in confidential waste.<br><br>Additionally all nurses have now been informed not to take the information off the ward at break times, it is to be kept in a locked draw during this time.<br><br>All staff have also been reminded of the status of this document, and that they are to check nursing documentation, care plans and risk assessments for the patients they are responsible for at the start of each shift. They must also take every opportunity to read patients medical records. | Head of Nursing | October 2014 |

| Page Number | Finding | Health Board Action | Responsible Officer | Timescale |
|---|---|---|---|---|
| | | All staff have been reminded that the handover sheet is a prompt sheet and is not a legal document for capturing or documenting patient essential information. | Head of Nursing | October 2014 |
| ***28*** | ***The Health Board is advised of the need to ensure that members of the medical team provide recorded evidence of their active contribution toward patients' multi-disciplinary care plans.*** | Medical Notes are audited on an annual basis.<br>The Clinical audit leads have been requested to inform medical staff of the findings of this report in audit meetings, in order to reinforce good practice.. | Clinical Directors | December 2014 |

**Health Board Representative:**

**Name (print):** .....

**Title:** .....

**Signature:** .....

**Date:** .....