Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Dignity and Essential Care Inspection (unannounced)

Abertawe Bro Morgannwg University Health Board: Gorseinon Hospital, West Ward

17 & 18 September 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in West Ward at Gorseinon Hospital, part of the Abertawe Bro Morgannwg University Health Board, on 17 and 18 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. These inspections may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Abertawe Bro Morgannwg University Health Board covers a population of approximately 500,000 people and employs around 16,500 members of staff, 70% of whom are involved in direct patient care.

The health board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are also a number of smaller community hospitals providing clinical services outside of the four main acute hospital settings.

Gorseinon community hospital is made up of a 44 bedded unit (West Ward) providing assessment and rehabilitation care to the elderly, a day hospital and an outpatients department. West Ward is made up of both multiple bedded bays and single cubicles.

West Ward is managed by a unit manager supported by two deputies and a team of registered nurses, healthcare support workers and ancillary staff. The ward has close working relationships with other members of the multi-disciplinary team, including hospital based physiotherapists and occupational therapists and community based teams.

4. Summary

Overall, patients told us they were very satisfied with the quality of care they had received.

We observed staff encouraging and assisting patients to be as independent as possible, treating them with respect and protecting their privacy and dignity. However, sometimes patient information was displayed in a way that could result in it being shared inadvertently.

The use of improved signage could be used to assist patients to locate toilet and washing facilities more easily.

We observed patients to be well looked after and found staff were committed to providing good standards of care. Patients told us staff helped them when needed, but sometimes there were delays in staff responding to buzzers.

Suitable arrangements were in place for patients to rest during the day and patients told us they were comfortable.

Patients appeared well groomed and told us staff helped them when they needed it.

Patients told us they enjoyed the food and staff helped them if they needed assistance.

There were suitable toilet facilities on the unit and these were very clean. The privacy of patients was protected; however the use of privacy signs could be used to further protect privacy.

We observed specialist equipment being used and staff assisting patients to move around to prevent them developing pressure sores.

We observed staff working effectively together and individuals appeared to have a good understanding of their individual responsibilities within the team.

During our visit there were shortfalls in staffing. Senior staff had already made arrangements to discuss the issue and agree a satisfactory way forward.

We were told regular audits were being undertaken and results monitored by senior managers who required improvement plans should results suggest cause for concern.

Generally we observed patients being cared for in an environment that was safe. However, at times equipment was being stored in corridors posing a trip hazard to patients and staff.

It was not clear whether the care records reflected the current care needs of patients. Therefore the health board should make suitable arrangements to

address this. In addition, where potential safeguarding issues are identified the health board should ensure staff seek advice on further action that may be required.

Findings

Quality of the Patient Experience

Overall patients told us they were very satisfied with the quality of care they had received.

We observed staff encouraging and assisting patients to be as independent as possible, treating them with respect and protecting their privacy and dignity. However, sometimes patient information was displayed in a way that could result in it being shared inadvertently.

The use of improved signage could be used to assist patients to locate toilet and washing facilities more easily.

During the course of this inspection patients were invited to complete (HIW) questionnaires to provide us with their views on the care they had received. In total 12 questionnaires were completed by patients (or on their behalf by relatives) either via face to face interviews or returned to us in the post.

Comments from patients included:

- "Just to say I have been looked after very well."
- "Nothing at all at fault. They are wonderful here."
- "Very satisfied with the care I receive here"

Communication and information

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

Comments received from patients and their relatives generally indicated staff had provided information to them about their care and treatment in a way they could understand. We generally observed staff taking time explaining what they were doing and seeking verbal consent from patients before providing care and assistance.

Patients confirmed they felt staff listened to them and their relatives. Staff were observed to have a good rapport with patients and involving them in decisions about their care.

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.

Staff were respectful to patients, treating them with dignity and courtesy. The majority of patients we asked confirmed staff were polite and addressed them using their preferred name.

Staff protected the privacy of patients by closing curtains around patients' beds when assisting them with personal care. Doors to lavatories and washing areas were noted to be closed when patients were using these facilities, providing privacy and protecting their dignity. Further measures, e.g. privacy signs to clearly indicate when these facilities were in use, could be implemented to further protect privacy.

Some patients had information about the assistance they required to move and transfer safely displayed on their lockers. Similarly patient identifiable information was recorded on a communication boards immediately outside the unit manager's office. Displaying such information could compromise patient privacy and arrangements should be put in place to avoid information being inadvertently shared with others.

Whilst medical notes were filed in trollies, these were not locked. Arrangements should be made to further secure notes when not in use or when the area is not being supervised by staff.

Some very positive interactions between staff and patients were observed, whereby staff took the time to listen to patients and assist them in a sensitive and kind manner.

Recommendation

The health board should implement suitable arrangements to ensure patients' information is not inadvertently shared with others.

Promoting independence

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

West Ward provides assessment and rehabilitation care to patients. Physiotherapists and occupational therapists are based on site and were actively involved in promoting patient independence with a view to patients being able to return to their own homes.

A range of equipment, such as walking aids, was available to assist patients to be as independent as possible. Equipment seen was visibly clean and appeared well maintained.

Comments from nursing staff indicated they would like to be able to spend more time with patients to support and encourage independence. Despite this, staff were observed to be making time to encourage and support patients to use walking aids thus promoting patients' confidence and independence.

During the busier morning periods, equipment stored in corridors made it difficult for patients to mobilise unsupervised. In addition not all lavatories and wash areas were clearly identified meaning it could be difficult for some patients to access these areas independently. The use of improved signage and a different colour on doors could be used to assist patients to find these areas more easily.

Recommendation

The health board should consider the use of improved signage and a different colour on doors of lavatories and wash areas to assist patients to find these areas more easily.

Relationships

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

West Ward operated a structured visiting times policy. However the unit manager confirmed that no reasonable request to visit outside of these hours would be refused.

With this in mind, there was a protected mealtimes arrangement in place, and visiting was discouraged during mealtimes unless relatives or friends were providing assistance. We observed mealtimes to be unhurried and generally calm.

The ward was made up of both multiple bedded bays and single cubicles. The multiple bedded bays allowed patients to form friendships with fellow patients and people were seen to be chatting to one and other to pass the time of day. The single cubicles provided more privacy and quiet for those patients who required it.

A day room is situated within the hospital and not far from the unit. This provided an area for patients to spend time with their visitors in relative privacy. We observed patients spending time with their visitors both in the day room and garden area close to the unit.

Delivery of the Fundamentals of Care

Our findings on the 'Fundamentals of Care' standards relating to communication and information, respecting people, ensuring safety, promoting independence and relationships can be found in the other sections of this report.

We observed patients to be well looked after and found staff were committed to providing good standards of care. Patients told us staff helped them when needed, but sometimes there were delays in staff responding to buzzers.

Comments from patients included:

- "Food is marvellous."
- "Response to the buzzer is sometimes slower than we would like – especially at night."
- "Sometimes slowly if busy but will come and tell me they will be there shortly."

Rest, Sleep and Activity

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

Suitable arrangements were in place for patients to rest during the day and patients told us they were comfortable.

Whilst the mornings appeared busy, due to patients generally wanting assistance to wash and get out of bed at this time of day, opportunities were provided throughout the remainder of the day for patients to rest. The unit operated a structured visiting times policy, this enabled patients to rest in the afternoon.

Patients were observed retiring to bed in the afternoon to have nap or partake in quiet activities according to their wishes. The unit felt comfortably warm and ventilated thus helping people to sleep.

Whilst televisions were available for patients to use, consideration should be given to increasing the range of activities available for patients according to their wishes and to prevent boredom.

Ensuring Comfort, Alleviating Pain

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

Patients told us they were comfortable.

Staff were observed to be assisting patients to achieve a comfortable position whilst in bed or in the chair.

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.

Patients appeared well groomed and told us staff helped them when they needed it.

Patients appeared clean and wearing day clothes or pyjamas according to their preference. Patients confirmed they were comfortable and they appeared well cared for.

Patients' privacy was observed to be protected when being assisted with their hygiene needs. Comments from patients confirmed staff were kind and sensitive when providing care to them.

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 told us they enjoyed the food and staff helped them if they needed assistance.

The ward had a protected mealtimes arrangement in place to ensure patients were not disturbed unnecessarily when eating their meals. The meals served appeared appetising and patients confirmed they liked the food. Hot drinks and snacks were served during the day.

The ward uses the 'Red Tray'[1] system to discreetly identify those patients who require assistance with eating and monitoring of their intake. Staff were seen assisting patients in a sensitive and unhurried manner.

[1] The 'Red Tray' system is a simple way of alerting staff to the fact that a person requires help with eating.

The hospital does not have a main kitchen on site. Rather, meals are prepared and delivered from a district general hospital nearby. Staff confirmed that should a patient miss a meal, sandwiches, toast or a salad are available from the unit kitchen. Hot drinks and biscuits are served throughout the day to supplement the main meals of breakfast, lunch and supper.

Oral Health and Hygiene

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

Patients told us staff helped them with their oral hygiene.

Patients told us they were able to clean their teeth/dentures as regularly as they wanted to. Denture pots were available and being used to safely store patients' dentures when not being worn.

Toilet Needs

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

There were suitable toilet facilities on the ward and these were very clean. The privacy of patients was protected; however the use of privacy signs could be used to further protect privacy.

Toilet facilities on the ward were very clean and appropriately equipped with toilet paper and hand washing facilities to prevent cross infection.

Staff were observed to be encouraging patients to walk to the toilet to promote their independence and maintain their privacy and dignity.

Whilst some cubicles had en suite facilities, the majority of toilets were shared. Some of these had signs indicating whether they were designated for male or female patients. Whilst staff were observed to be protecting the privacy of patients; this could be further enhanced by the use of privacy signs as mentioned earlier in this report.

Patients confirmed staff helped them with toilet needs in a sensitive way, thus minimising embarrassment. However, comments from patients indicated there was a delay in staff responding to requests to use the toilet. This could result in patients being unnecessarily incontinent due to having to wait for assistance. Such a situation was described by one patient who experienced an episode of incontinence attributed to a delay in staff responding to a buzzer request.

Preventing Pressure Sores

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

We observed specialist equipment being used and staff assisting patients to move around to prevent them developing pressure sores.

The ward had a selection of equipment to reduce the risk of pressure sores such as specialist mattresses and cushions. This was observed to be in use throughout the ward. Whilst most appeared clean and functioning properly there was one situation where a mattress being used by one patient was alarming frequently. Whilst it was not possible for us to determine whether this was disturbing the patient, this obviously could be a source of annoyance and prevent patients from having suitable rest. Therefore staff should ensure that where a specialist mattress is frequently alarming appropriate action is taken to replace or repair it in a timely manner.

Staff were observed to be encouraging and supporting patients to move around thus helping to reduce the risk of them developing pressure sores. For those patients who were less able staff were assisting them to move position whilst in bed or sitting in the chair using appropriate moving and handling aids.

Quality of Staffing, Management and Leadership

We observed staff working effectively together and individuals appeared to have a good understanding of their individual responsibilities within the team.

During our visit there were shortfalls in staffing. Senior staff had already made arrangements to discuss the issue and agree a satisfactory way forward.

We were told regular audits were being undertaken and results monitored by senior managers who required improvement plans should results suggest cause for concern.

At the time of our visit the management structure was made up of 1 unit manager, supported by 2 deputies. The immediate unit team consisted of registered nurses, healthcare support workers and ancillary staff. The unit provides assessment and rehabilitation care and as would be expected had good links with hospital and community based multidisciplinary team members.

We were told staffing levels had been determined at 10 staff working during the morning, 8 during the afternoon and 6 at night but sometimes the unit operated with lower staffing levels. This was evident during our visit with shortfalls on both the morning and afternoon shifts due to sickness. This seemed to impact on the availability of staff to respond promptly to patients using their buzzers to call for assistance. Comments from patients confirmed there was a delay in staff being able to attend to them. Whilst additional staff could be requested to cover any shortfall, we were told securing staff was problematic.

We were informed arrangements had already been made for senior staff to consider the issue and agree a satisfactory way forward.

Recommendation

The health board should implement and maintain suitable arrangements to ensure patients receive prompt assistance with their care needs when required.

Staff told us they had attending training on topics relevant to their work. However, comments received indicated there was a lack of specific training on the care of older persons. Given the majority of the patients on the ward were elderly; the health board should make arrangements to address any gaps in training.

Recommendation

The health board should make suitable arrangements to ensure specific training on the care of older persons is made available to staff.

Senior staff were visible throughout our visit and available to offer advice and leadership to the unit team. We observed staff working effectively together and they appeared to have a good understanding of their individual roles and responsibilities within the team.

Senior staff demonstrated a good understanding of handling concerns raised by patients or their relatives. Leaflets setting out the procedure on how to raise concerns under 'Putting Things Right'[2] were displayed and available to patients and visitors to the unit. Patients told us they had not had cause to raise concerns during their stay. Staff told us they felt able to escalate concerns they may have to senior staff.

We were told ward audits are performed regularly and results from these are regularly monitored by senior managers. Where results suggest cause for concern we were told the lead nurse is required to investigate and report back to senior managers, providing an improvement plan where necessary which is monitored. An increase in the percentage of staff who had attended mandatory training sessions was cited as an example of how this system had driven improvement.

[2] 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

Delivery of a Safe and Effective Service

Ensuring Safety

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

Generally we observed patients being cared for in an environment that was safe. However, at times equipment was being stored in corridors posing a trip hazard to patients and staff.

It was not clear whether the care records reflected the current care needs of patients. Therefore the health board should make suitable arrangements to address this. In addition, where potential safeguarding issues are identified the health board should ensure staff seek advice on further action that may be required.

Comments from patients included:

- "Everything is spotless."
- "The cleaners clean everything, even the beds."
- "Never seen a hospital as clean as this"

Environment

Overall we found the unit provided a safe and secure environment for patients and staff. However, showers and toilets were being used to store equipment. Whilst this did not seem to impact on patients accessing these areas it would be difficult for staff to access equipment when showers and toilets were in use without disturbing patients. During the morning period this was being managed by storing equipment in corridors. However, this resulted in areas being cluttered and equipment posing a trip hazard to patients and staff.

This was discussed with the unit manager who had already identified this as an issue needing to be addressed and was actively trying to resolve the issue.

All patients had access to a nurse call buzzer to summon assistance. However, as described earlier, patients told us there were sometimes delays in staff responding to requests. Staffing levels during our visit seemed to be impacting on the ability of staff to respond to buzzers. In addition one patient required a higher level of supervision and again staffing levels seemed to be impacting on the ability of staff to provide adequate supervision at all times.

A fire door to the ward kitchen was wedged open and thus posing a safety hazard to patients and staff should a fire start. This was brought to the attention of the unit manager and lead nurse and was addressed immediately. The lead nurse confirmed further work would be done to increase ventilation in the kitchen to ensure the comfort of staff working in this area.

Infection Control

All areas of the ward and equipment were visibly clean. Suitable hand washing facilities were available together with personal protective equipment such disposable gloves and aprons for staff to use to reduce cross infection. Generally we observed staff using gloves and aprons when assisting patients and cleaning equipment. We did observe staff on one occasion not wearing disposable aprons when cleaning equipment, thus increasing the risk of cross infection. When we highlighted this, staff immediately took corrective action, putting aprons on to finish the task.

Safeguarding Vulnerable Adults

Staff told us they had received training on protecting patients from abuse and explained they would report any concerns to senior staff on duty. This training formed part of mandatory training along with other safety training such as fire safety and infection control.

During our visit we identified a potential safeguarding issue. Whilst we were told this had been correctly reported by staff as an incident, the advice of the local safeguarding team had not been sought to establish whether further escalation via the adult protection process was required. This was raised with the unit manager and lead nurse who subsequently contacted the safeguarding team for further advice.

Recommendation

The health board should ensure that where potential safeguarding issues are identified staff promptly seek the advice of the local safeguarding team.

All staff, when asked, were able to present an identification badge. However these were not always clearly visible as set out in the 'All Wales NHS Dress Code'. The health board should make suitable arrangements to ensure staff identification is clearly visible in accordance with the above code.

Medicines Management

Staff confirmed they had access to the health board's policy on the management of medicines. This would allow staff to check they were adhering to safe storage and handling procedures for medicines used on the unit. A pharmacist visited weekly and provided support and expert advice on safe medicines management.

All medication was observed to be stored securely to prevent access by unauthorised persons. Appropriate arrangements were seen for the safe storage and administration of controlled drugs.

Whilst accompanying staff on a medication round we observed patients were in an appropriate position to aid them taking medication. Staff checked patients' identification to ensure the safe administration of the correct medication to the correct patient. The All Wales Drug Charts were being used and the sample we considered had been completed correctly by staff. The medication round was unhurried facilitating a safe environment for patients to receive their medication.

Record Keeping

We were told all patients are admitted to the ward from larger neighbouring district general hospitals following an assessment of their suitability for transfer by a senior nurse.

We selected a sample of 4 care records to assess the quality of written care planning and record keeping on the unit.

Nursing care plans were available for all those patients considered. However, these had been generated from the referring hospital and did not always demonstrate staff had re-assessed the patients' care needs on admission to the ward. Risk assessment documentation had not always been updated in a timely manner. This brought into question whether the written care plans and risk assessment documentation reflected patients' current care needs.

Recommendation

The health board should make suitable arrangements to ensure the current care needs of patients are clear within written care plans and the effectiveness of care regularly documented.

Through our observations and conversations with staff it was evident they were assessing and evaluating the care provided, but this was not suitably reflected within the written care records.

Medical care records were observed to be clearly completed and filed in chronological order facilitating safe and effective information sharing between healthcare professionals.

Diabetes Care

Of the 4 care records selected, 2 were for patients with a pre existing diagnosis of diabetes. Records confirmed where staff had identified a patient with low blood glucose appropriate action had been taken to treat this and ensure the patient's safety

Although 2 registered nurses had been identified to be the link nurses for diabetes care on the unit, they had not fully completed the relevant training so

would not be able to completely fulfil this role. However, specialist help and support for staff was available off site from the district general hospitals within the locality.

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 West Ward at Gorseinon 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: Gorseinon Hospital

Ward/ Department: West Ward

Date of inspection: 18 and 19 September 2014

Finding	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience			
The health board should implement suitable arrangements to ensure patients' information is not inadvertently shared with others			
The health board should consider the use of improved signage and a different colour on doors of lavatories and wash areas to assist patients to find these areas more easily.			
Quality of Staffing Management and Leadership			
The health board should implement and maintain suitable arrangements to ensure patients receive prompt assistance with their care needs when required.			
The health board should make suitable arrangements to ensure specific training on the care of older persons is made available to staff.			

Finding	Health Board Action	Responsible Officer	Timescale
Delivery of a Safe and Effective Service			
The health board should ensure that where potential safeguarding issues are identified staff promptly seek the advice of the local safeguarding team.			
The health board should make suitable arrangements to ensure the current care needs of patients are clear within written care plans and the effectiveness of care regularly documented			

Health Board Representative:

Name (print): .....

Title: .....

Signature: .....

Date: .....