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, The Princess of Wales Hospital, Ward 9

17 and 18 October 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Ward 9 at the Princess of Wales Hospital, part of the Abertawe Bro Morgannwg University Health Board on the 17 and 18 October 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 and 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

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.

The Princess of Wales Hospital is a district general hospital located on the outskirts of Bridgend in South Wales. It provides a range of acute surgery and medicine for patients of all ages, including inpatient, outpatient and day services.

Ward 9 is a 28 bedded ward specialising in trauma and orthopaedic surgery. The majority of beds are used for adult patients admitted on a booked admission basis. However, a small number of beds on the ward can be used to admit adult patients who have sustained trauma injuries.

4. Summary

Overall, patients told us they were satisfied with the care they had received. We saw many examples of staff being polite and courteous to patients.

The ward was very clean and generally tidy.

We observed patients to be well looked after and found staff were committed to providing good standards of care.

We saw staff providing explanations to patients before providing care and assistance. Staff were being respectful and polite to patients and protecting their privacy and dignity as far as possible.

We saw staff encouraging and assisting patients to be independent as far as their condition allowed.

We found there were appropriate arrangements in place for patients to maintain contact with their relatives and friends. However, there was no dayroom near the ward for patients to use to talk privately.

The visiting arrangements in place allowed patients to rest during the day. The ward felt uncomfortably warm which was not conducive to sleeping.

We saw staff helping patients to be comfortable and offering pain relief which had been prescribed regularly. Patients told us staff managed their pain well.

Patients appeared well cared for and we saw staff helping them as needed to maintain their personal hygiene.

Protected mealtimes were in place and these were being adhered to. Whilst we saw staff assisting patients with eating and drinking, they did not consistently offer patients the opportunity to wash their hands prior to eating.

Patients we saw appeared well hydrated, although care records did not always demonstrate their oral care was being satisfactorily maintained.

Toilets were clean and appropriately equipped to reduce cross infection. We saw staff responding to patients' requests promptly and helping them as needed. The use of privacy signs could be used to further protect patients' privacy and dignity.

We saw appropriate pressure relieving equipment in use that was clean and working properly. The prevention of pressure sores was being actively managed. However, whilst monitoring records indicated staff checked patients'

skin regularly, we could not be certain assessments had always been reviewed at the prescribed or expected intervals.

At the time of our inspection we felt staffing levels were appropriate and staff agreed with this view. We saw good leadership from the nurses in charge on both days we visited.

The way care was organised on the ward seemed to work well with staff working efficiently as a team. Staff told us they had received training relevant to their role and we saw records to indicate this was regularly monitored by senior staff.

We were told staff were encouraged to resolve concerns (complaints) at ward level as far as possible. Senior staff described appropriate arrangements were in place to record, investigate and learn from clinical incidents.

Staff had access to a range of relevant policies.

We saw an appropriate system of audit in place to check key areas of patient care.

Overall we found arrangements were in place to ensure the care provided to patients was safe. Senior staff took prompt action when we identified a potential safety hazard.

Generally, medication records had been completed correctly. However, we found oxygen being administered which had not been prescribed using the All Wales Drug Chart.

We saw staff using dressing trollies and unlockable containers to transport medicines during medication rounds. Staff maintained safety by not leaving these unattended. However, in light of our findings, senior hospital managers decided to stop this practice immediately.

We saw patients were well cared for. However the written care records were not always up to date, reflecting their current care needs and care provided.

5. Findings

Quality of the Patient Experience

Overall, patients told us they were satisfied with the care they had received. We saw many examples of staff being polite and courteous to patients.

The ward was very clean and generally tidy.

During the course of our inspection patients were invited to complete HIW questionnaires to tell us about their experience on the ward. We asked for views about the ward environment, the hospital staff and the care received.

In total, 14 questionnaires were completed by or on behalf of patients, either via face to face interviews or returned to us in the post.

Without exception all the patients who completed questionnaires felt the ward was clean and tidy.

Comments we received included:

'They are cleaning all the time'

'They are tidying up all the time – even our tables'

'The equipment that is around is needed to treat patients'

On the days we visited, the ward was very clean and generally tidy. However, a lack of available storage space was proving challenging for staff to ensure equipment was stored safely when not in use. A mechanical hoist was obstructing a patient's view of a television and boxes had been placed in front of a fire exit posing a potential safety hazard. When this was reported to senior hospital staff this was rectified promptly.

Patients were very complimentary about the staff and the care received.

Comments we received included:

'They are fabulous''

'Even when busy [the staff] treat us with respect'

'Have had a good experience'

We saw staff being polite and courteous to patients and their visitors. Staff protected the privacy and dignity of patients when providing assistance with personal care by closing curtains around bed areas and closing doors to toilets.

Delivery of the Fundamentals of Care

We observed patients to be well looked after and found staff were committed to providing good standards of care.

Communication and information

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

We saw staff providing explanations to patients before providing care and assistance.

Generally, patients told us staff had provided them with information about their care and treatment in a way they could understand. Patients also told us they felt staff listened to them and their friends and family.

We saw staff taking time to explain what they were doing and seeking verbal consent from patients before providing care and assistance.

We were told patients due to receive joint replacement surgery were initially seen at a pre assessment clinic within the hospital. In addition to assessing patients' fitness for their forthcoming surgery, the pre assessment team also run a Joint School where patients are told about what to expect before and after surgery. Patients are also provided with information booklets clearly describing what to expect.

Respecting people

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

We saw staff being respectful and polite to patients and protecting their privacy and dignity as far as possible.

During our inspection we observed staff being polite to patients and treating them with respect and kindness. Overall, patients also told us this during our conversations with them and through their responses within completed questionnaires.

We found staff closed curtains around bed areas to protect patients' privacy and maintain their dignity when helping them with their personal care. We also

saw staff closing doors after helping patients to the toilet, again protecting their privacy and maintaining their dignity.

We saw staff involving patients in their care and helping them as needed depending on their abilities.

Promoting independence

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

We saw staff encouraging and assisting patients to be independent as far as their condition allowed.

We saw staff encouraging patients to be as independent as their condition allowed and helping them as needed. Members of the multidisciplinary team, for example physiotherapists and occupational therapists, visited the ward and provided specialist help with a view to patients returning home.

The ward was generally free from clutter, allowing patients who could mobilise independently to do so safely. We saw staff encouraging and helping patients to use walking aids to help them regain their mobility. The equipment we saw was visibly clean and looked well maintained.

Relationships

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

We found there were appropriate arrangements in place for patients to maintain contact with their relatives and friends. However, there was no dayroom near the ward for patients to use to talk privately.

The ward operated a structured visiting times policy. We were told visiting times were 7:30pm – 8:30pm every day with additional times of 2:30pm – 4:30pm at weekends. Whilst structured times were in place, we were told no reasonable request to visit outside of these times would be refused.

Whilst the hospital had public areas such as a café and shops that patients could use, the ward did not have a designated dayroom nearby. This meant less mobile patients were generally confined to the ward and there was no suitable area nearby for patients to talk privately with relatives and friends.

Rest, sleep and activity

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

The visiting arrangements in place allowed patients to rest during the day. The ward felt uncomfortably warm which was not conducive to sleeping.

Visiting arrangements on the ward meant time was protected for patients to rest during the day.

Sufficient supplies of linen were available on both days of our inspection. Staff told us they were able to request additional linen if needed. This meant patients could have their beds changed promptly when needed so they could return to bed to rest without any delay.

We observed the ward was very warm and whilst fans were in use, these had a limited affect on the ambient temperature. This could result in an uncomfortable environment for patients to sleep.

Recommendation

The health board should consider implementing ways to make the temperature of the ward more comfortable.

The majority of patients were sitting in chairs to aid their recovery and prevent complications associated with being in bed, for example chest infections.

Ensuring comfort, alleviating pain

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

We saw staff helping patients to be comfortable and offering pain relief which had been prescribed regularly. Patients told us staff managed their pain well.

We saw staff helping patients to be comfortable when in bed or sitting in chairs. We also saw staff asking patients about their level of pain and offering pain relief medication.

Patients told us staff managed their pain well and they did not have to wait long for medication. Within the care monitoring records we looked at, staff had regularly assessed patients' pain depending on their presenting condition. For example, patients recently returned from surgery had their pain assessed more frequently than those who were further into their post operative recovery. We

saw pain relief medication had been prescribed regularly to ensure patients' pain relief was optimised.

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 cared for and we saw staff helping them as needed to maintain their personal hygiene.

All patients appeared clean and well presented, wearing pyjamas or gowns to protect their dignity. We saw staff protecting patients' privacy by closing curtains around bed areas when providing help with personal hygiene needs.

Patients told us staff were kind and sensitive towards them when carrying out care and treatment.

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.

Protected mealtimes were in place and these were being adhered to. Whilst we saw staff assisting patients with eating and drinking, they did not consistently offer patients the opportunity to wash their hands prior to eating.

Staff told us protected mealtimes were in place and we observed this arrangement to be adhered to during the two lunchtime meals we observed.

We saw staff helping patients to sit up and also clear bed tables so patients could eat their lunch. Whilst we saw staff offering patients the opportunity to wash their hands prior to eating during the lunchtime period on the first day of the inspection, this opportunity was not offered during the lunchtime we observed the next day. A satisfactory reason was not provided for this.

Recommendation

The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands before mealtimes.

At the time of our inspection healthcare support workers were responsible for serving food. They appeared to be aware of the individual needs of patients. Patients we spoke to told us they liked the food.

Senior hospital managers confirmed they were looking at using designated staff to serve meals, thus allowing ward staff more time to concentrate on other care duties.

Staff told us patients had a choice of meals and that special and/or textured modified diets were available to those who needed them. They also described suitable arrangements for obtaining a meal should a patient not be on the ward at designated mealtimes. Hot drinks and biscuits were served throughout the day to supplement the main meals of breakfast, lunch and supper.

Staff told us information about the assistance required by patients at mealtimes was shared during staff handover meetings. On both days we saw staff helping patients as needed.

The care records we saw indicated staff were using and completing a suitable nutritional screening tool for patients on admission. Staff told us they would refer to a dietician for advice if they had any concerns about a patient's nutritional intake.

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 we saw appeared well hydrated, although care records did not always demonstrate their oral care was being satisfactorily maintained.

The written care records we saw did not always reflect patients' oral care was being satisfactorily maintained. Our recommendations regarding care documentation can be found later in this report within the section entitled 'Delivery of a Safe and Effective Service'.

However, patients we saw appeared well hydrated and did not report any concerns about their oral hygiene. Patients also told us staff helped them to eat and drink if required.

There was a good supply of toothpaste for patients if required and pots were available to store dentures safely when not being worn.

Toilet needs

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

Toilets were clean and appropriately equipped to reduce cross infection. We saw staff responding to patients' requests promptly and helping them as needed. The use of privacy signs could be used to further protect patients' privacy and dignity.

Within care records, we saw staff had used a suitable assessment tool to assess and record patients' continence needs and the use of toilet method preferred. We saw a good range of continence aids available on the ward. From our observations these were used appropriately to maintain patients' dignity.

Toilets on the ward were very clean and appropriately equipped with toilet paper and hand washing facilities to reduce cross infection. Commodes were clean and well maintained, again reducing the risk of cross infection.

Whilst some cubicles had en suite facilities, the majority of toilets were shared use. All shared toilet and washing facilities were clearly signposted. However, the use of privacy signs could be used to indicate when these facilities were in use to prevent people opening doors inadvertently and causing embarrassment.

Recommendation

The health board should consider implementing the use of privacy signs to indicate when toilets are in use.

We saw staff answering calls for assistance promptly meaning that patients did not have to wait unnecessarily for their request to use the toilet to be acknowledged. However, the number of toilets on the ward versus the needs of the patients appeared to cause a delay in patients being able to use them.

Preventing pressure sores

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

We saw appropriate pressure relieving equipment in use that was clean and working properly.

The prevention of pressure sores was being actively managed. However, whilst monitoring records indicated staff checked patients' skin regularly,

we could not be certain assessments had always been reviewed at the prescribed or expected intervals.

The ward had pressure relieving mattresses to reduce the risk of patients developing pressure sores. The mattresses we saw were visibly clean and appeared to be functioning correctly.

Care records we saw indicated staff had used an appropriate assessment tool to determine patients' risk of developing pressure damage. Monitoring records had been completed indicating staff checked patients' skin regularly for signs of pressure damage. However, the recognised risk assessment tool in use had not always been reviewed at the prescribed or expected intervals. Our recommendations regarding care documentation can be found within the section entitled 'Delivery of a Safe and Effective Service'.

The prevention of pressure sores was being actively managed. There was good input from physiotherapists who provided specialist support and advice on safe mobility following surgery. We saw staff encouraging and assisting patients to move and walk around as soon as their condition allowed, using appropriate mobility aids.

Quality of Staffing, Management and Leadership

At the time of our inspection we felt staffing levels were appropriate and staff agreed with this view. We saw good leadership from the nurses in charge on both days we visited.

The way care was organised on the ward seemed to work well with staff working efficiently as a team. Staff told us they had received training relevant to their role and we saw records to indicate this was regularly monitored by senior staff.

We were told staff were encouraged to resolve concerns (complaints) at ward level as far as possible.

Staffing levels and skill mix and professional accountability

We were told required staffing levels for the ward had been determined as being seven staff during the morning shift, six during the afternoon and four during the night. We felt staffing levels were appropriate to meet the needs of patients on the days of our inspection and staff we spoke to agreed with this view.

However, staff told us they were sometimes requested to work on other wards to cover acute staffing shortfalls. They further indicated that such requests did not allow them to provide the quality of care they wanted to. We discussed this with senior staff who indicated individuals were only moved when absolutely necessary and following an assessment of patient acuity. We were assured patient safety would not be compromised as a result of moving staff.

We saw good leadership provided by the nurses in charge on both days of our inspection. They had a good understanding of the needs of the patients and the day to day organisation of the ward. We felt the staff team worked well together to meet the care needs of patients. All staff appeared to have a good understanding of their respective roles and responsibilities

Effective systems for the organisation of clinical care

We found the ward accepted mainly scheduled patient admissions for surgery. This meant staff generally were aware of the number of patients being admitted and could plan accordingly. Care was organised so registered nurses were responsible for smaller groups of patients, supported by healthcare support workers. Whilst we saw the ward was busy, this system seemed to work well with staff working efficiently as a team. There appeared to be good

communication between ward staff and the different members of the multidisciplinary team involved in the patients' care.

During our inspection the nurse in charge on both days was included in the staffing levels and so was also responsible for their own group of patients. We could see this could be challenging for the nurse to provide suitable supervision of care if called away for any length of time.

As referred to previously, patients scheduled for admission for joint replacement surgery were assessed prior to admission at the pre assessment clinic. We were told this had helped to reduce the number of patients having their operations cancelled at short notice due to them not being fit for surgery. This meant care resources were able to be used effectively and efficiently and prevent patients being disappointed and inconvenienced.

Training and development

Our interviews with staff working on the ward indicated they had received training relevant to their role.

Senior staff told us they regularly monitored ward compliance with mandatory staff training and competencies as part of the health board's Care Indicators audits. We were provided with copies of audits and these confirmed the process described.

Handling of complaints and concerns

Our discussions with senior staff indicated they would, as far as possible, try to resolve any concerns at ward level.

They told us the ward manager and staff were encouraged to speak with patients and their relatives to identify any concerns early so the issues raised could be discussed and dealt with promptly.

We were provided with two examples where action had been taken, as a result of concerns raised by patients or their relatives, to prevent similar things from happening again. At the time of our inspection we were told there were no open complaints involving the ward.

We were told patients are able to access a patient advice liaison service (PALS). This service was operating five days per week, providing advice and support to patients to help them resolve concerns they may have about care and treatment received.

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.

Senior staff described appropriate arrangements were in place to record, investigate and learn from clinical incidents.

Staff had access to a range of relevant policies.

We saw an appropriate system of audit in place to check key areas of patient care.

Overall we found arrangements were in place to ensure the care provided to patients was safe. Senior staff took prompt action when we identified a potential safety hazard.

Overall, medication records had been completed correctly. However, we found oxygen being administered which had not been prescribed using the All Wales Drug Chart.

We saw staff using dressing trollies and unlockable containers to transport medicines during medication rounds. Staff maintained safety by not leaving these unattended. However, in light of our findings, senior hospital managers decided to stop this practice immediately.

We saw patients were well cared for. However the written care records were not always up to date, reflecting their current care needs and care provided.

Risk management

Senior staff told us clinical incidents were logged using the health board's electronic logging system and investigated in a timely manner. They gave an example of learning from a recent incident, which had led to a change being made as to how nursing staff assess patients before surgery to reduce the risk of their operation being cancelled at short notice.

Policies, procedures and clinical guidelines

Senior staff told us ward staff had access to the health board's policies and procedures via the intranet site. Ward staff we spoke to were aware of relevant clinical guidelines associated with their area of practice.

We saw a number of recognised care bundles being used on the ward in line with the 1000 Lives initiative[1].

Effective systems for audit and clinical effectiveness

Senior staff told us a number of areas associated with patient care are audited monthly as part of the health board's Care Indicators audit. These included nursing standards, systems to prevent infection, mandatory staff training and medicines management.

We saw the ward was making regular checks in relation to the incidence of pressure sores, falls and infection control. Results were clearly displayed as Safety Crosses near the entrance to the ward to inform staff, patients and visitors.

Patient safety

Overall, the ward was very clean generally tidy. However, a lack of available storage space was proving challenging for staff who tried to ensure equipment was stored safely when not in use. A mechanical hoist was obstructing a patient's view of a television and boxes had been placed in front of a fire exit posing a potential safety hazard. When this was reported to senior hospital staff this was rectified promptly.

We have recommended the health board consider reviewing the amount of equipment on the ward and available storage space to ensure equipment does not cause a trip hazard when not in use.

Recommendation

The health board should make arrangements to review the equipment needed on the ward and available storage space and arrange for action to be taken to ensure equipment does not pose a hazard to safety.

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[1] 1000 Lives Improvement is the national improvement programme, supporting organisations and individuals, to deliver the highest quality and safest healthcare for the people of Wales. http://www.1000livesplus.wales.nhs.uk/home

We saw all patients had access to nurse call buzzers to request help as needed. Patients told us they didn't have to wait long for their buzzers to be answered by staff and we saw this during our inspection.

Medicines management

Ward routine and approach

We saw staff had access to the health board's medication policy and a range of guidance was available on medicine management. This would allow staff to check they were adhering to safe storage and handling procedures for medicines used on the ward.

Staff told us a pharmacist visited the ward daily and was available to offer support and advice on the safe use of medicines used on the ward.

A stock of emergency medication was available on the hospital site. This meant staff could access medication so patients did not miss doses of prescribed medication unnecessarily.

Storage of drugs

Medicines were stored securely within locked cupboards and a drug fridge.

Preparation of patients and administration of drugs

Whilst accompanying staff on a medication round we saw them assisting patients to adopt a suitable position to take their medication. All patients had drinks within easy reach to help them swallow their medication.

We saw staff checking patients' identification to ensure the safe administration of medicines. The medication round was unhurried facilitating a safe environment for patients to receive their medication.

The All Wales Drug Charts were being used and the sample we considered had generally been completed correctly by staff. However, some prescribers' signatures were not clear. In addition we saw oxygen being used on the ward but this had not been prescribed using the drug chart. Staff were appropriately monitoring patients and we were assured no harm had occurred. However, oxygen must be prescribed by an appropriate person using the All Wales Drug Chart where this is deemed necessary.

Recommendation

The health board should make suitable arrangements to ensure where it is required, oxygen is correctly and clearly prescribed using the All Wales Drug Chart.

We saw staff using dressing trollies with unlocked storage containers being used to transport medicines during the medication round.

Staff did not leave these unattended during the round thus maintaining the security of the medicines. However, we raised this with senior hospital managers as we felt this could pose a potential risk of unauthorised persons being able to access medicines within the containers. We were told staff had been instructed not to leave medication unattended at any time and work was ongoing across the health board to review medication systems used. However, in light of our findings, senior managers decided to stop the practice with immediate effect.

Controlled Drugs

We saw controlled drugs stored securely. Entries within the controlled drugs record booked indicated staff were conducting appropriate checks when administering this type of drugs. However, some signatures were illegible. Efforts should be made to ensure staff completing records can be identified so controlled drug administration can be easily tracked for audit purposes.

Recommendation

The health board should make arrangements to ensure staff completing entries within the Controlled Drugs record can be easily identified.

Take Home Drugs

We saw suitable arrangements were in place for patients' take home medication.

Documentation

Patient assessment and care planning/evaluation

We looked at a sample of four patient records. This sample included two patients with a diagnosis of diabetes.

We saw relevant risk assessments had been completed by staff when patients had been admitted to the ward. These had been reviewed during the patient's

stay and intentional rounding[2] records had been completed. However, we saw risk assessments had not always been completed at expected or prescribed time intervals.

Care planning documentation was generic and not individualised to the patient. Whilst the daily records (and what we saw during the inspection) indicated the care provided was being evaluated regularly, the care plans did not always reflect changes made as a result.

Whilst we saw patients were being well cared for, we could not be certain the written records accurately reflected the care being provided to patients at all times.

This was discussed with senior hospital managers. They agreed there were inconsistencies in the completion of care documentation. They felt this was being exacerbated by the large volume of documentation being rolled out nationally.

Recommendation

The health board should make suitable arrangements to ensure written care documentation is up to date and reflects patients' care needs and the care provided.

Diabetes Care

We considered the care provided to two patients, one of whom had been diagnosed with Type 1 diabetes and the other with Type 2. Both patients had this clearly recorded in their medical notes and were receiving the prescribed treatment.

Staff told us there was a 'link nurse' on the ward who could provide advice on diabetes care. They demonstrated the correct treatment of hypoglycaemia and the ward protocol for treatment was clearly displayed within the medicines room.

Care records did not include specific care plans relating to diabetes foot care; however we were told patients' feet would be checked as part of pressure sore assessment and prevention.

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

Patients and staff told us snacks were available on the ward to supplement main meals should these be required to maintain blood glucose levels during the day.

The patient receiving insulin treatment for diabetes told us this had been given regularly and on time. Records indicated this patient had blood glucose testing regularly and their diabetes was controlled.

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 its 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 9 at the Princess of Wales 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 board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: The Princess of Wales Hospital

Ward/ Department: Ward 9

Date of Inspection: 17 and 18 October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	None			
	Delivery of the Fundamentals of Care			
10	The health board should consider implementing ways to make the temperature of the ward more comfortable.	The concerns were raised with the health board during the visit and immediate action was taken. The ward utilised the fans on the ward and additional fans were provided.	Chief Nurse, POWH	complete
11	The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands before mealtimes.	The ward is testing options such as hand wipes for patients who cannot easily move to a sink area to help ensure there is a robust and consistent approach for all mealtimes.	Chief Nurse, POWH	By 16th February 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
13	The health board should consider implementing the use of privacy signs to indicate when toilets are in use.	Bi-lingual laminated signs have been prepared and are being tested.	Chief Nurse, POWH	complete
	Quality of Staffing Management and Leadership			
	None			
	Delivery of a Safe and Effective Service			
18	The health board should make arrangements to review the equipment needed on the ward and available storage space and arrange for action to be taken to ensure equipment does not pose a hazard to safety.	Immediate action was taken during the visit to remove equipment that was close to a fire exit and equipment needed permanently on the ward reviewed. Storage areas off ward are available on ward 16, the oasis restaurant and in the physio storage. The health board recognises that given the nature of the ward some equipment will need to be on the ward at all times.	Operational Manager, POWH	complete
19	The health board should make suitable arrangements to ensure where it is required, oxygen is correctly and clearly prescribed using the All Wales Drug Chart.	Training is being arranged for all ward 9 staff. Role of prescriber will be reinforced in the trauma and orthopaedic audit meeting.	Chief Nurse, POW Orthopaedic Quality and Safety Lead	By 16th February 2015
20	The health board should make arrangements to ensure staff completing entries within the Controlled Drugs record can be easily identified.	The signature list for the ward has been reviewed and all registrants on the ward spoken to about the importance of providing legible signature.	Chief Nurse, POWH	complete

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
21	The health board should make suitable arrangements to ensure written care documentation is up to date and reflects patients' care needs and the care provided.	New documentation has been introduced since the visit. Work is ongoing in the Care Planning Stream of Health Boards Action After Andrews work that will be developed in this and all wards. Audit arrangements form part of the ideal ward audits.	Chief Nurse	By 16th March 2015

Health Board Representative:

Name (print): **Rory Farrelly**

Title: **Executive Director of Nursing and Patient Experience**

Signature: **[submitted electronically]**

Date: **16th December 2014**