

Dignity and Essential Care Inspection (unannounced)

Abertawe Bro Morgannwg
University Health Board

Morrison Hospital, Ward V

26 and 27 November 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Ward V at Morriston Hospital, part of Abertawe Bro Morgannwg University Health Board on the 26 and 27 November 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.

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.

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

Ward V is a 28 bedded ward specialising in adults requiring colorectal surgery. The ward accepts adult patients admitted as an emergency and on a booked admission basis.

4. Summary

Overall patients told us they were satisfied with the care and treatment provided on the ward. We found the ward to be very clean and generally tidy, however comments from patients indicated the cleanliness of the toilets could be improved. We have recommended the health board addresses this.

We saw patients who were well looked after and a staff team who were committed to providing good standards of care.

We found staff were providing explanations to patients about their care and treating patients with respect, taking steps to protect their privacy and dignity.

We saw patients were encouraged to be as independent as their conditions allowed.

Suitable arrangements were in place for patients to see their relatives and friends. The ward team made efforts to ensure family who could not visit often were kept up to date on their relatives' progress.

Patients told us they often had difficulty sleeping due to a noisy ward environment. We have recommended the health board make arrangements so patients on the ward can sleep at night.

We saw evidence of staff assessing and managing patients' pain. Some patients told us there was sometimes a delay in receiving pain relieving medication. We have recommended the health board addresses this.

Overall, patients were offered a range of food and drink that met their requirements. However, some patients commented the food was not always as warm as they would like. Whilst staff helped patients to eat and drink, we did not see patients being provided with opportunities to wash their hands before eating.

We found suitable arrangements in place to support patients to maintain their oral hygiene.

Patients were assisted with their toilet needs. We noted a malodour near toilet areas and have recommended the health board addresses this.

Patients were having their skin regularly checked for signs of pressure sores and specialist equipment was available to help reduce these from developing.

Staffing levels were in accordance with national guidelines. We found the ward was being well run and staff appeared to have a good understanding of their individual roles and responsibilities.

Staff told us they had not received specific training on the care of older persons. We have recommended the health board explore this and take action to provide this training as appropriate.

Overall we saw arrangements in place to provide safe care. However, the care records we saw did not always contain evidence that mental capacity issues had been considered when providing care. We have recommended the health board addresses this.

We found appropriate arrangements were in place for the safe management of medicines used on the ward. However, we have recommended the health board make suitable arrangements to ensure where oxygen is prescribed, target ranges are also included for patient monitoring purposes.

We saw patients were well cared for. However, we saw an inconsistent approach to using care planning documentation. We highlighted this to senior hospital managers so they could take appropriate action to address this.

Ministerial Unannounced Spot Check Visit

On 29 July 2014 a ministerial unannounced spot check visit was made to the hospital and Welsh Government published the findings within a report¹. We used the findings from this visit to inform our dignity and essential care inspection. Whilst our inspection focussed on ward V we did visit two of the wards visited by the spot check review team to look at the wider practice within wards at the hospital.

We found improvements had been made in the areas identified by the spot check visits. However, we found water jugs were not being replenished three times per day as was recommended. This was discussed with senior hospital managers. They told us they were aware of this issue and were meeting with representatives within Welsh Government to agree a suitable way forward.

¹ A copy of the report *Learning from Trusted to Care, Ministerial Unannounced Spot Check Visits to Morriston Hospital, Swansea* is available from the Welsh Government website at <http://wales.gov.uk/topics/health/nhswales/spot-checks/abertawe1/?lang=en>

5. Findings

Quality of the Patient Experience

Overall patients told us they were satisfied with the care and treatment provided on the ward. We found the ward to be very clean and generally tidy, however comments from patients indicated the cleanliness of the toilets could be improved. We have recommended the health board addresses this.

During our inspection we invited patients to complete our questionnaires to tell us about their experience on the ward. We asked patients for their views about the ward environment, the hospital staff and the care received. Patients also provided us with comments through ad hoc conversations during the inspection.

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

Overall, patients who provided comments within questionnaires indicated the ward was clean and tidy. However some of the comments received indicated the cleanliness of the toilets could be improved. Whilst we saw the toilets to be clean we did notice a malodour on the ward during the second day we visited.

On the days we visited, the ward was very clean and generally tidy. Some equipment was being stored near a fire exit. Whilst this did not seem to be causing a hazard, arrangements should be made to ensure this does not interfere with the process of evacuating patients in the event of a fire.

All patients who completed questionnaires told us staff were polite to them and their friends and family.

Comments we received included:

'Very helpful, can't fault them'

'...they are friendly and helpful'

We saw staff being polite and kind to patients when helping them with their care needs. We also saw staff protecting the privacy and dignity of patients when helping them.

When asked to provide their views on the care they had received, patients told us staff were kind and helped them when needed. We asked patients within questionnaires to rate the care and treatment provided to them on the ward. The majority of patients rated their care as *'excellent'*.

Delivery of the Fundamentals of Care

We saw patients who were well looked after and a staff team who 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 found staff were providing explanations to patients about their care.

Overall, comments from patients who completed questionnaires told us staff had talked to them about their medical condition and helped them understand their condition.

We saw staff spending time explaining procedures to patients, gaining their consent before providing care. We also saw advice being provided to patients on their care and treatment by other members of the multidisciplinary team such as the pharmacist, colorectal nurse and pain nurse. This meant patients had access to specialist advice from the wider hospital team.

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 treating patients with respect and taking steps to protect their privacy and dignity.

We saw staff treating patients with respect and courtesy and being polite to patients. We saw many examples of staff being kind when speaking to and helping patients.

Staff were protecting the privacy and dignity of patients as far as possible when helping them with their care. This was being achieved by closing curtains and doors when patients were washing or using the toilet.

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 patients were encouraged to be as independent as their conditions allowed.

We saw staff helping patients to be as independent as their condition allowed. Toilets and washing rooms were signposted to assist patients to find these areas independently.

Patients had their personal belongings nearby so they could reach these without needing help from staff. We also saw walking aids were available to help patients walk around the ward safely and independently.

Relationships

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

Suitable arrangements were in place for patients to see their relatives and friends. The ward team made efforts to ensure family who could not visit often were kept up to date on their relatives' progress.

We were told the visiting hours on the ward were between 1:30pm and 8:30pm and could be flexible with the agreement from the nurse in charge. This meant patients could receive visitors within reasonable hours. We were told the ward encouraged relatives and friends to be involved in care according to their and the patient's wishes.

There was no dayroom nearby for patients to use to spend time with their relatives and friends. However, no concerns were raised by patients regarding this. We were told the office on the ward could be used for private telephone calls to protect patient's privacy.

For relatives who were unable to visit very often, the ward had implemented a password system so staff could provide information on progress safely over the telephone, protecting patient information.

Rest, sleep and activity

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

Patients told us they often had difficulty sleeping due to a noisy ward environment. We have recommended the health board make arrangements so patients on the ward can sleep at night.

We saw patients retiring to bed to rest at different times during our inspection according to their wishes.

An adequate supply of linen was available and staff told us they were able to request additional linen and pillows if needed. This meant patients could have their beds changed promptly when needed and were not being delayed in returning to bed to rest.

We received comments from patients who told us they had experienced difficulty sleeping. This appeared to be due to noise from monitoring equipment, buzzers and other patients. Patients we spoke to acknowledged the ward was busy and understood the ward could be noisy. However, the health board should make suitable arrangements to ensure patients on the ward can have adequate sleep at night.

Recommendation

The health board should make suitable arrangements to ensure patients on the ward can have adequate sleep at night.

Ensuring comfort, alleviating pain

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

We saw evidence of staff assessing and managing patients' pain. Some patients told us there was sometimes a delay in receiving pain relieving medication. We have recommended the health board addresses this.

We saw staff assisting patients to be comfortable. Staff told us they assessed patients' pain and we saw scores recorded on monitoring charts. Whilst patients' pain had been assessed the ward was not using a recognised pain assessment tool. Such a tool could be useful to assess not only the score but also the type and location of the pain.

During our inspection patients appeared comfortable and their pain scores reflected this. Some patients told us there was sometimes a delay in receiving pain relieving medication. They attributed this to staff being busy with other patients and how the medicine round was organised. This meant that sometimes patients may not have the pain relief they require promptly.

Recommendation

The health board should make suitable arrangements to ensure patients receive pain relieving medication promptly.

Pain specialist nurses visited the ward daily to provide advice and support to staff on managing patients' pain. This meant staff had access to specialist advice to help them manage patients' pain effectively. However, as indicated above, consideration also needs to be given to ensuring patients receive pain relief promptly.

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 told us they were adequately supported with their personal care needs.

All the patients we saw during the inspection appeared well cared for. When providing help with personal hygiene, staff were protecting patients' privacy by drawing curtains around bed areas and closing doors to toilets and wash rooms.

Patients we spoke to and who provided comments within completed questionnaires confirmed staff helped them as needed and in a kind and sensitive manner.

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.

Overall, patients were offered a range of food and drink that met their requirements. However, some patients commented the food was not always as warm as they would like. Whilst staff helped patients to eat and drink, we did not see patients being provided with opportunities to wash their hands before eating.

Senior staff told us the ward had protected mealtimes in place. During the mealtime we did not see patients being disturbed by medical and nursing staff unnecessarily, therefore allowing them to eat their meals.

Most of the patients we saw were sitting up in their beds or chairs prior to the meal being served. However, where required we saw staff helping patients to sit up to have their meals and clearing bed tables to make room for plates and drinks. We did not observe patients being offered the opportunity to wash their hands prior to meals. The health board should explore this further and take appropriate action to address this.

Recommendation

The health board should explore why patients are not being offered the opportunity to wash their hands before meals and take appropriate action to address this as necessary.

All patients we saw ate their lunch within the ward. There was no other area available, such as a dayroom, where patients could eat their meals. However, patients did not raise this as an issue with us.

Staff told us the ward used the Red Tray² system. However, no patients had been identified by staff as needing this at the time of our inspection.

Healthcare support workers on the ward were responsible for serving meals. We were told hot food had to be served within a specified time of being delivered to the ward (so that it was suitably and safely hot). This seemed to place additional pressure on staff in being able to help patients with personal care needs and also serve meals within an appropriate timescale. We were told this was a temporary arrangement until a housekeeper was in post, which should help resolve this issue.

Some patients told us the food was sometimes not as warm as they would like. This may be due to patients' personal preferences but we informed senior staff so action could be taken to ensure food served on the ward is suitably warm.

Recommendation

The health board should make suitable arrangements to determine and demonstrate food served on the ward is suitably warm and take appropriate action as necessary.

The staff serving food, at the mealtime we observed, appeared to have a good understanding of the nutritional needs of the patients. Appropriate arrangements were described to obtain meals for patients who, for some reason, were absent from the ward at mealtimes.

Staff told us snacks and drinks were available during the day to supplement main meals. Staff also told us patients' water jugs were routinely replenished twice per day. The recommended frequency is three times per day. However,

² The Red Tray system is a simple way of alerting staff to the fact that a person requires monitoring and/or help with eating.

we were told if patients requested this to be done more frequently, or required more water, ward staff would arrange this.

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.

We found suitable arrangements in place to support patients to maintain their oral hygiene.

We saw the ward had supplies of toothbrushes and toothpaste for patients to use. Individual denture pots were also available to keep patients' dentures safe when not being worn.

Generally the patients we spoke to confirmed they were able to look after their own oral care. One patient who was unable to do this confirmed staff had helped as needed. We identified no concerns regarding patients having their oral hygiene needs being met.

Toilet needs

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

Patients were assisted with their toilet needs. We noted a malodour near toilet areas and have recommended the health board addresses this.

We saw patients' continence needs had been assessed using a recognised continence assessment tool. We saw staff assisting patients with their toilet needs, encouraging and promoting their independence as their condition allowed. Patients who provided comments within completed questionnaires confirmed staff helped them as needed in a sensitive way.

Toilets were clean and equipped with suitable hand washing facilities, and paper, to reduce cross infection and maintain patients' dignity. As identified earlier, we noted there was sometimes a malodour near toilet areas. Patients who provided comments within completed questionnaires also mentioned this. We have recommended the health board explore the reason for this and take appropriate action to ensure malodour from toilets on the ward is minimised as far as possible.

Recommendation

The health board should explore the reasons for the malodour near toilet areas and take appropriate action to minimise this.

Commodes were generally well maintained and labelled to indicate they had been cleaned and were ready for use. Some of the commodes we saw were scratched and so could be difficult to thoroughly clean, posing a cross infection risk.

The ward had supplies of continence aids available. From our conversations with staff, these appeared to be used appropriately and only for patients who needed them.

Preventing pressure sores

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

Patients were having their skin regularly checked for signs of pressure sores and specialist equipment was available to help reduce these from developing.

We saw a recognised tool was being used by staff to assess patients' risk of developing pressure sores. Monitoring records showed staff had assessed patients' skin regularly for signs of pressure sores. These records also showed patients had been assisted or encouraged to move position to prevent pressure sores developing.

Specialist pressure relieving air mattresses were in use on the ward to help prevent patients developing pressure sores. These appeared clean and to be working properly.

Quality of Staffing, Management and Leadership

Staffing levels were in accordance with national guidelines. We found the ward was being well run and staff appeared to have a good understanding of their individual roles and responsibilities.

Staff told us they had not received specific training on the care of older persons. We have recommended the health board explore this and take action to provide this training as appropriate.

Staffing levels and skill mix and professional accountability

Senior staff told us staffing levels had been arranged to ensure eight staff were on duty during the morning shift, six during the afternoon and four during the night. At the time of our inspection the ward was full, with 28 patients being cared for. The staffing levels described were in accordance with the guiding principles for nurse staffing as set out by the Chief Nursing Officer for Wales. This meant the ward was following national guidelines to staff the ward.

On the days of our inspection, we felt staffing levels were appropriate for the needs of the patients being cared for. Staff we spoke to agreed with this view and confirmed that in general these staffing levels were sufficient. Senior staff used the all Wales acuity tool to monitor staffing levels and this had resulted in an uplift of staff during the day. We were told bank staff could be requested to cover shortfalls.

There was very clear leadership evident on the ward. Over the two days of our inspection, senior staff demonstrated a thorough understanding of the needs of the patients and the ward routine. Staff appeared to be aware of their responsibility associated with their role and grade and we saw registered nurses supervising and supporting healthcare support workers appropriately.

Effective systems for the organisation of clinical care

Patient care was organised so registered nurses were responsible for smaller groups of patients on the ward. The senior registered nurse responsible for these smaller groups of patients supervised and directed junior staff. Whilst we saw the ward was busy, overall this system seemed to work well with staff working efficiently as a team.

Senior staff were in charge on both days of our inspection. Both demonstrated a very good understanding of the needs of the patients and the routine of the ward. The ward manager told us she would organise her working pattern so she

was available during visiting times to speak to patients' relatives to update them on progress and answer queries.

Training and development

Senior staff told us mandatory staff training was monitored monthly as part of the health board's regular auditing process. We saw audit records were up to date and considered a number of areas relevant to patient care.

Audit records demonstrated staff had attended training on a variety of topics relevant to their role. However, staff told us they had not received specific training in relation to the care of older people. Given a number of patients on the ward were elderly at the time of our inspection, the health board should explore the need to provide staff with training in this area of nursing.

Recommendation

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

Handling of complaints and concerns

Senior staff told us staff would try and resolve concerns at ward level.

We were also told that relevant feedback and learning from concerns and complaints would be shared with staff at ward meetings. A patient who had recently been on the ward had written to the local paper praising the care provided. The ward manager had obtained a copy and was intending to share this with staff. This approach meant staff were told when they had done well and also when improvements could be made.

At the time of our inspection there was one open complaint. Senior staff were in the process of investigating this with a view to resolving it promptly.

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 saw arrangements in place to provide safe care. However, the care records we saw did not always contain evidence that mental capacity issues had been considered when providing care. We have recommended the health board addresses this.

We found appropriate arrangements were in place for the safe management of medicines used on the ward. However, we have recommended the health board make suitable arrangements to ensure where oxygen is prescribed, target ranges are also included for patient monitoring purposes.

We saw patients were well cared for. However, we saw an inconsistent approach to using care planning documentation. We highlighted this to senior hospital managers so they could take appropriate action to address this.

Risk management

Senior staff told us clinical incidents were reported via the health board's electronic reporting system. We were told incidents were investigated and identified learning shared with ward staff. Senior staff were able to provide us with examples of where learning from incidents had been used to avoid re-occurrence.

Policies, procedures and clinical guidelines

Senior staff told us copies of relevant health board policies were available to staff both in hard copy and via the intranet system. We were also told staff would be made aware of updates to policies via ward meetings and through the use of a communication folder, where details of any updated policies and procedures would be filed and made available to staff to read. Staff were expected to sign a form when they had read and understood policies.

Effective systems for audit and clinical effectiveness

Senior staff told us a number of areas associated with patient care were audited monthly. We were also told results from audits were shared with staff to identify learning and make improvements as necessary.

The ward was making regular daily checks in relation to the incidence of pressure sores, falls and infection control (including infections relating to wounds and urinary catheters). Audit results were displayed as safety crosses within the ward for staff to see.

Notice boards had recently been installed. Senior staff told us the intention was to display audit results for patients and visitors to see.

Patient safety

The ward was very clean and generally free from trip hazards. All the patients we saw had access to a working buzzer to summon assistance from staff if required. Buzzers were also available within toilets and wash rooms for patients to use. We saw staff answering buzzers in a timely manner and patients who provided comments within questionnaires confirmed staff generally responded to their requests promptly.

We saw a good staff presence on the ward and staff were regularly checking on patients. During our inspection, one patient required close supervision and an additional member of staff was on duty to provide this.

Staff we spoke to confirmed they had received training in relation to the protection of vulnerable adults.

At the time of our inspection some patients were presenting with confusion. Whilst this had been identified, the care records we saw did not always contain evidence that mental capacity issues had been considered when providing care. This meant we could not be assured staff were always following the principles of the Mental Capacity Act (2005) when providing care. This was discussed with senior staff so they could make suitable arrangements to address this issue.

Recommendation

The health board should take suitable action to ensure staff are aware of their responsibilities under the Mental Capacity Act (2005). The health board should also make suitable arrangements to demonstrate patient mental capacity issues have been considered when planning and delivering care.

Medicines management

Ward routine and approach

Staff told us they could access the health board's policy on the safe management of medicines via the intranet system. We were told a pharmacist visited the ward regularly to provide advice on the medicines used on the ward.

We saw medication, oxygen therapy and intravenous fluids were being prescribed on the correct form. However, we saw oxygen prescriptions had not been completed fully to include target ranges. These are required for the purposes of patient monitoring by staff to ensure oxygen therapy is effective.

Recommendation

The health board should make suitable arrangements to ensure target ranges for prescribed oxygen therapy are recorded on the All Wales Drug Charts.

Storage of drugs

We saw suitable arrangements in place for the storage of drugs.

Preparation of patients and administration of drugs

We accompanied a member of staff during the administration of medication. The nurse provided necessary support and assistance to patients to take their medication and we observed safe practice.

The All Wales Drug Charts were being used to record the prescription and administration of medicines. The sample we saw had been completed correctly apart from the target ranges for oxygen therapy referred to above.

As mentioned earlier, some patients told us there was sometimes a delay in them receiving pain relieving medication. We did not see this on the days we inspected. However, the medication round was organised so patients were seen in turn, based upon where they were on the ward. This would mean some patients receiving medication at the end of the round. Therefore, this approach could result in a delay in patients receiving their pain relief. We have recommended the health board takes action to address this.

A poster was displayed outside the ward asking visitors to avoid disturbing staff if they were wearing a red apron. The purpose of this was to avoid medication errors being made by staff due to them being distracted. This is recognised practice to reduce medication errors in healthcare settings. However, whilst on the ward we saw non nursing staff wearing red aprons for a different reason,

related to the procedures for ward cleaning and prevention of cross infection. We felt the information provided on the poster may cause confusion for visitors and the health board may wish to revisit the information displayed to ensure the intended message is communicated.

Controlled drugs

We saw appropriate arrangements were in place for the storage and regular checking of controlled drugs. Records we saw indicated controlled drugs were being administered correctly.

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 five patient care records. This sample included two patients who had a diagnosis of diabetes.

From the records, we saw patients had an assessment of their care needs performed on admission to the ward. Relevant risk assessments had also been completed using recognised nursing assessment tools. These included assessments in respect of developing pressure ulcers, use of bed rails and risk of falls. However, we saw an inconsistent approach to the use of care planning documentation on the ward. From the sample of records selected, we saw three patients had care plans in place. Two had risk assessment and monitoring documentation only.

Whilst we saw care had been evaluated regularly, written risk assessments and care plans had not always been updated to reflect patients' changing care needs. This meant written risk assessments and care plans may not always have reflected the presenting condition of the patients and care being provided by staff.

We highlighted this to senior staff. They explained a new approach to using documentation had been implemented which was still being embedded on the ward. However, they agreed all patients should have an up to date care plan and relevant risk assessments in place and agreed to address this.

Recommendation

The health board should make suitable arrangements to ensure all patients on the ward have a suitable and up to date written care plan.

Entries within medical and nursing care records were generally legible and included dates and times.

We saw evidence of contribution by other members of the multidisciplinary team such as physiotherapist, occupational therapist and pain specialist nurse. This meant patients had received specialist care input according to their needs.

Staff told us occupational therapists and physiotherapists maintained their own records rather than routinely writing within nursing and medical records. Whilst we were told information would be provided to staff verbally, there is potential for relevant information to be misinterpreted or 'lost'. Therefore the health board should consider implementing a system to ensure ward staff can access written information about care and treatment provided by all members of the team contributing to the care of patients on the ward.

Recommendation

The health board should make suitable arrangements to ensure ward staff can access written information about care and treatment provided to patients on the ward by other members of the multidisciplinary team.

Diabetes care

Within the sample of records we selected, two patients had a diagnosis of diabetes.

There were no specific care plans in place in respect of how the patients' diabetes was being managed whilst on the ward. This meant staff may not have been provided with clear written instructions on how to meet the patients' needs. However, from our discussions with staff and from what we saw within monitoring records and medication records, patients were having their blood glucose checked and receiving medication to control their diabetes.

We saw staff had access to necessary equipment to monitor patients' blood glucose levels. Suitable equipment was also available to treat patients identified with hypoglycaemia (a low blood glucose level requiring prompt treatment) and staff were aware of the protocol to follow.

Staff told us they had received training on diabetes management and had access to a specialist nurse who could provide advice on diabetes care.

Arrangements were in place for patients to self administer their insulin injections under the supervision of staff, so maintaining a level of independence. Patients confirmed snacks and drinks were available should their blood glucose be identified as low.

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 V at Morriston 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: **Morrison Hospital**

Ward/ Department: **Ward V**

Date of Inspection: **26 and 27 November 2014**

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	-			
	Delivery of the Fundamentals of Care			
9	The health board should make suitable arrangements to ensure patients on the ward can have adequate sleep at night.	All incidents with regard to the malfunctioning of / noisy equipment will be reviewed and actioned on a daily basis. Reinforcement of use of televisions within the ward areas to be put into place. Support / advice information with regards to the	Head of Nursing: Surgical Services Head of Nursing: Surgical Services Head of Nursing:	Immediate & Ongoing Immediate & Ongoing Immediate &

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		personal use of eye masks, ear plugs and personal digital devices (with ear plugs) to be provided to all inpatients.	Surgical Services	Ongoing
		Implementation of 1:1 policy to manage ad hoc disruption.	Head of Nursing: Surgical Services	Immediate & Ongoing
9	The health board should make suitable arrangements to ensure patients receive pain relieving medication promptly.	Health Board Pain Management Team to be contacted to discuss the use of additional Pain Assessment Tools over and above NEWS.	Head of Nursing: Surgical Services	By the 28/02/2015
		Additional Pain Management Documentation to be introduced: All patients currently assessed as having a pain score of 1 or greater as per the National Early Warning System (NEWS) to have supplementary assessment carried out.	Head of Nursing: Surgical Services	By the 01/04/2015
		Allocated registered staff to each bay within ward – to provide immediate patient contact for issues including pain management.	Head of Nursing: Surgical Services	Immediate & Ongoing
11	The health board should explore why patients are not being offered the opportunity to wash their hands before meals and take appropriate action to address this as necessary.	Housekeeper / Hostess role to be reintroduced to ward. Role will include: <ul style="list-style-type: none"> • Support to patients to wash their hands • Monitoring of food delivered to the ward • Support to resolve environmental issues 	Head of Nursing: Surgical Services	Post commenced 16/02/2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
11	The health board should make suitable arrangements to determine and demonstrate food served on the ward is suitably warm and take appropriate action as necessary.	<p>Review and monitoring of the temperature of food delivered to the ward. Outcome of monitoring to be considered and where needed to be escalated to Hotel Services / Domestics.</p> <p>Housekeeper / Hostess role (as above) to speed up delivery of food to patients.</p>	Lead Nurse and Ward Housekeeper	2 week review to be completed by 28/02/2015
13	The health board should explore the reasons for the malodour near toilet areas and take appropriate action to minimise this.	<p>Review domestic cleaning services available to Ward. (NB: Due to nature of the ward as a colorectal ward additional hours are already in place on ward following transfer of inpatient colorectal services from Singleton to Morriston in December 2011)</p> <p>Review of extent of malodour present on the ward. To be monitored on a daily basis as part of the routine environment check within the ward.</p> <p>Review of any suitable and appropriate equipment/solutions to mask odours associated to the toilet areas in conjunction with Hotel Services/Domestic.</p>	<p>Lead Nurse</p> <p>Lead Nurse & Ward Housekeeper</p> <p>Ward Housekeeper</p>	<p>2 week review to be completed by 28/02/2015</p> <p>Immediate & ongoing</p> <p>Immediate & ongoing</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of Staffing Management and Leadership				
15	The health board should make suitable arrangements to ensure specific training on the care of older persons is made available to staff as necessary.	<p>Implementation of the principles of the “Ideal Ward” to be introduced to the ward and across the Surgical Services Directorate.</p> <p>Multidisciplinary audits in place across all wards. Initial feedback to be provided to Head of Nursing 12/02/2015.</p>	Head of Nursing: Surgical Services	Introduced from 31/01/2015
Delivery of a Safe and Effective Service				
17	The health board should take suitable action to ensure staff are aware of their responsibilities under the Mental Capacity Act (2005). The health board should also make suitable arrangements to demonstrate patient mental capacity issues have been considered when planning and delivering care.	<p>Introduction of new Integrated Nursing Assessment Tool (inclusive of individual patient capacity assessment and care planning)</p> <p>New documentation introduced across Surgical Services. Directorate spot audits undertaken during implementation phase. Corporate review of implementation pending.</p> <p>As of 31/1/15 93% of staff have received POVA/MCA training – 100% to have received training by 31/3/15.</p> <p>Surgical Services Directorate staff participating in</p>	<p>Head of Nursing: Surgical Services</p> <p>Head of Nursing: Surgical Services</p> <p>Head of Nursing: Surgical Services</p>	<p>Fully introduced from 01/01/2015</p> <p>31/3/15</p> <p>31/3/15</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Health Board wide Dementia Awareness Training Programme.		
18	The health board should make suitable arrangements to ensure target ranges for prescribed oxygen therapy are recorded on the All Wales Drug Charts.	<p>Revisit the prescribing protocols for oxygen therapies with all senior nurses within the Directorate. Recirculate revised Medicines Management Policy. Retraining plan to be put into place as appropriate.</p> <p>All medication incidents are monitored on a monthly basis via patient Quality & Safety reporting within the Directorate.</p> <p>Outcome report and action plan to be shared with medical colleagues via speciality based Patient Quality & Safety reporting within monthly Governance Days.</p>	<p>Head of Nursing: Surgical Services</p> <p>Directorate Management Board</p> <p>Clinical Director/Associate General Manager: Governance Surgical Specialities</p>	<p>In place by 28/2/15</p> <p>Established and ongoing</p> <p>18/02/2015</p>
20	The health board should make suitable arrangements to ensure all patients on the ward have a suitable and up to date written care plan.	<p><i>See recommendation and actions above</i></p> <p>Pilot of the use of multi-disciplinary patient notes to be piloted within the "Ideal Ward" structure. Terms of Reference for the pilot to include monitoring arrangements.</p>	Head of Nursing: Surgical Services	To be in place by 1 st May 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
20	The health board should make suitable arrangements to ensure ward staff can access written information about care and treatment provided to patients on the ward by other members of the multidisciplinary team.	As above in previous recommendation	As Above	As Above

Health Board Representative:

Name (print): Nicola Williams

Title: Assistant Director of Nursing and Patient Experience

Signature: [Submitted electronically]

Date: 13/02/2015