Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Dignity and Essential Care Follow-Up Inspection (Announced)

Cardiff and Vale University Health Board: Ward B6 Trauma and Orthopaedic, University Hospital of Wales, Cardiff

20 and 21 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) conducted a Dignity and Essential Care Inspection of Ward B6 on 22 and 23July 2014. During this inspection there were a number of issues escalated to the health board by HIW in the form of an immediate assurance letter. We made a number of findings in relation to the delivery of the fundamentals of care, quality of the staffing, management and leadership and the delivery of a safe and effective service. The health board provided HIW with a satisfactory response detailing its actions, responsible officers and timescales. The published HIW inspection report contains all of the findings of the initial inspection and the health board's improvement plan.

HIW informed the health board that it would undertake a follow-up inspection later in the year.

This report outlines the findings of the follow-up inspection which was notified to the health board three weeks in advance and carried out on 20 and 21 January 2015. This report sets out the progress that the ward and the health board have made since our initial inspection and any areas for further improvement. The inspection considered the following issues:

- Quality of 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.

Members of the inspection team included a HIW inspection manager, two clinical peer reviewers and a lay reviewer.

The following health board staff contributed to the follow-up inspection:

- Ward manager and staff of Ward B6
- Ward consultant ortho-geriatrician
- Senior nurse for orthopaedics
- Lead nurse for orthopaedics
- Assistant director of nursing
- Health board executive director of nursing
- Assistant director of quality and safety.

The ward provided HIW with a comprehensive file of evidence in support of its actions and progress of the ward improvement plan. This assisted HIW in understanding how health board staff had worked together to make key improvements.

3. Context

Ward B6 is a 38 bedded ward dealing with hip fracture and general trauma patients. Operationally B6 is organised into two distinct 19 bedded areas with designated nursing teams within the ward establishment. It delivers care through a shared care model with the orthogeriatric consultant lead alongside specialist trauma input from trauma and orthopaedic consultants. The ward has developed this model of orthogeriatric care, which has been shown to reduce the length of stay and provide improved discharge planning for older people following hip fractures. The model comprises of both a traditional ward team and a newer team of nurse specialists for trauma and GP liaison (orthogeriatric pathway facilitators).

The ward is on the University Hospital of Wales (UHW) site, part of the trauma and orthopaedic department of Cardiff and Vale University Health Board. The ward has links to the Orthopaedic Centre at Llandough Hospital via co-ordination of a senior nurse manager.

The ward caters for both male and female patients. The age range of patients on the ward ranges from younger to older adults, although most of the patients are older adults, many of whom are frail and additionally have cognitive impairment. Patients are admitted following trauma for emergency surgical procedures. The acuity level of patients' ranges from complex acute care needs (due to frailty and cognitive impairment); to lower level, yet highly time intensive, rehabilitation during recovery.

4. Summary

We noted from our observations, discussions and review of case notes that much progress had been made by the ward in the majority of areas of the ward improvement plan. HIW recommended that the ward continues the momentum of improvement with particular emphasis on continuing to sustain the improvements into everyday work. There were two areas that the follow-up inspection identified as requiring further progress. These included mental capacity act assessment and the assessment and communication of patient status with regard to the deprivation of liberty safeguards.

HIW recognised the improvements that the ward had made and this was fed back to both the ward and the senior management teams.

Since the initial inspection, the ward sister has been able to ring fence time for team leadership and staff management duties. A second clinical leader sister has been appointed to support the leadership model for the ward, which has 38 beds and a challenging case mix of older vulnerable adult with cognitive impairment and reduced mobility. On the day of our inspection, we noted the ward to be well co-ordinated and staffing to be well organised to meet the patient care needs. A system of staff breaks ensures effective staffing is maintained in the patient bay areas.

We were told of and saw a clearer emphasis on documenting individual patients care needs. We observed joined up communication between the ward team and the orthogeriatric pathway co-ordinator team, which included clear ward round feedback and recording of the interventions of different practitioners in the patient case notes. We observed that patients had a clear treatment plan.

We saw the delivery of the fundamental aspects of care being provided to a good standard with particular reference to the areas of oral care and continence care, which had not been the case during our initial inspection. The ward has also sourced additional equipment for continence care. We saw that staff communicated sensitively with relatives and staff and were observed maintaining patients' privacy and dignity when providing care at the bedside.

The monitoring of quality and safety within the ward was clearly demonstrated. There is a system of patient status at a glance (PSAG)[1] in place which is used by the whole multi-professional team and we observed that this information was kept accurately up to date under the responsibility of the shift co-ordinator. The ward has a system of 'board rounds' which result in the whole multi-professional team using the PSAG board as a focus of communication about individual patients at handover, and when medical staff attend the ward prior to conducting a ward round.

We were told that safety briefings are now part of daily routines, since the initial inspection and we observed a safety briefing during the follow-up inspection. The safety briefings, which take place each shift, enable the whole team to receive information about patients, in particular those who are most vulnerable and/or have unique care and observation needs. The safety briefings also included reminders for staff about training sessions and other important information that needed to be passed on to staff from shift to shift and between day and night shift.

[1] Patient status at a glance boards are the visual display of vital patient information to allow clinical teams to accelerate their decision making, review patient status, constantly monitor team workload and reduce interruptions.

5. Findings

Quality of the Patient Experience

During the initial inspection, we found that patients' experience of the service whilst on the ward was positive. When asked about their care, patients we spoke to said they were satisfied with the way in which care was provided.

During the follow-up, we also found that patients were, on the whole, satisfied with their experience on the ward. We observed that patients were well cared for and that staff carried out their duties in a sensitive and caring manner. Staff were considerate in their approach to communication and care provision. Patients and relatives told us that patients received good care and attention. This included attention to individual personal care needs and the need for information about their own care and treatment. Patients who we spoke with told us that they had a good experience of care on the ward and relatives that we spoke with told us that they were happy with the care provided.

We received a number of completed questionnaires from patients and relatives who, through the questionnaire commented on their experience on the ward.

> *"All staff are kind and friendly."*
>
> *"Wonderful staff."*
>
> *"The ward is clean and tidy."*
>
> *"The doctor spoke Welsh with me."*
>
> *"Staff are quite understanding."*

One younger patient commented that it would be better if they could self medicate because they were *"quite used to doing this at home"*.

The ward has developed stronger means of communication with relatives and carers, including a visual display of staff and how to contact staff at the entrance to the ward. We observed, during a multi-disciplinary team meeting, a good emphasis on making sure that communication about patients' treatment and discharge plans was communicated between patients, relatives and staff. This was important for safe and effective discharge home and transfer of care to other service areas.

We noted relatives to be relaxed in the ward environment. Relatives appeared to be comfortable in approaching staff with questions and we saw meaningful communication between patients, relatives and staff. We observed that the ward had systems in place to support regular communication with relatives, such as the co-ordinator providing a regular ward round during visiting times to speak with relatives.

We also observed that relatives were able to approach staff whenever they required in order to gain up-to-date information.

Delivery of the Fundamentals of Care

During the initial inspection we observed a number of positive interactions between staff and patients. Staff were aware of the need to protect the privacy and dignity of all patients. However, on a small number of occasions we noted that staff did not always maintain high standards of the delivery of the fundamentals of care. There were two main areas where HIW recommended that improvement was made. These areas included oral care and continence care. Additionally, during the initial inspection it was noted that buzzers were not within easy reach for patients and that improvement was necessary.

During the follow-up inspection, we were told that since the initial inspection, the staffing levels on the ward had been increased. We observed staffing levels during the day to be sufficient to meet the needs of the patients. Where patients had additional care needs, due to cognitive impairment, one to one care had been put in place. We observed that staffing levels were less during the evening and night. However, staff were able to meet the needs of patients and told us that the health board has an escalation process where they can obtain additional staff should this be required. This was a collaborative process between ward staff and senior hospital staff which meant that senior staff were alerted to the changing needs of the ward.

The ward is benefiting from a new system of senior nurse spot checks. This provides the ward with visible senior leadership and supervision which pays attention to the fundamentals of care standards, and assesses the frequency that the ward achieves these standards.

Oral care

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

During the follow-up we observed a good standard of the delivery of this area of practice. We noted that patients had clean and moist mouths and that those patients who required assistance with oral care were assisted appropriately. We noted that people's oral care needs were assessed and documented on admission. The ward is rolling out the oral care bundle[2].

[2] Oral care bundle is a tool which enables all nurses in Wales to assess the mouth care needs of their patients, audit the care provided and offer patients the opportunity to give feedback.

Toilet needs and continence care

During the initial inspection the ward was found not to be meeting the standards required at all times for the assessment and provision of continence care, with a lack of suitable equipment available on the ward. During the follow-up, we observed that the ward was meeting a good standard in relation to continence care needs. We observed that appropriate, discreet and prompt assistance was provided to all patients, with account taken of their specific needs through documented assessment. The ward used the continence bundle[3] to guide continence care. We also observed that patients' privacy was maintained. We observed patients being supported to use a suitable means of toileting and where possible being supported to walk to the toilet by nursing and physiotherapy staff. We observed that the ward had obtained more equipment for continence care since the initial inspection. Both registered nursing staff and health care support workers had a good knowledge of continence care.

During our initial inspection, we saw that buzzers were not within easy reach for patients to access and use. During the follow-up inspection, we observed buzzers to be within easy reach for patients to use. We also found that staff paid attention to communicating with patients how they can access the buzzer and also call for staff when required. For those patients with cognitive impairment, who would not be able to use a buzzer and for safety required one-to-one nursing observation and additional support, a one-to-one nurse/patient ratio was in place.

Communication and information

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

The initial inspection found a lack of information provided to patients and relatives about their care and treatment. There was also no access to communication aids for people with sensory loss.

During our follow-up, we observed that the ward had put measures in place to improve the communication of information to relatives and patients. Information about the staff team was accessible for relatives. There was a greater emphasis on providing information to patients and explaining their care to them.

[3] Continence bundle is a tool which enables all nurses in Wales to assess the continence needs of their patients, audit the care provided and offer patients the opportunity to give feedback.

We were told of and saw a clearer emphasis on documenting individual patients care needs. We observed joined up communication between the ward team and the orthogeriatric pathway co-ordinator team, which included clear ward round feedback and recording of the interventions of different practitioners in the patient case notes. We observed that patients had a clear treatment plan. The ward had access to communication aids for the use of those with sensory loss.

Promoting independence and use of the dayroom

The initial inspection identified that the dayroom was not fit for purpose, untidy and with an unpleasant feel. Patients were not aware of the facility.

During the follow-up, we observed that the health board had refurbished the dayroom, which is dedicated for patients and their relatives to assist their rehabilitation and allow them time away from their bed areas.

We observed patients being assisted to mobilise and regain their independence by both nursing and therapy staff and patients and relatives were aware of the dayroom facility.

Relationships

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

We observed some new mechanisms that the ward now uses to communicate with patients, relatives and carers. This includes an information board at the ward entrance which describes who the staff are and encourages people to approach them. Staff were also observed to approach patients and their relatives to provide information and keep them up to date with care and treatment plans.

With regard to other aspects of the fundamentals of care, we observed all patients to be well cared for; they appeared clean and comfortable and had support to eat and drink as appropriate to their needs.

Nursing staff were visible and present in the patient bay areas. They also had a system of regular rounds whereby they checked patient pressure areas, moved patients as required and assisted them to take fluids and monitored their level of comfort and pain.

Quality of Staffing, Management and Leadership

During the initial inspection HIW made a number of findings that required improvement. These related to the quality of staffing, management and leadership, for which immediate assurance was requested from the health board.

We observed that the ward was a particularly challenging environment due to the size and long distance between nursing stations and patient bays areas. We reported that the ward team would benefit from more open and joined up communication between health care support workers and registered nurses to ensure patients whose conditions may have changed are identified and assessed at the earliest opportunity. The follow-up inspection took note of the progress the health board and the ward had made.

All Wales dress code

During the initial inspection we observed that not all staff were adhering to the all Wales dress code. During the follow-up inspection, all staff were observed to be correctly adhering to the All Wales dress code. Staff looked smart in their appropriate uniforms and wore a clear means of identification.

Organisation of care and staff breaks

During the initial inspection, we noted that there was not an effective system in place for the organisation of staff breaks, whilst maintaining staff on the ward to meet the patient needs in a timely way. During the follow-up, we found that the ward has implemented a procedure for staff breaks which has been put into practice since the initial inspection. This system allows staff to take an appropriate break whilst ensuring sufficient staff are on the ward, visible and available in patient bay areas. HIW were presented with the ward's local policy on the organisation of staff breaks and we observed the application of this, which resulted in appropriate cover for the ward whilst enabling staff to take their breaks.

Staffing levels and management time for ward sister

During the initial inspection HIW found that staffing levels on the ward were not enabling the ward sister to take effective time out of the team numbers to manage their staff and service. The ward was disorganised in how it managed the organisation of care.

At the time of the follow-up inspection, the staffing levels had improved according to staff, although the ward was still running with some vacancies. The ward sister had benefited from having a second deputy in place. This had enabled the ward sister to spend time undertaking team leadership and management duties.

The ward sister was highly visible on the ward during the days of the inspection and had a good knowledge of the patients and their needs. Although the ward has now completed a patient acuity benchmark, the ward was running with some vacancies at the time of the inspection. Staff told us that the staffing levels were better since the initial inspection and enabled the provision of care that patients required. When patients required one-to-one observation and care, this was put in place through the use of escalation mechanisms to support appropriate care provision and safe staffing. The staffing levels were observed to be lower on the afternoon and night shift. Since the initial inspection, the ward sister has gained some dedicated time out of clinical duties to undertake management duties and tasks.

Medical leadership and multi professional teamwork

During the follow-up inspection, we saw that patients' notes contained clear information about the patients' anticipated recovery journey. HIW observed a multi-professional team meeting where evidence of good multi-disciplinary working was seen. An in-depth level of knowledge was observed regarding both patients' medical and personal circumstances. This resulted in a good knowledge of issues likely to be faced by patients upon discharge. Communication of patient care goals between nursing and medical staff was found to be well documented in both the medical and nursing notes. The ward had introduced a ward round note, which was entered into the patient case notes following the ward round to communicate decisions made. There was a greater emphasis on discharge planning, especially for those patients with complex needs. We observed how the orthogeriatric pathway co-ordinators tracked the care and management of patients and this helped the discharge planning of those patients with complex needs.

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.

At the time of the initial inspection HIW observed that the ward was at times disorganised and that there was a lack of focused organisation between the staff resource. This was compounded by issues with some modes of communication, such as patient information boards that were not effectively co-ordinated or kept up-to-date with relevant information. Staff struggled at times to provide full focus and attention to documenting evidence of how they fully met patients' individual care needs.

During the follow-up inspection, we found the ward to be well organised with effective leadership and organisation of the staff resource. We observed effective communication mechanisms in place and well established routines which assisted the care process. We observed that patients had access to staff when their needs required and that staff were well aware of peoples individual needs.

The ward had a good standard of cleanliness and general housekeeping with clean corridors, patient areas, facilities and stock rooms being tidy.

Accurate and up-to-date information on patient status boards

During the follow-up we observed that the ward had progressed work on patient status at a glance boards. During the follow-up inspection we observed that patient status boards were accurately completed with information that was up to date. We also saw how the ward had more structured routines for communication about changes to patient status and need. We observed the use of the patient status boards for Board Rounds by the multi-professional team.

Accurate completion and application of do not actively resuscitate forms

We observed do not actively resuscitate (DNAR)[4] forms appropriately and correctly completed. The status of patients was accurately communicated amongst the ward team and information on the patient status boards was up-to-date.

[4] A DNAR order on a patient's file means that a doctor is not required to resuscitate a patient if their heart stops and is designed to prevent unnecessary suffering.

Communication between health care support workers and registered nurses about National Early Warning Scores and patient status

On the initial inspection we found that the recording of National Early Warning Scores (NEWS)[5] by healthcare support workers was not regularly monitored by registered nurses and that the status of patients was not well communicated amongst the team.

During the follow-up, we observed effective communication between the registered nurses and healthcare support workers and the awareness amongst the whole team of the status of patients.

Environment

During the initial inspection we found that the door to the kitchen which contained large industrial kitchen equipment was open and unattended.

During the follow-up we observed that the ward had implemented a local agreement between the ward and the catering department. The kitchen door opening out onto the ward area is only left open during mealtimes. This is attended by a member of the hotel services staff and locked at the end of mealtime.

Sharps management and infection control

During the follow-up we observed the correct disposal of sharps. The ward had made changes to the placement of sharps boxes and had improved practice of infection prevention and control, in relation to sharps. Staff showed good knowledge about the infection prevention and control policy and the importance of the safe disposal of sharps.

Medicines management including the safe storage of drugs

During the follow-up inspection all medications were stored appropriately and safely. All drug cupboards and fridges were noted to be locked. Staff administered medication in accordance with the health board policy.

[5] National Early Warning Score (NEWS) is based on a simple scoring system for physiological measurements, such as temperature, taken when patients are in hospital. NEWS is designed to identify those patients at risk of clinical deterioration.

The documentation of care

During the initial inspection, we found that care records were disjointed and did not reflect an accurate record of the care that was given. Additionally, patients did not have clear plans of care.

During the follow-up inspection we observed during our review of six random case notes that all patients had an assessment completed. This included appropriate risk assessment. All patients had some nursing care plans and from the medical notes we observed that all patients had clear treatment plans. However, we found that not all patients had mental capacity assessed and documented and where patients required consideration under the deprivation of liberty safeguards, staff lacked awareness of this.

The accurate completion and application of both mental capacity act assessments and deprivation of liberty safeguards

It was clear from our case note review and our observations of patient interactions that a large proportion of the patients had a significant degree of cognitive impairment. Staff lacked clear understanding of the Mental Capacity Act (2005) and the deprivation of liberty safeguard legislation.

Individual patient notes did not contain information of the assessment of mental capacity and whether or not deprivation of liberty safeguard assessment would be appropriate.

Recommendation

The health board is required to comply with the Mental Capacity Act and the deprivation of liberty safeguards legislative frameworks.

Health board staff require training to increase their awareness of both the Mental Capacity Act and the deprivation of liberty safeguards. Both the Mental Capacity Act and the deprivation of liberty safeguards must be appropriately applied in practice.

6. Next Steps

The health board has made significant progress in a number of areas since HIW's original inspection. Further work is required to ensure that the initial improvement plan is fully implemented.

This follow-up inspection has resulted in the need for the health board to complete a further improvement plan in Appendix A to address the findings from this inspection. The health board is required to submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Ward B6 trauma and orthopaedic at the University for 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: University for Wales Hospital

Ward/ Department: B6 Trauma and Orthopaedic

Date of Inspection: 20 and 21 January 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Delivery of a Safe and Effective Service			
Page 16	The health board is required to comply with the Mental Capacity Act and the deprivation of liberty safeguards legislative frameworks. Health board staff require training to increase their awareness of both the Mental Capacity Act and the deprivation of liberty safeguards. Both the Mental Capacity Act and the deprivation of liberty safeguards must be appropriately applied in practice.			

Health Board Representative:

Name (print): .....

Title: .....

Date: .....