

## **Hospital Inspection (Follow Up - Unannounced)**

**Cwm Taf University Health  
Board: Ysbyty Cwm  
Cynon, Ward 3**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

Healthcare Inspectorate Wales (HIW) completed an unannounced (follow up) inspection of Ward 3 at Ysbyty Cwm Cynon within Cwm Taf University Health Board on the 5 May 2016.

## 2. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**  
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of Safe and Effective Care:**  
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**  
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the inspection comprised of one inspection manager (who led the inspection), an assistant inspection manager and a clinical peer reviewer.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient care records
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

### 3. Context

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

Ysbyty Cwm Cynon opened approximately four years ago and is located in Mountain Ash.

Ward 3 has 25 patient beds which are divided to provide a mixture of four bedded bays and cubicles. The ward accepts both male and female patients who require rehabilitation care and therapy services.

## 4. Summary

The main purpose of this inspection was to follow up on the health board's progress in addressing the improvements needed from our last inspection in 2014.

During our inspection we invited patients and/or their visitors to complete a HIW questionnaire to provide us with their views on the ward environment, the hospital staff and the care they had received. The comments we received confirmed patients were happy with their care.

We found that improvements had been made around continence assessment and also to records of multidisciplinary meetings between healthcare and therapy staff to plan patients' discharges. Further action was required by the health board to make ongoing improvements around staff recording their assessment and monitoring of patients' pain.

We saw that staff were assisting patients to eat and drink. The health board should make arrangements to ensure that water jugs are replaced three times daily in accordance with national standards.

We found that the storage of medicines had improved since our last inspection. We also saw that nursing staff checked patients had taken their medication before signing the medication administration record.

Further improvement was needed around record keeping to ensure patient care plans are accurate and up to date.

Our observations at the time of our inspection indicated that there were enough staff with the right knowledge and skills to meet the care needs of the patients. We were told that extra staff could be requested to work to ensure that there were enough staff working on the ward.



## 5. Findings

### *Quality of the Patient Experience*

**During our inspection we invited patients and/or their visitors to complete a HIW questionnaire to provide us with their views on the ward environment, the hospital staff and the care they had received. The comments we received confirmed patients were happy with their care.**

**We found that improvements had been made around continence assessment and also to records of multidisciplinary meetings between healthcare and therapy staff to plan patients' discharges. Further action was required by the health board to make ongoing improvements around staff recording their assessment and monitoring of patients' pain.**

### **Dignified Care**

*People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs. (Standard 4.1)*

In total, nine questionnaires were completed, either via face to face interviews or returned to us separately during the inspection. The comments received indicated staff had always been polite to patients and their families/friends.

We observed staff being kind to patients and their visitors. This observation was further confirmed through comments made in questionnaires, where we were told staff had been kind and sensitive to patients when carrying out care and treatment. When asked to rate the care and treatment that patients had received, patients and/or their relatives rated this between seven and ten out of ten.

At our last inspection of the ward, we identified improvement was needed around staff recording their assessment and monitoring of patients' pain. This was especially important for those patients with complex needs who may not be able to tell staff they were in pain.

We looked at a sample of patients care records. Within this sample we looked at the care records for eight patients, focussing on pain management care. We found that patients' pain scores were not being regularly recorded. Whilst patients had been prescribed painkillers, overall the records did not

demonstrate that staff were regularly assessing patients' pain or evaluating the effectiveness of actions (including the use of painkillers) to alleviate pain. When we asked patients about how staff managed their pain, they told us that staff had asked them about their pain and had assisted them to make them comfortable. Patients we saw also appeared comfortable. This provided us with some assurance that patients' pain was being effectively managed by the staff team.

In response to our previous inspection, the health board described it would implement the Abbey Pain Scale<sup>1</sup> to assist with the monitoring and evaluation of patients who cannot verbalise pain. Whilst senior ward and hospital staff explained this tool had been introduced, its use had not been maintained. No satisfactory reason was provided as to why the tool was not being used at the time of our inspection.

### ***Improvement needed***

***The health board is required to explore the reasons why the use of a pain assessment tool on the ward has not been maintained. The health board is also required to ensure that staff record their assessment of patients' pain, their evaluation of the actions taken to alleviate patients' pain and any further action taken following this evaluation.***

We found that the All Wales Continence bundle was used on the ward to help staff assess and manage patients' continence needs. The example we saw had been used correctly and a written care plan developed.

Whilst the ward environment was not a specific focus of our inspection, we observed the ward to be clean and tidy and generally free from clutter. Comments from patients also indicated that they felt the ward was clean and tidy.

### **Individual Care**

*Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1)*

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<sup>1</sup> The Abbey Pain Scale is designed to assist the assessment of pain in those patients who cannot clearly express their needs.

The ward team worked with other members of the multi disciplinary team to provide rehabilitation care and therapy services to patients.

Senior ward staff explained that the physiotherapist provided individual patients with mobility plans. This was so that ward staff could encourage and assist patients to move correctly in between visits from the physiotherapist. We saw that these plans were available and saw staff assisting patients to move around.

Senior hospital staff told us they were looking at ways to provide additional therapy support to patients during 'out of hours' times.

Senior ward staff told us that weekly meetings were held that involved healthcare and therapy staff to plan patients' discharges. We saw that records had been made setting out agreed actions from these meetings. We were told that actions would be actively followed up by ward staff in between the weekly meetings. Comments from some of the patients we spoke to indicated that they were unclear about their future plans for discharge.

Our findings indicated improvement action had been taken by the health board in respect of the above and as described in its response following our previous inspection. Given the comments we received from some patients, however, the health board should explore whether communication between ward staff and patients could be improved in this regard.

## *Delivery of Safe and Effective Care*

**We saw that staff were assisting patients to eat and drink. The health board should make arrangements to ensure that water jugs are replaced three times daily in accordance with national standards.**

**We found that the storage of medicines had improved since our last inspection. We also saw that nursing staff checked patients had taken their medication before signing the medication administration record.**

**Further improvement was needed around record keeping to ensure patient care plans are accurate and up to date.**

### **Safe care**

*People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).*

We saw that information on the *All Wales Food Chart* and *Drink a Drop* was prominently displayed within the ward. This provided information for staff on how to complete food charts and the importance of offering regular drinks to patients. It also provided information on these initiatives for visitors to see.

Ward staff confirmed that that patients were offered the opportunity to wash their hands before meals according to their wishes. We saw that staff were available to support those patients who required help and support to eat and drink. Patients who completed questionnaires confirmed that staff helped them. We looked at a sample of food monitoring charts and saw that these had been completed and were up to date. Arrangements were described to obtain alternative food should a patient miss a meal.

We saw that drinking water was readily available. Staff explained that water jugs were routinely changed twice a day. This is not in accordance with the *All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients*, which recommends that water jugs are replaced three times daily. It also does not reflect the action the health board described it would take following our last inspection.

***Improvement needed***

***The health board should make arrangements to routinely replace water jugs three times per day in accordance with All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients.***

We were told, however, that if patients requested fresh drinking water, staff would also change the water jugs on an ad hoc basis. Comments made by patients in the questionnaires confirmed that they always had access to drinking water.

*People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).*

Since our last inspection, arrangements had been made to store medicines securely as confirmed in the health board's response to our previous inspection. The medication storage room was locked to prevent unauthorised persons from entering the room. The cupboards and the drugs fridge within the room were also locked as an additional security measure.

We did not see any medication unattended at patients' bedsides. We observed nursing staff administer medication to patients safely and saw that the nurse conducted checks to ensure the correct patient received the correct medication at the correct time.

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7)*

We looked at a sample of patients care records. Within this sample we looked at six patients' records, focussing on how patients' care was provided in accordance with Deprivation of Liberty Safeguards<sup>2</sup> (DoLS).

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<sup>2</sup> Deprivation of Liberty Safeguards - The framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

All the records we looked at had appropriate DoLS paperwork completed. Senior ward staff explained that regular checks were done to ensure that the ward staff were complying with the DoLS arrangements and completing relevant paperwork.

Our findings concluded that the ward team understood their responsibilities under the DoLS arrangements. These and conversations with senior ward and hospital staff indicated improvement action had been taken by the health board as described in its response following our previous inspection.

### **Effective care**

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5)*

We looked at a sample of patients care records. Within this sample we looked at two patients' care records in detail to consider the written care planning process and quality of record keeping. We also spoke to senior ward staff to find out how staff should complete these. The ward used pre printed care plans. Ward staff were expected to sign a daily evaluation summary sheet confirming that care had been provided as described in the care plan. In addition a daily recording sheet allowed for staff to write more detail as to a patient's progress. We were told that staff should update the written care plans with any changes accordingly.

All patients had a written plan of care and monitoring records were seen to be completed and up to date. Monitoring records we saw included the *All Wales Food Chart* and the *SKIN bundle*<sup>3</sup>.

The presentation of the written care plans prompted staff to evaluate individual elements of the care plan but this was not the practise on the ward. As described above, staff were expected to sign a daily evaluation summary. We saw that an inconsistent approach had been used by staff in the evaluation of the care plans. This seemed to have resulted in some elements of a patient's care plan not being up to date. For example, it referred to the patient still being

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<sup>3</sup> SKIN Bundle - A holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage

in receipt of a subcutaneous fluid infusion (infusion of fluid under the skin) but we saw that this was not the case. In addition it referred to actions to reduce the patient from falling but this was not consistent with the risk assessment that had been previously completed. We informed senior ward staff of our findings who agreed that improvement was needed.

Following our last inspection, the health board confirmed that it was reviewing nursing documentation and that this work was ongoing. Whilst we only considered a small sample, the health board should take into account our findings and make arrangements to ensure a consistent approach to the completion of care records.

***Improvement needed***

***The health board should take into account our findings in respect of record keeping and make arrangements to ensure a consistent approach is applied by staff when completing care records and that care records are accurate and up to date.***

## *Quality of Management and Leadership*

**Our observations at the time of our inspection indicated that there were enough staff with the right knowledge and skills to meet the care needs of the patients. We were told that extra staff could be requested to work to ensure that there were enough staff working on the ward.**

### **Staff and resources**

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).*

On the day of our inspection, three registered nurses (including the ward manager), three healthcare support workers and two student nurses were working on the ward.

We saw staff responding to patients' requests in a timely way and patients appeared well looked after. At lunchtime we saw staff assisting patients with their meals. We also observed staff assisting patients to the toilet during the course of the day.

Senior ward staff told us that extra staff could be requested to ensure that there were enough staff working on the ward. These staff were supplied by the health board's nurse bank, a nurse agency or from other areas within the hospital. At the time of our inspection we were told that requests for staff to work were being made regularly. However, there were occasions when staff could not be provided. On those occasions, ward staff were asked to adjust their shift pattern to cover busier times.

We invited staff working on the ward to complete a questionnaire to provide us with their views. These included their views on training, patient care and their managers. In total, four completed questionnaires were returned. When asked whether they felt there were enough staff, comments generally indicated that they felt there were enough staff for them to do their job properly. They also told us they felt satisfied with the quality of care they provided to patients and that care promoted patients to be as independent as their conditions allowed.

Staff who returned a questionnaire indicated they had attended training relevant to their role. Whilst mixed comments were received, generally staff indicated that they were encouraged to work as a team and by their managers and that communication was effective.



In its response to our previous inspection, the health board described a range of actions to ensure enough staff were available to meet the needs of patients on the ward. It was evident that from conversations with senior ward and hospital staff that much work was being done to ensure enough staff were working on Ward 3 and the other wards in the hospital. This reflected the actions described by the health board.

## 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 this 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 will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

The health board's improvement plan, once agreed, will be published on HIW's website.

## Appendix A

**Hospital Inspection:** Improvement Plan

**Hospital:** Ysbyty Cwm Cynon

**Ward/ Department:** Ward 3

**Date of inspection:** 5 May 2016

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
8	The health board is required to explore the reasons why the use of a pain assessment tool on the ward has not been maintained. The health board is also required to ensure that staff record their assessment of patients' pain, their evaluation of the actions taken to alleviate patients' pain and any further action taken following this evaluation.	Standard 4.1	Use of pain tools piloted on ward 2 Ysbyty Cwm Cynon. Nurse Practitioner to audit use of tool for pilot area.  Patients on all ward in Ysbyty Cwm Cynon will have a pain assessment tool in place. Staff will monitor patients level and type of pain.  The pain tool will also be used to capture the effects of any	Nurse Practitioner  Ward Manager	July 2016  August 2016

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<p>treatment / analgesia given.</p> <p>A prescribed Nursing Action Plan for pain will also be initiated for any patient displaying pain or requiring analgesia.</p> <p>Senior Nurse / Nurse Practitioner to audit use of pain tools on all wards.</p>	<p>Ward Manager</p> <p>Senior Nurse / Nurse Practitioner</p>	<p>August 2016</p> <p>September 2016</p>
<b>Delivery of Safe and Effective Care</b>					
11	The health board should make arrangements to routinely replace water jugs three times per day in accordance with <i>All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients</i> .	Standard 2.5	<p>Catering Staff to ensure water jugs are routinely replaced twice daily. Nursing staff to ensure water jugs are replaced once daily.</p> <p>Patients should routinely be offered fresh drinking water, jugs to be replenished a minimum of three times daily and as the patient requests.</p>	<p>Ward staff / catering.</p> <p>Ward Staff / Catering.</p>	<p>July 2016</p> <p>July 2016</p>
12	The health board should take into account our findings in respect of record keeping and make arrangements to ensure a consistent approach is applied by staff when	Standard 3.5	Cwm Taf University Health Board is currently reviewing all nurse documentation.	Head of Nursing	Ongoing

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
	<p>completing care records and that care records are accurate and up to date.</p>		<p>There is documentation training available for all staff. Ward managers to ensure that there is a consistent approach to the completion of Nursing documentation.</p> <p>Fundamentals of care audit will be undertaken twice a year.</p> <p>All registered nurses will be reminded of their duty under the Nursing and Midwifery Council Code of Conduct with regard to the Standard of Record keeping.</p> <p>Ward Managers to monitor that staff fully complete and evaluate patient care plans, to the required standard. Ensuring that prescribed nursing action plans are individualized and relevant to the patient. Ensure that patients care plans are updated with any changes and reflect the patients'</p>	<p>Ward Managers</p> <p>Ward Managers / Senior Nurse</p> <p>Ward Managers / Senior Nurse</p> <p>Ward Managers / Senior Nurse</p>	<p>Ongoing</p> <p>October / April</p> <p>June 2016</p> <p>June 2016</p>

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			current needs and situation. Senior Nurse to audit documentation, to monitor compliance. Feedback will be provided.	Senior Nurse	September 2016
<b>Quality of Management and Leadership</b>					
-	No improvement plan required.				

**Health Board Representative:**

**Name (print):** .....Rebecca Aylward.....

**Title:** ...Head of Nursing, Localities and Primary Care.....

**Date:** .....16 June 2016.....