

Hospital Inspection (Unannounced)

Hywel Dda University Health
Board:

Enlli Ward (Mental Health and
Learning Disability Directorate),
Ceredig Ward (Surgical
Directorate), Ystwyth Ward
(Medical Directorate).

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all 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 inspection of three areas in the mental health, surgical and medical directorates (one from each) within Hywel Dda University Health Board, on the 7 and 8 September 2016. The following hospital sites and wards were visited during this inspection:

Bronglais District General Hospital:

- Enlli Ward (Older Adult Mental Health)
- Ceredig Ward (General Surgical /Trauma and Orthopaedic)
- Ystwyth Ward (Stroke)

Please note that for the remainder of this inspection report we will refer to the individual findings as Enlli, Ceredig and Ystwyth for ease of reading.

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 new 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 of the three wards within Hywel Dda University Health Board, comprised of 2 HIW Inspection Managers, 3 Clinical peer reviewers and one lay reviewer]. There was also one HIW Inspector observing the process.

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 medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- 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

Hywel Dda University Health Board (HDUHB) provides healthcare services to a total population of around 384,000 throughout Carmarthenshire, Ceredigion and Pembrokeshire. It provides Acute, Primary, Community, Mental Health and Learning Disability services via General and Community Hospitals, Health Centres, GPs, Dentists, Pharmacists, Optometrists and other sites.

Bronglais hospital is situated in Aberystwyth, mid west Wales, and serves a wide surrounding area. It is comparatively small in size and subsequently results in some patients being referred to hospitals in Carmarthen, Swansea and further afield. The hospital has approximately 138 beds and provides a comprehensive range of in-patient and out-patient, mental health services together with a 24 hour Accident and Emergency department.

Enlli Ward

Enlli is an acute older adult assessment ward, for patients with identified mental health needs. It is a mixed gender ward with seven single bedrooms, which are not currently en suite. This ward is consultant led.

Ceredig Ward

Ceredig is a 28 bed Orthopaedic / Trauma ward. One bed has been removed from the furthest bay due to the lack of privacy and dignity, related to its position in the bay. It is a mixed gender ward with both single room and multi bed single sex bays. This ward has a number of consultants.

Ystwyth Ward

Is an 18 bed ward with four acute and four rehabilitation stroke beds and ten general medical beds. It is a mixed gender ward with both single room and multi bed single sex bays. This ward has a number of consultants.

4. Summary

Overall we were assured that Enlli and Ystwyth consistently delivered dignified, timely and effective care that was aligned with the Health and Care Standards. However, we found that Ceredig was not always able to evidence that the ward delivered care to the same standards.

Broad areas for improvement were;

- We identified the need for improvement with regard to staffing levels
- Elements of infection prevention and control
- The need to organise and store equipment
- Encourage innovation and improved leadership and management at ward level

All ward areas were visibly clean. Enlli did not have a ward receptionist; however, we saw that Ceredig and Ystwyth had friendly, approachable reception staff. Patients were able to communicate with staff (if they wished) about their care through the medium of Welsh. Food was nutritional, of a good standard with acceptable portion size, choice and variety. There was very little in the way of activities for patients on any of the wards. This was particularly obvious in Enlli, where there was access to an outside area but this was not fit for purpose.

Consultants, senior medical staff, nursing staff and ward managers described to us how they strive to ensure a high standard of care for their patients. However, we were told that there was a lack of communication between staff and patients on Ceredig ward. In all areas staff were clear and knowledgeable about their particular roles and responsibilities with staff stating; that they enjoyed the work but feel under pressure to meet and maintain care standards due to low staff numbers.

We found that there were ongoing staffing issues with staff suggesting that there was a lack of communication with the internal bank system and also concerns regarding one of the nursing agencies currently being contracted with. There was also an issue with a lack of motivational leadership and management in two of the wards. However, senior management were already aware of this and were dealing with the situation.

Discussions with a wide range of staff throughout the three wards, and the content of completed HIW staff questionnaires, demonstrated that the health

board fostered a culture of learning and encouraged personal and professional integrity.

Findings

Quality of the Patient Experience

Overall we were assured that Enlli and Ystwyth consistently delivered dignified, timely and effective care that was aligned with the Health and Care Standards. However, we found that Ceredig was not able to evidence that the ward provided the same standards.

All inside areas were visibly clean and had friendly but only Ceredig and Ystwyth had reception staff. Patients were able to communicate with staff about their care through the medium of Welsh.

Food was nutritional, of a good standard with acceptable portion size, choice and variety.

There was very little in the way of activities for patients on any of the wards. This was particularly obvious in Enlli, where there was access to an outside area but this was not fit for purpose.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).

During our inspection, we invited patients and/or their relatives to complete a HIW questionnaire to obtain their views about their experiences whilst on the wards of Bronglais hospital within the Hywel Dda University Health Board. HIW questionnaires specifically seek patient's views about the clinical environment, attitudes of hospital staff and care received. 16 questionnaires were completed by, or on behalf of patients.

Patients consistently said on the three wards that the food was warm, sufficient and there was plenty of choice. We observed on the days of inspection that patients seemed to be happy with the meals provided.

Enlli

Five completed questionnaires showed that on the days of inspection, all patients had been on the ward for more than two weeks. Without exception they

confirmed that on admission they were offered the opportunity to speak with staff in a language of their choice.

When we asked about the cleanliness of the unit, all agreed that the ward was clean and tidy. We also looked at cleaning schedules and observed all the areas to be satisfactory in cleanliness.

The majority of patients were positive about the care and treatment they had received from staff. However two felt that staff could have talked to them a little more to help them understand their medical conditions.

Most patients agreed or strongly agreed that staff were kind, offered assistance when required and ensured they were fed and hydrated. However, one stated that water to drink was not available at all times and two said that they did not always have access to a buzzer, but when they did staff did not consistently respond in a timely manner.

When offered a score out of 10, patients rated the overall care and treatment being provided on Enlli ward, between 7 and 10. This indicates that generally patients are satisfied with the service they received.

Improvement needed

Staff need to ensure that water is available for patients to drink 24 hours a day.

Staff need to ensure that patients have buzzers and that they respond to call bells in a timely manner.

An Occupational Therapy Technician (OT Tech) had been appointed in June 2016 with a view to improving activities on the ward. The staff member was motivated and had some innovative ideas; however, there will be a need for the health board to provide appropriate resources / equipment to develop the role to move things forward.

The general environment appeared sparse, clinical and unstimulating. Consideration could be given to improving the visiting areas, the welcome to the ward environment and improved signage for the cognitively impaired /dementia patients.

Ceredig

Eight completed questionnaires showed that on the days of inspection, the responding patients had been on the ward for; between three days and over two weeks. This meant that patients had been on the ward long enough to form

an opinion on the service being provided. Six confirmed that on admission they were offered the opportunity to speak with staff in a language of their choice, one said they had not been offered this choice and one did not respond.

When we asked regarding the cleanliness of the unit, all agreed that the ward was clean and tidy. We also looked at cleaning schedules and observed all the areas to be satisfactory in cleanliness. However there was a need to move equipment which was stored in the corridors, these large items made the thoroughfare narrow and difficult to navigate for patients with mobility aids.

The majority of patients were positive about the care and treatment they had received from staff. However two felt that staff could have talked to them a little more to help them understand their medical conditions. Nurse call bells were seen to be within easy reach and we saw that patients dignity was maintained at all times i.e curtain were drawn around the beds when any care or conversation was taking place.

We also saw that there was no television in the larger bay area and lack of pictures or stimulation, given that a number of the patients had dementia needs.

Only three patients were fully satisfied with staff attitudes during their experience on the ward, expressing comments such as; wonderful and “Diolch yn fawr. Gwasanaeth da iawn...” [Thank you. A very good service]. Other comments received were;

- ‘Unhappy environment’
- ‘Staff don’t call me by my preferred name’
- ‘Poor discharge planning’
- ‘Poor communication from staff’
- ‘Difficulty finding the correct doctor to speak with’
- ‘Some staff more helpful than other’s

One comment raised concerns regarding an individual staff member and HIW have spoken with the Director of Nursing for the health board regarding the issue. **This has been dealt with outside of this report.**

When asked regarding the standards of care most agreed that there were no concerns, however those who required assistance with eating, drinking or toileting expressed that this was an area which could be improved.

When offered a score out of 10, patients rated the overall care and treatment being provided on Ceredig ward, between 7 and 10. This indicates that generally patients are satisfied with the service they received.

Improvement needed

The ward manager needs to ensure that corridors are kept free of equipment to allow ease of access in an emergency or for people with mobility difficulties.

The health board needs to address the issues regarding staff attitudes as a matter of urgency.

The ward manager needs to ensure that patient's who require assistance with activities of daily living, receive so in a timely manner.

Ystwyth

Three completed questionnaires showed that on the days of inspection, all patients had been on the ward for more than three days. Without exception they confirmed that on admission they were offered the opportunity to speak with staff in a language of their choice.

When we asked regarding the cleanliness of the unit, all agreed that the ward was clean and tidy. We also looked at cleaning schedules and observed all the areas to be satisfactory in cleanliness.

All were positive about the care and treatment they had received from staff, offering accounts such as; "...the care is exceptionally good" and "every care has been of the highest order". They also strongly agreed that staff were polite, kind, listened to patients, offered assistance when required and ensured they were fed and hydrated.

When offered a score out of 10, patients rated the overall care and treatment being provided in Ystwyth ward as 10. This indicates that patients are very satisfied with the service they receive.

Delivery of Safe and Effective Care

We found that the records completed about patients' care and treatment was generally good, although there were inconsistencies in areas.

There were environmental improvements identified especially regarding dementia friendly colours.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Enlli

We saw systems in place to identify patients who needed additional support, for example patients who had memory problems or patients diagnosed with dementia. There was a named nurse / associate nurse system in place, which meant that patients knew who oversaw their care.

We did not see on the ward, leaflets or information regarding help and support for patients or their carers such as; advocacy contacts, Community Health Council (CHC) details or self help groups information.

There was also a noted lack of opportunity for patients to exercise or be involved in any stimulation i.e arts and crafts.

Improvement needed

The health board must ensure that information leaflets for patients and their carers are available on the ward.

Ceredig

We saw systems in place to identify patients who needed additional support, for example patients who had memory problems or patients diagnosed with dementia or patients with mobility issues.

We did not see on the ward, leaflets or information regarding help and support for patients or their carers such as; advocacy contacts, Community Health Council (CHC) details or self help groups information.

Improvement needed

The health board must ensure that information leaflets for patients and their carers are available on the ward.

Ystwyth

We saw systems in place to identify patients who needed additional support, for example patients who had memory problems or patients diagnosed with dementia or patients with mobility issues.

We saw a variety of leaflets and information regarding help and support for patients or their carers such as; advocacy contacts, Community Health Council (CHC) details and self help groups' information.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented. (Standard 2.1)

Enlli

We saw that there had been ligature point risk assessments undertaken (for the safety of patients who may have suicidal thoughts). These assessments had identified a number of areas, specifically in bedrooms 1 to 7 and in a toilet area, which need addressing to provide a safer environment. However these had not been rectified to remove the risk. To protect the vulnerable patient's in these bedrooms staff had adopted enhanced observation when a self harm risk was identified. This was discussed with the ward manager on the day.

Improvement needed

The health board needs to address the identified points of ligature to remove the risk of self harm.

We also identified environmental improvements which needed addressing such as;

- Relocation of the clinical waste / sluice room to prevent carrying waste through to another part of the hospital
- Redecoration which takes into account best practice in dementia supportive design principles

- Outside area to be developed for patient use.
- Locks to ward doors need to be refitted and an universal key system put into place, rather than the current practice of three different keys. This would also address the issue of broken locks on the ward.
- Slow closure waste bins are needed throughout the ward
- Handrails for safe exit and entry between the ward and the outside area
- There should be a relatives visiting area which is also child friendly. At present patients have to take visitors into their bedrooms during visiting times.

Improvement needed

The health board needs to ensure that the environmental issues identified are rectified.

We did however see evidence of suitable risk assessments in place i.e falls, use of bed rails, moving and handling, pressure areas. These had been reviewed and any action taken.

Ceredig

We saw that risk assessments had been undertaken but not all had been updated. The ward corridors were very cluttered and would pose a risk in the event of Fire evacuation or a patient requiring the emergency trolley (in the event of an acute deterioration in a patients condition). It would be advisable for the ward implemented the Well Organized Ward (WOW) principles. We were also told by staff that patients were taken to theatre for elective surgery (planned operations) whilst there was no identified bed for return to the ward. The health board needs to review the process for patients going to theatre to ensure there is a bed identified for post operative care.

Improvement needed

The health board must ensure that patients going to theatre have identified beds for their post operative care.

Ystwyth

We saw that risk assessments had been undertaken and were updated as required. There were clear notices displayed in areas where there could possibly be a risk to patients or relatives. We saw that the ward became cluttered during meal times with the trolleys taking up a considerable amount of

space in the corridors. We also saw a large trolley with cleaning equipment stored in the corridor. Both of these could pose a risk in the event of Fire evacuation. It would be advisable for the ward manager to explore better ways of working during these busy times.

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage. (Standard 2.2).

Enlli

We spoke with the ward manager regarding prevention of pressure damage to the skin of patients who were elderly or frail and we were assured that there were no patients with pressure damage at the time of inspection. We were told that there were good links with the tissue viability (specialist) nurse and saw evidence of this in patients records, along with appropriate risk assessments. We were assured that there were no issues with access to specialist equipment such as pressure relieving mattresses.

Ceredig and Ystwyth

We saw that all patients had risk assessments for areas at risk of pressure sores. SKIN¹ bundles were in use as was Intentional rounding². There were some gaps of three – four hours in the recordings on the charts in Ceredig. We were told that there were good links with the tissue viability (specialist) nurse

¹ A care bundle is a collection of interventions. In this instance; documented nursing intervention at least every two hours; **S**urface – ensure patient is on the right mattress, cushion, there are no creases or wrinkles, **K**eeP moving- encourage self movement, reposition patient and inspect skin, **I**ncontinence- meet patient's toileting or continence needs, **N**utrition – keep well hydrated, meet patient's nutritional needs.

² In acute settings key aspects that are usually checked during intentional rounds include the "Four P's". Positioning: Making sure the patient is comfortable and assessing the risk of pressure ulcers , Personal needs: Scheduling patient trips to the bathroom to avoid risk of falls , Pain: Asking patients to describe their pain level on a scale of 0 – 10, Placement: Making sure the items a patient needs are within easy reach.

and saw evidence of this in patients records, along with appropriate risk assessments. We were assured that there were no issues with access to specialist equipment such as pressure relieving mattresses. We were satisfied that the risk assessments were of an acceptable standard.

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability. (Standard 2.3)

Enlli, Ceredig and Ystwyth

We saw evidence of falls risk assessments in patient records. These had been updated as required. Any identified risks were managed with high / low beds, sensors and fall mats to prevent and reduce harm to the patient. Staff had received training in the use of the equipment and the risk assessment process.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).

Enlli

There was a full time housekeeper allocated to the ward with clear cleaning schedules; these had not been completed and signed in a timely manner. Therefore from the documentation alone, we would not have been assured that the ward had been cleaned according to the set schedules. However, we observed that the environment was clean and clutter free.

The sluice was in an adjacent ward, which was used as offices by the Community Mental Health Team (CMHT). This meant that staff had to pass through locked doors whilst carrying waste. This was an infection control issue and we spoke with the ward manager regarding moving the sluice to an area within the ward itself.

We did not observe staff using hand gel to maintain infection control; additionally we did not see hand gel in patients' rooms or carried by staff. We did see that staff were wearing appropriate protective clothing when necessary.

Improvement needed

The health board needs to move the sluice room so that it is located within the ward area.

Ceredig

We were told that there was a bed cleaning team for the whole of the hospital and this seemed to be a positive development for staff.

The Health care support workers and the domestic staff were allocated to the stock taking and the cleaning of the ward and although we observed that the environment was clean; the ward was very cluttered. In some areas window sills had clutter, so patients could not see out of the windows.

We saw equipment and stock stored on the floors and staff told us that they had requested shelving some time ago, to enable stock and equipment to be stored off the floor but this had not yet been actioned.

Not all beds had hand gel at the end of the beds; although each bay did have hand gel and there were hand gel stations throughout the ward.

All ward staff wore the correct clothing and looked professional. However the doctors wore jeans and trainers and their appearance did not reflect the professionalism of their discipline.

The sluice was clean but again cluttered. Commodes were very clean and had the identifiable "clean" stickers attached.

We observed staff wearing appropriate protective clothing when necessary.

We observed that hand wipes were not issued to patients prior to meal times despite their availability on the ward. We also saw a food tray with old uneaten food left on top of a bin from 9am until 1pm.

Improvement needed

The health board needs to explore how areas of the ward can be better utilised to store equipment away from the corridors i.e. unused bays.

The health board needs to ensure that the ward has adequate shelf storage for stock and equipment.

Ystwyth

All bed lockers had hand gel for both staff and patients to use; there were also hand gel stations in the corridors.

The sluice was neat and tidy with very little clutter. All equipment and stock were stored off the floors. Staff need to be commended for their diligence in maintaining the Transforming Care³ and WOW initiatives.

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

Enlli

We saw that there was sufficient choice of snacks available on the ward such as; fresh fruit, biscuits, yoghurt, sandwiches and bread for toast. Hot and cold drinks were available at all times. Staff told us if a patient missed lunch they would go to the canteen to collect a meal of the patient's choice.

There was no specially adapted cutlery or crockery available to enable / support patients to eat independently.

There was access to Speech and Language Therapist (SALT) who assess patients' ability to swallow. Their assessments were seen in patient's records.

Improvement needed

The health board needs to ensure that adapted cutlery and crockery are available to enable patients to eat independently.

Ceredig and Ystwyth

Both wards used the red tray system which identified patients who required assistance with eating and drinking. All patients were sat up for their meals and the tables tidied before food was served.

There were nutritional assessments and food / fluid charts to monitor daily food and drink intake when necessary. One patient told us on Ceredig that the portion size was too big, food was cold and there was very little choice. We noted that the food trolley doors were left open and this could be the cause of food becoming cold quickly.

Water jugs were available and full throughout the time we were inspecting.

³ Transforming Care is an initiative which, by using effective tools and methods staff are able to redesign processes releasing time which is reinvested in patient safety and quality of care.

Both wards had a fridge with extra food stocked for patient use outside set mealtimes.

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

Enlli

Overall, we were not satisfied that the medication recording, administration and storage was as effective as it could be. We asked to see the health boards' policy for the safe storage of drugs and this was easily accessible on the intranet.

The ward had two dedicated pharmacists who visit daily and undertake weekly stock audits; however, we saw an excess of controlled drugs stored in the locked cupboard. Most of the drugs were stored securely, although we saw that the drugs trolley had a chain but there was no fixing point. There was an emergency drugs box available, which stored drugs which may be needed in an emergency but not normally prescribed for the patients on the ward.

We saw that the clinical room (where the drugs are stored) was again in an adjacent ward shared by the CMHT. The room was untidy and cluttered and this needs to be addressed.

We looked at the Medication Administration Record (MAR) and saw that these had been completed appropriately.

Improvement needed

The health board needs to look at moving the clinical room to the ward environment.

The pharmacist needs to ensure that excess stock is removed from the ward in a timely manner.

The ward manager needs to ensure that the drugs trolley is securely fixed when not in use.

Ceredig

Overall we were satisfied that the medication recording administration and storage was generally safe. We saw that the medication room door and the cupboards inside were locked at all times; this ensured the safe storage of

medicines. However, the fridge which stored medication was unlocked and the temperature was not recorded daily to ensure an optimum storage environment.

There was an ambient room temperature thermometer in the medicine room which had recently been installed. When we asked staff regarding it's maintenance they did not understand its function and had not received any training regarding recording any information. We also noted that the thermometer had been installed next to the fridge which generated heat and therefore affected the reading on the thermometer.

We looked at a sample of Medication Administration Records and found all the nursing records to be completed correctly. We did see that doctors had not prescribed Oxygen to patients who were receiving the therapy and had not documented allergies in all cases.

We looked at the storage and administration records for controlled drugs and checked to see if patients were wearing identity wrist bands and all were correct.

We were told that prescribing of medication for patients being discharged on a Friday was a problem because junior doctors received training on a Friday morning and were unable to attend to the ward requests until after lunch. This delayed the discharging of patients prior to the weekend.

Improvement needed

The ward manager needs to ensure that the temperature on the fridge and ambient room thermometers are recorded daily.

Surgical doctors need to ensure that Oxygen therapy is prescribed and that any allergies are recorded on the Medication Administration Charts.

The health board should ensure that junior doctors are available to prescribe medication in a timely manner especially immediately before a weekend.

Ystwyth

Overall we were satisfied that the medication recording administration and storage was safe. We saw that the medication room door and the cupboards inside and the fridge were locked at all times, this ensured the safe storage of medicines. However, the temperature of the fridge which stored medication was not recorded daily to ensure an optimum storage environment.

There was again an ambient room temperature thermometer in the medicine room which had recently been installed. When we asked staff regarding its maintenance they did not understand its function and had not received any training regarding recording any information.

We looked at a sample of Medication Administration Records and found all the nursing records to be completed correctly, with clear recording of any drugs omitted.

We looked at the storage and administration records for controlled drugs and checked to see if patients were wearing identity wrist bands and all were correct.

Patients were allowed to self administer medication once they were deemed well enough and wished to do so. Patients own medication lockers were seen beside their beds.

There was an electronic "to take home" medication arrangement in place which was enabling more patient friendly discharges home.

Improvement needed

The ward manager needs to ensure that the temperature on the fridge and ambient room thermometers are recorded daily.

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)

Enlli

Existing staff had received Protection of Vulnerable Adults training and this was up to date. Four new staff had already been booked on the training. Policies and procedures were easily available on the intranet.

Ceredig and Ystwyth

Staff on both wards had received training in Safeguarding. Both wards undertook a Safeguarding assessment on admission to the ward. Ystwyth also undertook a Dementia Screening at this point, which is evidence of noteworthy practice.

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems. (Standard 2.9)

Enlli, Ceredig and Ystwyth

The ward managers told us that there were no problems with the procurement of aids to assist patients; although Physiotherapists on Ceredig told us that zimmer walking frames took a long time to be delivered to patients living outside of Aberystwyth and this caused a waste of professional time and resource. We saw that there was a hoist which had been serviced within the agreed timescale, sit on scales, sensor beds and commodes were stored in the sluice; these had also been cleaned after every use and again on the weekly schedule.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1)

Enlli

We were told by staff that liaison with the general wards had improved and when required they could request support and guidance from their nursing colleagues. However, discussions with the general wards indicated that this was not reciprocated and support with nursing patients with mental health needs on a general ward was not as accessible. Senior management explained that the health board were in the process of developing the nursing structure which they hoped would resolve these issues. We were also told of innovative initiatives which were being piloted in West Wales hospitals and if successful would be rolled out to areas such as Enlli; as this would be beneficial to both staff and patients.

We were satisfied that Enlli, after a difficult time, was progressing slowly with developing their service in line with best practice guidance and some of these changes included dementia friendly items and signage.

Improvement needed

The ward manager needs to ensure that there is reciprocation in the support of patients with mental health problems on general wards.

Ceredig and Ystwyth

We heard staff speaking in Welsh to patients on both wards. Care bundles⁴ were in use and we saw evidence of the NEWS⁵ tool being used on Ystwyth. We also saw clear evidence of stroke pathways and an innovative stroke specialist nurse who was involved in research and audit on Ystwyth. There was no evidence of a Neck of Femur pathway or a trauma co-ordinator on Ceredig.

Improvement needed

The ward manager on Ceredig needs to ensure that national and local pathways are incorporated into daily practice.

The health board needs to consider developing a role as the co-ordinator for Trauma for Ceredig.

In communicating with people, health services proactively meet individual language and communication needs. (Standard 3.2)

Enlli

We saw and heard staff communicating with patients in a dignified and respectful manner. Staff appeared to listen to patients concerns and assisted where required. On the day of our inspection there were six Welsh speaking patients. There were no qualified nursing staff who spoke in Welsh; however, we did hear health care support workers and housekeepers speaking to patients in Welsh.

⁴ A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes.

⁵ The National Early Warning System (NEWS) system assists healthcare staff to consistently detect deterioration in patients' condition, so that they can call for urgent medical help.

We did not see any evidence of communication aids such as flack cards, talking mats. This also meant that communication regarding choice of food and fluids could be compromised as there were no pictorial / images available to promote choice.

Although there was no information available regarding advocacy services, we did see involvement in some patients' records. We also saw relatives involved in the care planning process and staff were observed speaking clearly and slowly with patients and their relatives to assist their understanding. There was also evidence of accessing the services of Independent Mental Capacity Advocates and Independent Mental Health Advocates.

Ceredig

We saw staff wearing badges to identify that they spoke Welsh and heard Welsh being spoken on the ward.

We were told by one patient that communication in relation to planned care was poor and neither the patient nor the family were aware of which team was overseeing the care or the discharge plan.

We saw the Butterfly scheme in use on the ward but not followed through to the documentation. There were also dedicated staff as Dementia Champions who had introduced distraction boxes. This was an example of noteworthy practice although it posed an issue with regard to infection control between patients.

The ward co-ordinator had to carry a portable telephone at all times; but this member of staff is not always supernumerary and therefore there were times when the phone would ring constantly whilst the staff member was undertaking clinical duties. This was interrupting and causing concern especially when delivering direct personal care.

Improvement needed

The ward manager needs to improve communication between staff and patients with regards to care and discharge planning.

The health board needs to explore alternative ways of communicating with co-ordinators to ensure direct patient care is not compromised.

Ystwyth

We saw the Butterfly scheme in use on the ward and followed through to the documentation and the Patient Status at a Glance board.

All patients had their preferred name above the bed so that staff knew how to address them.

We saw the ward manager make a telephone call on the portable telephone in the patient bay. Patients were able to hear the conversation regarding a bank nurse which could have been a confidential matter.

Not all staff wore badges to identify themselves to patients or indicate whether they were Welsh speaking.

Improvement needed

The health board needs to review the use of the portable telephone by staff on the ward.

Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework. (Standard 3.4)

Enlli, Ceredig and Ystwyth

We were satisfied that information was stored securely. Staff told us that electronic systems were slow due to poor internet connections and the volume of staff accessing the system. This meant that patient records could not always be updated in a timely manner.

Datix⁶ systems were in use to record untoward incidents, accidents or concerns. We found on Ceredig that there was a significant backlog in closing these recordings with appropriate outcomes. This needs to be addressed by the ward manager.

⁶ DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

We looked at the system in place for recording staff training and saw that this was not up to date and did not reflect the training that had been undertaken by the staff on Enlli ward.

Improvement needed

The health board need to ensure staff can access patient records in a timely manner.

The system for recording staff training needs to be updated to reflect the training undertaken.

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)

Enlli

We saw that enhanced daily handover sheets were used and this is noteworthy practice as it ensures information regarding patient care is clearly passed from one shift to another.

There was a large amount of documentation which was both electronic and paper which made it difficult to follow the agreed care pathway and maintain a holistic view of the patient.

Improvement needed

The health board needs to review its documentation to prevent duplication, ensure care pathways are easily managed and records are easily available.

Ceredig

Although the documentation was disorganised and contained outdated information, in general the standard of record keeping was satisfactory. There were some areas not always fully completed such as;

- Date, time and signature on nursing records
- Risk assessments not updated
- Nursing signature sheets not updated

- Doctor's entries did not have designations. This has been identified in HIW reports for the last two years.

Improvement needed

The ward manager must ensure that documentation is fully completed and updated in a timely manner.

Doctor's must ensure designations are recorded on each documented entry as required by the General Medical Council guidance.

We also saw a significant amount of blood result report forms remained unfiled due to the ward only having one ward clerk. It would be advisable if the directorate and ward manager explored how other wards manage this process.

Ystwyth

We saw a very collaborative and outcome based approach to recording stroke patient care. However we also saw very similar issues to Ceredig with the general medicine patient records. The following areas also requiring attention;

- Emergency admission part B not fully completed; with the transfer page, fundamental of care assessment and one other page not completed at all.

Improvement needed

The ward manager must ensure that documentation is fully completed and updated in a timely manner.

Doctor's must ensure designations are recorded on each documented entry as required by the General Medical Council guidance.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Enlli

Staff told us that staffing levels were good; this meant that patients received timely care. We saw staff working diligently to provide care in a dignified way to ensure the best possible outcomes for patients.

We were invited to a multi disciplinary team meeting and listened to good, clear discussion regarding individual patient care.

We did not see evidence of information for patients regarding spiritual care.

Improvement needed

The ward manager should ensure that patient's spiritual needs are being met.

Ceredig

The ward was very busy and staff told us there was a high use of agency staff. We saw evidence of the use of pathways such as the neck of femur pathway; but these principles were not being followed and these need improving to ensure the speedy transfer of patients from A&E to a ward environment once the hip fracture has been confirmed. This would enhance the patient experience, safety and provide more timely care; because it allows for direct access to the ward.

Patients told us that they were waiting for scans and had not been told how long they would have to wait. We were also told of a patient in an acute bed waiting for social input to enable discharge to own home.

It seemed that the discharge lounge was not being used for its purpose and therefore there were delays in emptying acute beds for timely patient pathways throughout the hospital. The ward manager told us about the Ticket Home scheme⁷ which the ward was hoping to develop but this had not been initiated when we were visiting. Staff also told us that a considerable amount of discharge work was left for permanent staff to complete; because the agency staff were from England and did not understand the processes in Welsh hospitals. We were also told that the discharge liaison team were very good and assisted with multi disciplinary and discharge strategy meetings because wards staff did not have the capacity to attend.

We did not see any evidence of meeting patients spiritual needs.

⁷ The Ticket Home scheme is a new initiative where every patient is told their date of discharge when they arrive, and a large ticket with this date is placed on the locker next to their bed.

Improvement needed

The health board needs to explore and try and address the reasons behind waiting times for scans.

The health boards needs to explore the reasons behind why the discharge lounge is not used for its purpose.

The health board needs to review the use of agency staff who do not understand the standards and guidelines in Welsh hospitals.

The ward manager should ensure that patient's spiritual needs are being met.

Ystwyth

The ward was very busy and staff told us there was some use of agency staff. We saw evidence of the use of pathways such as the stroke pathway. This enhances the patient experience and provides more timely care.

Listening and Learning from Feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provide their care so there is clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

Enlli and Ceredig

We did not see the “*Putting Things Right*”⁸ document available on the wards. However, when we spoke with the ward managers we were told that staff

⁸ In April 2011 the Welsh Government introduced new arrangements for the management of concerns: *Putting Things Right*.

adhere to the principles and try firstly to deal with patients or relatives' concerns at local level.

There was no suggestion box / patient feedback forms / comments book for the wards to gather the comments of patients and relatives regarding the care provided on the ward. However we did see numerous "Thank you" cards in the office.

There was no evidence of any audit regarding patient feedback or "Know how we are doing" boards.

Staff questionnaire responses indicated that the overall communication with staff could be improved, so that learning could take place following the reporting of significant incidents.

Improvement needed

The ward manager needs to ensure that the complaint procedure is freely available to patients and relatives.

The ward needs to ensure it is listening and learning from patients / relative's experiences.

Ystwyth

We saw the "Putting Things Right" document available on the ward and the ward manager told us that staff adhere to the principles and try firstly to deal with patients or relatives' concerns at local level.

We did not see a suggestion box / patient feedback forms / comments book for the ward to gather the comments of patients and relatives regarding the care provided on the ward.

There was evidence of audits regarding patient care, cleanliness and we were given examples of how the ward had improved care through patient concerns.

Staff questionnaire responses indicated that communication between management and staff was good and learning took place following the reporting of significant incidents.

Quality of Management and Leadership

We were satisfied that the management and leadership on Ystwyth was strong and innovative. However Enlli and Ceredig were less motivational and forward thinking in their approach.

Staffing numbers, recruitment and retention were a concern in the general wards but not in Enlli. This had implications on staff training and morale. There were considerable concerns regarding communication with the internal bank system and the agency that HDUHB were using to procure temporary staff.

All ward managers confirmed that there was good senior management support although ward staff stated more visibility of senior management would be appreciated.

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).

Enlli

There has recently been a period of change in staff structure which appears to be having a more positive influence on the running of the ward. Staff also told us that morale had significantly improved in recent months.

Although staff numbers were good there remains an issue with the recruitment of qualified staff. Two newly qualified nurses have been recruited into vacant posts. The ward manager told us that there was a fairly stable staff team with very little use of agency nurses. This meant that patients had continuity of care from staff who knew their needs.

Staff training, supervision and appraisals were up to date.

Ceredig and Ystwyth

There were considerable challenges with staffing and subsequently a high use of agency staff. The agency was based in England and this was causing concern as there was a lack of understanding of Welsh processes. There was also a concern regarding the appropriate experience with many of the agency staff trained in community nursing and not acute care. We saw that there were

currently a number of Safeguarding issues raised against staff from the same agency.

Staff told us that there was frequently a need to induct staff even though they were counted in the numbers. We were given examples whereby there was only one substantive member of staff with all others from the agency.

There was an internal bank system but staff told us that communication between the bank managers and the wards could be improved and gave examples where nurses had not attended for a shift and the bank knew but had not notified the ward; we witnessed a bank health care support worker attending for work when the ward had not requested staff. We were also told that it was very difficult to contact the bank by telephone.

Due to the shortage of staff we asked about the ability to attend training and we were told that staff had been advised that training would need to be undertaken in their own time as there was no capacity to release staff.

Improvement needed

The health board needs to review the procurement of agency staff, to ensure that staff are appropriately trained for the work they are expected to undertake.

The health board needs to improve communication and systems between bank managers and the wards.

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)

Enlli

We saw that there was strong leadership from the interim service manager and this has possibly been the driving force for the improved morale and service provision seen during our inspection. The new combination of an experienced, knowledgeable ward manager with a pro-active, innovative and motivated ward sister has proven to be a positive, constructive move forward.

We heard that a manager's forum had been developed which enabled all three managers from the older people mental health wards throughout the health board to meet and share best practice. This is an example of noteworthy

practice because managers can easily become isolated due to the geographical location of the wards.

Ceredig

The ward manager was not available on the days of our inspection; however, we spoke at length with both deputy managers. We saw diverse leadership and management styles with one manager proving to be motivated, engaging and forward thinking and the other seeming more disillusioned and negative. Both stated that there was visible management support from senior managers.

From discussion with staff and the responses from the staff questionnaires we learned that staff morale was low, training was poor and staff felt they were “fire fighting”.

One staff member told us “there has not been a staff meeting since I commenced the job some years ago”.

We did not see clear evidence of patient centred care, meaningful audits or monitoring of standards with a view to improving outcomes for patients.

We could not be assured that there was effective management and leadership in all areas of the ward.

Improvement needed

The health board needs to address the lack of strong management and leadership on the ward.

The health board needs to ensure staff receive the training required to undertake the work expected of them.

The ward manager needs to ensure audits and monitoring of standards are undertaken at regular intervals and lessons are learned from the information gathered.

Ystwyth

Although there were staffing issues we were told that where possible ward staff would try and cover absenteeism to provide continuity and consistency to patient care.

We saw evidence of strong innovative leadership and management from the ward manager. The ward was busy but well managed.

An incident was brought to our attention which we discussed with the ward manager and action was taken immediately. A satisfactory outcome was fed back to us before the end of the day.

5. 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: Bronglais

Ward/ Department: Enlli

Date of inspection: 7 and 8 September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Page 10	Staff need to ensure that water is available for patients to drink 24 hours a day. Standard 2.5	Water jugs to be put out in Day area of ward with tumblers on a tray, water to be refreshed 8am, 12, 4pm, 8pm. When Patients retire to bed jug of water with tumbler to be placed in room on bedside table.	Ward Manager	Completed 20/10/16
Page 10	Staff need to ensure that patients have buzzers and that they respond to call bells in a timely manner. Standard 2.1	Staff will undertake frequent walkabouts and patient engagement as well as observation, to ensure patients can call staff when needed. There are ligature risk call buttons in each of the bedrooms and toileting/bathroom areas. Weekly checks are carried out by staff to ensure alarm	Ward Manager	Completed 20/10/16

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		call system works effectively.		
Delivery of Safe and Effective Care				
Page 13	The health board must ensure that information leaflets for patients and their carers are available on the ward. Standard 1.1	Enlli ward is currently ordering new information leaflet holders than can be mounted within the ward for easy access to information. There are several information leaflet holders filled with information as patients/ carers/ visitors enter the ward on the left hand side wall next to the main entrance to Enlli ward. Further leaflet holders will be mounted in the main visitor area within Enlli ward.	Ward Manager	January 2017
Page 14	The health board needs to address the identified points of ligature to remove the risk of self harm. Standard 2.1	An audit of all Mental Health wards is currently being reviewed which will identify points of ligature. Each ward will have its own audit and prioritised work plan is in the process of being agreed.	Head of Service Older Adult Mental Health (OAMH)/Service Manager OAMH	November 2016
Page 14	The health board needs to ensure that the environmental issues identified are rectified; <ul style="list-style-type: none"> Relocation of the clinical waste / sluice room to prevent carrying waste through to another part of the hospital Redecoration to meet with the 	Hywel Dda Estates to cost this and look at area within Enlli ward that the Sluice can be re-sited to. Enlli ward has been redecorated recently, areas	Service Manager/Ward Manager/ Estates Ward Manager/	31st March 2017 Review April

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>dementia friendly guidance</p> <ul style="list-style-type: none"> • Outside area to be developed for patient use. • Locks to ward doors need to be refitted and an universal key system put into place, rather than the current practice of three different keys. This would also address the issue of broken locks on the ward. • Slow closure waste bins are needed throughout the ward • Handrails for safe exit and entry between the ward and the outside area • There should be a relatives visiting 	<p>of the ward are still being decorated in accordance with dementia friendly guidance, and toilet doors have been re-painted blue recently. Yellow pictoral signs to be adopted across the unit in line with dementia friendly signage.</p> <p>Outside area is in the process of renovation by a local Aberystwyth Learning Disabilities group, who have also raised funds to help towards the improvement of the outside areas for Enlli ward.</p> <p>Discussion with Health Board estates manager regarding changing the locks to a universal system on Enlli ward.</p> <p>Order replacement bins via hotel services.</p> <p>Liaise with Bronglais Estates who have the order for ligature free risk handrails for the ward.</p> <p>There is a room now being redeveloped for the</p>	<p>Estates</p> <p>Aberystwyth LD Group/Ward Manager</p> <p>Service Manager/Estates</p> <p>Ward Manager</p> <p>Ward Manager</p>	<p>2017 31st March 2017</p> <p>Review April 2017</p> <p>Review April 2017</p> <p>December 2016</p> <p>January 2017</p> <p>J</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>area which is also child friendly. At present patients have to take visitors into their bedrooms during visiting times.</p> <p>Standards 2.1; 2.3; 6.2;</p>	purpose of relatives/carers visiting Enlli ward, which will be also be where the new information leaflets will be situated. The room is currently usable as a child friendly visitor area for Enlli ward.	Ward Manager	January 2017
Page 18	The health board needs to move the sluice room so that it is located within the ward area. Standard 2.4	Hywel Dda Estates to cost this and look at an alternative area within Enlli ward that the Sluice can be re-sited to.	Service Manager	April 2017
Page 19	The health board needs to ensure that appropriate aids are available to enable patients to eat independently. Standard 2.5	Enlli ward have ordered appropriate aids to ensure they are available for patients to eat independently.	Ward Manager	Completed Oct 2016
Page 20	The health board needs to look at moving the clinical room to the ward environment. Standard 2.1	Ward Manager and Service Manager to liaise with Estates department regarding further actioning this plan that has been drawn up and costed previously	Ward Manager/Service Manager/Estates	January 2017
Page 20	The pharmacist needs to ensure that excess stock is removed from the ward in a timely manner. 2.1; 2.6	Ward manager to liaise with Pharmacy manager to ensure this is completed weekly	Ward Manager/ Pharmacy Manager	December 2016
Page 21	The ward manager needs to ensure that the drugs trolley is securely fixed when not in	Ward manager to contact Estates regarding costing for drugs trolley to be fixed to the wall	Ward Manager/Estates	December 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	use. Standard 2.1; 2.6	when not in use.		
Page 18	The ward manager needs to ensure that there is reciprocation in the support of patients with mental health problems on general wards.	Ward Manager or Ward Sister to attend Professional Nurse meeting in Bronglais on a monthly basis to offer support to colleagues on the Surgical and medical side of Bronglais General Hospital. General ward staff have support from Mental Health liaison community psychiatric nurse, who visits wards to offer support and advice. A Psychiatric Liaison service is also in the process of development, which will further assist.	Ward Manager/Ward Sister	Completed
Page 20	The health board needs to ensure staff can access patient records in a timely manner.	Information Technology access to be addressed, more availability to computers on the ward to be arranged with IT department.	Ward Manager/Service Manager	January 2017
Page 20	The system for recording staff training needs to be updated to reflect the training undertaken.	There is an Electronic Staff Record (ESR) in place and Personal Development Appraisal Review Records which will include details of unmet training needs as well as essential and mandatory e-learning modules undertaken by staff. These are reviewed periodically by Ward Manager in supervision. A Business Manager is in post for the service who will be assisting in a more systematic review of compliance against mandatory training	Service Business Manager	Review January 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 21	The health board needs to review its documentation to prevent duplication, ensure care pathways are easily managed and records are easily available.	The Service Manager will link with the Senior Nurse for Quality Assurance to ensure the quality is improved and meets the Academy of Medical Royal Colleges standards.	Service Manager/Senior Nurse for Quality Assurance (QA)	January 2017
Page 21	The ward manager should ensure that patients spiritual needs are being met.	Information on local parish ministers and priests available for relatives and patients on the ward. New Occupational Therapy technician to take patients to reflection room in Bronglais when patients request.	Occupational Therapy (OT) Technician/Ward Manager	December 2016
Page 22	The ward manager needs to ensure that the complaint procedure is freely available to patients and relatives.	Putting things right leaflets are on the leaflet holders as people enter or leave the ward. More leaflets will be placed in the relatives visiting area of the ward once the new leaflet holders and on the wall there.	Ward Manager	Actioned already, holders on ward three months.
Page 22	The ward needs to ensure it is listening and learning from patients / relative's experiences.	Enlli ward has bronze award for investors in carers. Patients and relatives feedback is kept in folder in Ward manager's office and used for improvement of services provided by Enlli ward. Information given by relatives / patients is also used in supervision with staff, or feedback during staff meetings on Enlli ward. Feedback forms and comments box to be created and situated on wall on Enlli ward near exit.	Ward Manager	Actioned September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of Management and Leadership			
	No improvements needed			

Health Board Representative:

Name (print): Liz Carroll

Title: Head of Nursing

Date: 27 October 2016

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Bronglais

Ward/ Department: Ceredig

Date of inspection: 7 and 8 September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Page 12	The ward manager needs to ensure that corridors are kept free of equipment to allow ease of access in an emergency or for people with mobility difficulties to move around the ward safely. . Standard 2.1	Daily walk through to ensure corridors are kept free. Implement lean thinking process	Senior Ward Sister	On-going daily monitoring
Page 12	The health board needs to address the issues regarding staff attitudes as a matter of urgency. Standard 7.1	Action being taken forward following outcome of Safeguarding investigation - Report imminent . Additional staff training to be implemented within the ward team to improve communication skills and customer care	Adult Safeguarding Team Senior Ward Sister	1 week - October 2016 3 months – January 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 12	The ward manager needs to ensure that patient's who require assistance with activities of daily living, receive so in a timely manner. Standard 6.1	Visible leadership in ward area – discuss with patients their experience of fundamentals of care and comfort Check intentional rounding logs and evaluation of care plans Review Patient Experience feedback from questionnaires Review outcome of Fundamentals of Care and nursing metrics monthly audits Senior Nurse Manager to undertake regular spot check audits including feedback from patients	Senior Ward Sister Senior Nurse Manager	Daily October 2016 Monthly October 2016
Delivery of Safe and Effective Care				
Page 14	The health board must ensure that information leaflets for patients and their carers are available on the ward. Standard 1.1	Appropriate patient Information leaflets to be made available on the ward including information for sensory deprived patients	Senior Ward Sister	October 2016
Page 15	The health board must ensure that patients going to theatre have identified beds for their post operative care. Standard 2.1	Next day admissions will be discussed the night before to plan for any accommodation issues Beds for elective admissions to be discussed at the bed management meetings held 3 times a day	Ward Manager / Bed Management Team	Daily October 2016
Page 18	The health board needs to explore how areas of the ward can be better utilised to store	Review Ward layout and storage facilities to maximise use of all available space Identify essential equipment for retention in the	Senior Ward Sister/	January 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	equipment away from the corridors i.e. unused bays. Standard 2.1; 2.3	ward and segregate equipment that can be Stored in another suitable locality	Estates Team	
Page 18	The health board needs to ensure that the ward has adequate shelf storage for stock and equipment. Standard 2.1; 2.4	Health Board wide ward refurbishment review has identified a programme for ward refurbishment which will include storage amongst other recommendations. In the meantime, stock reviews will be undertaken to assess whether there is any potential to rationalise storage whilst promoting access to equipment and supplies. WOW principles	Head of Estates Senior Ward Sister / Housekeeper	January 2017 October 2016
Page 21	The ward manager needs to ensure that the temperature on the fridge and ambient room thermometers are recorded daily. Standard 2.6; 2.9	Head of nursing to clarify with Senior Nurse Manager - Medicine Management the process for recording this data	Head of Nursing/ SNM - medicines management	October 2016 - Completed
Page 21	Surgical doctors need to ensure that Oxygen therapy is prescribed and that any allergies are recorded on the Medication Administration Charts. Standard 2.6; 3.1	Doctors to be reminded of standard requirement and audits of compliance to be undertaken and reported back through audit meetings.	Hospital Director	October 2016
Page 21	The health board should ensure that junior doctors are available to prescribe medication	Review of ward rounds and capacity to complete prescriptions live. Consideration of pharmacist	Hospital Director/Hospital	November 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	in a timely manner especially immediately before a weekend. Standard 5.1	attending ward rounds and electronic IPad based systems to promote timely completion of medication.	Lead Pharmacist/ Head of Information	
Page 24	The ward manager on Ceredig needs to ensure that national and local pathways are incorporated into daily practice. Standard 3.1	Fractured neck of femur pathways are in existence on the ward and following the appointment of the Trauma Coordinator will now be actively promoted.	Senior Ward Sister/ Advanced Practitioner for Elderly trauma	November 2016
Page 24	The health board needs to consider developing a role as the co-ordinator for Trauma for Ceredig. Standard 7.1	Advanced practitioner for elderly trauma appointed	Head of Nursing	Commencement date 7 th November 2016
Page 25	The ward manager needs to improve communication between staff and patients with regards to care and discharge planning. Standard 3.2	Patient discharge leaflet recently implemented to promote communication and discussion with patients and families. Elective patients will be provided with improved information at pre-operative assessment.	Senior Ward Sister	November 2016
Page 26	The health board needs to explore alternative ways of communicating with co-ordinators to ensure direct patient care is not compromised. Standard 2.4; 4.1; 6.3	A Ward Administrator role has been successfully piloted within BGH and will be rolled out to other ward areas over the next 12 months.	Head of Nursing Dawn Jones	November 2016
Page 27	The health board need to ensure staff can access patient records in a timely manner. Standard 3.5	IT infrastructure to be reviewed to assess suitability for use on wards. Development of IPad based systems to promote access to health records at bedside.	Assistant Director of Information	November 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 28	<p>The ward manager must ensure that documentation is fully completed and updated in a timely manner i.e</p> <ul style="list-style-type: none"> • Date, time and signature on nursing records • Risk assessments not updated <p>Nursing signature sheets not updated Standard 3.5</p>	<p>Ward documentation audits to be performed every 2 months and data with action plans to be recorded on care metrics</p>	Senior Ward Sister	November 2016
Page 28	<p>Doctor's must ensure designations are recorded on each documented entry as required by the General Medical Council guidance. i.e</p> <ul style="list-style-type: none"> • Doctor's entries did not have designations. This has been identified in HIW reports for the last two years. <p>Standard 3.5</p>	<p>Doctors to be reminded of standard requirements and audits of compliance to be undertaken and reported back through audit meetings.</p>	Hospital Director	October 2016
Page 30	<p>The health board needs to explore and try and address the reasons behind waiting times for scans. Standard 5.1</p>	<p>Review to be carried out by Site Lead Radiographer</p>	Site Lead Radiographer	November 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 30	The health boards needs to explore the reasons behind why the discharge lounge is not used for its purpose. Standard 5.1	The discharge lounge was relocated and improved in February 2016. Operational plan to be cascaded again to ward areas and usage monitored.	Head of Nursing	October 2016
Page 30	The health board needs to review the use of agency staff who do not understand the standards and guidelines in Welsh hospitals. Standard 2.1; 7.1	Head of Organisational development is working with contract agencies regarding the required competencies. All regular agency staff are invited to join any local Health Board training on site.	Head of Organisational Development	On going
Page 30	The ward manager should ensure that patient's spiritual needs are being met. Standard 6.2	Staff to be reminded of the importance of holistic care and information on spiritual support for patients to be made available.	Senior Ward Sister	October 2016
Page 31	The ward manager needs to ensure that the complaint procedure is freely available to patients and relatives. Standard 6.3	Health Board information on Complaints Procedure to be made available in reception.	Senior Ward Sister	October 2016
Page 31	The ward needs to ensure it is listening and learning from patients / relative's experiences. Standard 6.3	Fundamentals of Care yearly survey in place – feedback from patient experience questionnaires to be reviewed to improve service. Learning from comments and complaints to be part of ward meetings.	Senior Ward Sister	November 2016
	Quality of Management and Leadership			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 34	The health board needs to review the procurement of agency staff, to ensure that staff are appropriately trained for the work they are expected to undertake. Standard 2.1; 7.1	Head of Organisational development is working with contract agencies regarding the competencies. All regular agency staff are invited to join any local Health Board training on site.	Head of Organisational Development	On-going October 2016
Page 34	The health board needs to improve communication and systems between bank managers and the wards. Standard 7.1	Communication systems relating to access to Nurse Bank to be reviewed	Head of Organisational Development	October 2016
Page 35	The health board needs to address the lack of strong management and leadership on the ward. Standard 7.1	Band 7/6 to complete management passport training and overall training needs to be identified PADRs to be completed on all ward staff	Senior Nurse Manager - Scheduled Care	January 2017
Page 35	The health board needs to ensure staff receive the training required to undertake the work expected of them. Standard 7.1	All nursing staff have training needs assessment as part of an annual review. Departmental training plan to be produced. Mandatory training compliance to be monitored and reviewed monthly	Senior Ward Sister	November 2016
Page 35	The ward manager needs to ensure audits and monitoring of standards are undertaken at regular intervals and lessons are learned from the information gathered. Standard 3.3; 6.3	Introduction of monthly / ad hoc spot check Safety & Quality audits	Senior Nurse Manager – Scheduled Care	November 2016

Health Board Representative:

Name (print): Dawn Jones

Title: Head of Nursing, Bronglais General Hospital

Date: 24/10/16

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Bronglais

Ward/ Department: Ystwyth

Date of inspection: 7 and 8 September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	No improvement needed			
	Delivery of Safe and Effective Care			
Page 22	The ward manager needs to ensure that the temperature on the fridge and ambient room thermometers are recorded daily. Standard 2.6; 2.9	Head of nursing to clarify with Senior Nurse Manager (SNM) – Medicines Management the process for recording this data	Head of Nursing SNM - Medicines Management	October 2016 - completed
Page 26	The health board needs to review the use of the portable telephone by staff on the wards. Standard 2.4; 4.1; 6.3	Staff to be reminded of Health Board data protection and confidentiality polices – to be discussed at next ward meeting	Senior Ward Sister	November 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 27	The health board need to ensure staff can access patient records in a timely manner. Standard 3.5	IT infrastructure to be reviewed to assess suitability for use on wards. Development of IPad based systems to promote access to health records at bedside.	Assistant Director of information	November 2017
Page 28	The ward manager must ensure that documentation is fully completed and updated in a timely manner. Standard 3.5	Spot check audits to be introduced Full documentation audit every 2 months outcome documented on Care metrics	Senior Ward Sister	November 2016
Page 28	Doctor's must ensure designations are recorded on each documented entry as required by the General Medical Council guidance. Standard 3.5	Doctors to be reminded of duty and audits of compliance to be undertaken and reported back through audit meetings.	Hospital Director	October 2016
Quality of Management and Leadership				
Page 34	The health board needs to review the procurement of agency staff, to ensure that staff are appropriately trained for the work they are expected to undertake. Standard 7.1	Meeting taken place with on contract agency regarding the required standards & competencies. All regular agency staff are invited to join any local Health Board training on site.	Head of Nursing	November 2016
Page 34	The health board needs to improve communication and systems between bank managers and the wards. Standard 7.1	Communication systems with the Nurse Bank service to be reviewed to ensure an efficient & effective service is delivered.	Head of Organisation Development	October 2016

Health Board Representative:

Name (print): Dawn Jones

Title: Head of Nursing, Bronglais General Hospital

Date: 24/10/16