

Hospital Inspection (Unannounced)

**Abertawe Bro Morgannwg
University Health Board:
Llynfi Ward, Maesteg
Community Hospital and
West Ward, Gorseinon
Hospital**

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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 two community hospitals within Abertawe Bro Morgannwg University Health Board on the 27 and 28 September 2016. The following hospital sites and wards were visited during this inspection:

Maesteg Community Hospital

- Llynfi Ward

Gorseinon Hospital

- West Ward

The main purpose of our inspection to West Ward was to follow up on the health board's progress in addressing the improvements needed from our last inspection. Our inspection of Llynfi Ward was broader in scope.

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 three inspection managers (one of whom led the inspection), two clinical peer reviewers and one lay 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
- 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

Abertawe Bro Morgannwg University Health Board was formed on 1st October 2009 as a result of a reorganisation within the NHS in Wales and consists of the former Local Health Boards (LHBs) for Swansea, Neath Port Talbot and Bridgend and also the Abertawe Bro Morgannwg University NHS Trust. The Health Board covers a population of approximately 500,000 people.

The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals and primary care resource centres providing clinical services outside of the four main acute hospital settings.

Maesteg and Gorseinon Hospitals

Maesteg Hospital and Gorseinon Hospital both provide community and hospital based services including a day hospital, rehabilitation, outpatient and inpatient care.

Llynfi Ward at Maesteg Community Hospital is a 20 bedded unit and West Ward at Gorseinon Hospital is a 44 bedded unit. Each ward provides ongoing rehabilitation and medical care to patients transferred from local district general hospitals within the Aberatwe Bro Morgannwg Health Board area.

4. Summary

Comments made by patients at both Lynfi Ward and West Ward confirmed that they were happy with the care provided by staff teams. We saw staff being courteous to patients and treating them with respect and compassion. The health board had arrangements in place for patients and/or their carers to provide feedback on their experiences and to raise concerns (complaints) about patients' care and treatment.

We found that both ward teams were committed to providing patients with safe and effective care.

We saw that space within West Ward was limited and was causing difficulties for staff using moving and handling equipment. We have required that the health board provide us with details of how this will be addressed.

Specialist equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

Both wards were clean and arrangements were in place to reduce cross infection. Efforts had been made to keep wards tidy but it was evident that there was a lack of storage space for ward based equipment.

We identified that improvement was needed around aspects of medication management. We also identified that immediate improvement was needed around the use of patient identification wristbands. We informed staff of our findings and required the health board to provide an immediate improvement plan in accordance with HIW's immediate assurance process. The health board's plan provided HIW with sufficient assurance that action had been taken to promote patient safety.

We saw that patients had been assessed by staff to enable the identification of their care needs and that staff monitored patients to promote their wellbeing and safety. Whilst staff described patient centred and individualised care, the care records we saw did not fully demonstrate this.

A management structure with lines of delegation and reporting was in place at both wards visited. Senior staff described new arrangements were being introduced imminently to community hospital services as part of wider management changes within the health board. Discussions with senior staff indicated that they felt the new arrangements would have a positive impact on the development of the services provided at both hospitals. Given the differences between the two wards, we have required that the health board also review the management arrangements at West Ward to ensure they are sufficient.

We found friendly, yet professional staff teams who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

Staff confirmed they were able to access training and that this had helped them to do their jobs. We identified more support needed to be provided to the ward managers so that staff appraisals could be conducted.

Previous inspection activity by Healthcare Inspectorate Wales

Healthcare Inspectorate Wales conducted an unannounced dignity and essential care inspection at West Ward, Gorseinon Hospital during September 2014¹. A report of our findings is available on the HIW website (www.hiw.org.uk)

At our previous inspection, we identified improvement was needed around:

- Protecting patient information
- Improving signage to toilets and washing areas
- Patients receiving prompt assistance
- Providing ward staff with specific training on the care of older persons
- Staff seeking prompt advice on safeguarding issues
- Quality of care records

It was pleasing to see that signage had been improved and that efforts had been made to provide staff with specific training on the care of older persons. We also found that arrangements around safeguarding had improved.

Whilst efforts had been made to protect patient information, further improvement could be made in this regard.

¹ HIW Dignity and Essential Care Inspection (Unannounced), Abertawe Bro Morgannwg University Health Board, Gorseinon Hospital, West Ward 17 and 18 September 2014. <http://hiw.org.uk/docs/hiw/inspectionreports/141217gorseinonen.pdf>

Comments from patients indicated that the timeliness of staff responding to requests also remained an issue at West Ward. Patients told us that they felt delays were because staff were busy.

We also found that improvement was still needed around the quality of patient care records.

5. Findings

Quality of the Patient Experience

Comments made by patients at both Llynfi Ward and West Ward confirmed that they were happy with the care provided by staff teams. We saw staff being courteous to patients and treating them with respect and compassion. The health board had arrangements in place for patients and/or their carers to provide feedback on their experiences and to raise concerns (complaints) about patients' care and treatment.

During this inspection we invited patients and/or their representatives in both wards visited to provide comments about hospital staff, the clinical environment and the care received. Patients and/or their representatives were invited to provide their comments through face to face conversations with the inspection team and/or by completing a HIW questionnaire. In total, 13 questionnaires were completed and returned to HIW.

When asked to rate the care and treatment they had received, patients gave a rating of between seven and ten out of ten. Most patients at both Llynfi Ward (Maesteg Community Hospital) and West Ward (Gorseinon Hospital) gave a rating of ten out of ten.

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)

We found that patients were treated with dignity, respect and compassion by the staff teams.

The comments we received from patients showed that, overall, staff had been polite to them and their families/friends. Comments also showed that staff called patients by their preferred name.

Comments we received included:

'The staff are always helpful and always have time to listen. When I am feeling down, and that helps me a lot.'

'Mostly very good, but small percentage not so helpful.'

'Wonderful service.'

'Couldn't wish for better staff.'

We also observed staff teams on both wards being kind and respectful to patients and their visitors. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Comments from patients confirmed that staff were kind and sensitive when carrying out care. Patients also told us that staff helped them in a way so that they didn't feel embarrassed when using toilet facilities.

Patients on both wards appeared well cared for and comfortable. Comments from patients also confirmed this.

When asked about the cleanliness and tidiness of the wards, all patients who provided us with comments told us that they felt the wards were clean and tidy. We also observed wards to be clean and that efforts had been made to keep these areas tidy. It was clear to see that both wards had limited storage space as we saw equipment and trolleys placed in corridors which may impede patients' mobility around the wards

At Gorseinon Hospital, we saw that space around some patients' bed areas was particularly limited. Our findings in this regard can be found in the section - *Delivery of Safe and Effective Care.*

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner. (Standard 4.2)

Comments from patients on both wards indicated that staff had talked to them about their medical conditions and had helped them to understand them. Of those who returned completed questionnaires, most indicated they were offered the option to communicate with staff in the language of their choice.

Some of the patients we spoke to told us that they were unclear about their future plans for discharge. The health board should, therefore, explore how communication between hospital staff and patients could be improved in this regard.

Information for patients and their families/carers was displayed and available at both wards. We saw that some information required updating and ward teams

should make arrangements to review the information available to ensure it is up to date.

We saw that patients' medical records were stored securely to prevent unauthorised persons from looking at them. Both wards had a *Patient Status at A Glance Board* (PSAG) displayed. These recorded information about patients' care needs using a mixture of symbols and abbreviations. Whilst efforts had been made to protect the identity of patients, these boards were in located in areas where patients and visitors could see them. The health board should, therefore, explore how patient information can be further protected.

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)

We found that ward teams worked with other members of the multi-disciplinary healthcare team to provide patients with individualised care according to their assessed needs. This, however, could be better reflected within patients' care records.

We saw staff on both wards had completed a range of nursing assessments to identify patients' individual care needs. Through our conversations with staff and our observations, we saw that patients were involved in decisions about their daily care needs. Comments received from patients confirmed that staff assisted them and provided care when they needed it. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk and assisting them to sit up so that they could eat and drink independently. We also saw that water jugs, cups and daily personal items were placed within patients' easy reach so that they did not have to ask for assistance.

Whilst staff on both wards described an individualised approach to providing patient care, the sample of records we saw did not reflect this. Our findings in this regard can be found in the section - *Delivery of Safe and Effective Care*.

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2).

We saw that staff teams provided care in a way to promote and protect patients' rights.

On both wards we visited, we found staff protecting the privacy and dignity of patients as far as possible when delivering care. For example doors to single rooms were closed and curtains were used around individual bed areas when care was being delivered.

Whilst both wards did not operate an open visiting policy we were told that no reasonable request to visits outside of visiting times would be refused. These arrangements allowed for patients to maintain contact with their families and friends, according to their wishes.

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).

Patients and their representatives had opportunities to provide feedback on their experience.

We saw that comment cards were readily available at both hospitals. These could be completed by patients and/or their representatives before being placed in designated post boxes. We saw feedback results clearly displayed within ward areas for staff and patients to see. Informal arrangements, where patients provided feedback directly to senior ward staff, were also described. At Gorseinon Hospital, patients and/or their representatives could also provide feedback electronically, via a tablet device.

The health board had arrangements in place for handling concerns (complaints) raised by patients and/or their representatives. These arrangements were in accordance with *Putting Things Right*² and senior ward staff demonstrated a good understanding of the correct process to follow.

² *Putting Things Right* - the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

Delivery of Safe and Effective Care

We found that both ward teams were committed to providing patients with safe and effective care.

We saw that space within West Ward was limited and was causing difficulties for staff using moving and handling equipment. We have required that the health board provide us with details of how this will be addressed.

Specialist equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

Both wards were clean and arrangements were in place to reduce cross infection. Efforts had been made to keep wards tidy but it was evident that there was a lack of storage space for ward based equipment.

We identified that improvement was needed around aspects of medication management. We also identified that immediate improvement was needed around the use of patient identification wristbands. We informed staff of our findings and required the health board to provide an immediate improvement plan in accordance with HIW's immediate assurance process. The health board's plan provided HIW with sufficient assurance that action had been taken to promote patient safety.

We saw that patients had been assessed by staff to enable the identification of their care needs and that staff monitored patients to promote their wellbeing and safety. Whilst staff described patient centred and individualised care, the care records we saw did not fully demonstrate this.

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)

Overall, arrangements were in place to maintain the safety of patients and staff in both areas we visited. The health board needs to give consideration to making changes within West Ward to ensure safe moving and handling procedures can be carried out by staff.

Both wards appeared generally well maintained and systems were in place to report environmental hazards that required attention and repair. Within Llynfi Ward, however, one of the toilets was in need of repair and staff were unsure of when this was likely to be repaired. The health board should make arrangements to ensure where repairs are identified, these are completed without delay.

It was evident from our observations at both wards that there was a lack of storage for equipment. This resulted in main corridor areas being cluttered with trolleys, moving and handling equipment and patient monitoring equipment. This was a particular issue during the mornings when most patients were being assisted with washing and dressing. We did, however, see an improvement at West Ward compared to our previous inspection in 2014.

We saw that staff were using moving and handling equipment to safely assist patients to move. Within West Ward, whilst we saw an overall improvement in the amount of clutter, we saw that space around some of the beds was limited. This appeared to be causing difficulties for staff when attending to patients, for example, when using moving and handling equipment and when accessing patients' lockers for daily items and medication. Senior staff informed us that this had been recognised and a risk assessment had been conducted by the health board. This written risk assessment made a number of recommendations for improvement and HIW requires an update on the progress in this regard.

Improvement needed

The health board is required to provide details of the progress on meeting the recommendations set out within the report following the risk assessment in April 2015.

We saw that one of the cubicles within West Ward did not have an external window. Rather the window was located within the adjoining en suite. This meant that natural light and ventilation to the cubicle could only be achieved by keeping the door to the en suite open. The health board should make improvements to allow more natural light and ventilation to be achieved to the cubicle.

Improvement needed

The health board should make improvements to the (identified) cubicle to allow more natural light and ventilation into the cubicle.

We saw that relevant risk assessments had been completed as part of the patient admission process to hospital. Interviews with staff also indicated that they would assess patients regularly and plan care to promote their safety and wellbeing, according to their conditions.

Welsh Government issues patient safety solutions information, which require health boards to take appropriate action where needed to ensure safe services. Whilst some staff were aware of these, others we spoke to were not. Therefore the health board should consider whether further action is required to address this.

Improvement needed

The health board should consider whether further action is required to increase staff awareness of patient safety solutions issued by Welsh Government that are relevant to their area of clinical practice.

We found that immediate improvement was needed around the use of patient identification wristbands. We have reported our findings in this regard under Standard 2.6 (medication management).

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).

We saw that staff had assessed patients regarding their risk of developing pressure damage to their skin. We were also able to confirm that staff were taking appropriate action to prevent patients developing pressure and tissue damage.

We looked at a sample of care records for patients on both wards we visited. We saw that written risk assessments had been completed using a recognised nursing assessment tool. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure sores. Specialist pressure relieving equipment was available and being used to help prevent patients developing pressure damage.

The monitoring records we saw showed that patients had been assisted or encouraged to move their position regularly. We also saw staff assisting and encouraging patients to move around the ward environment. Both of these nursing interventions are known to help to reduce patients developing pressure sores.

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

This standard was not explored in detail at West Ward

We saw that efforts were made to reduce the incidence of patient falls within Llynfi Ward.

Within the sample of patients care records we saw at Llynfi Ward, patients had been assessed for their risk of falling. However, written care plans had not always been developed to help guide and instruct staff around this aspect of a patient's care.

Specialist equipment such as alarm mats was available and being used with the aim of reducing patient falls. Staff confirmed that a Falls Prevention Specialist Nurse was available to provide support and advice to the ward team on effective falls prevention management.

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).

This standard was not explored in detail at West Ward.

Both wards we visited were clean. Patients' comments received via completed HIW questionnaires also confirmed this. Both areas had arrangements in place to reduce cross infection.

We saw that staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits and around the wards for staff and visitors to use.

At Llynfi Ward we saw that arrangements were in place to nurse patients in isolation should this be necessary to reduce cross infection. We also found that procedures were in place to check and clean equipment to ensure this was safe to use and reduce the spread of infection. Staff confirmed that support and advice was available from the control of infection team.

Cleaning staff working at Llynfi Ward confirmed that there was always sufficient cleaning equipment available. The ward did not use disposable privacy curtains. Staff described, however, the arrangements for regularly changing and washing curtains to reduce cross infection. The dayroom located within Llynfi Ward was carpeted and arrangements should be made to replace this with flooring that can be easily and effectively cleaned to reduce cross infection.

A system of regular audits in respect of infection control was described for both wards we visited. These were completed with the aim of identifying service areas for improvement so that appropriate action could be taken where necessary.

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

We saw that patients had been assessed to identify their eating and drinking needs. We saw staff assisting patients to eat and drink. Whilst monitoring records had been maintained we identified improvement was needed in this regard.

We looked at a sample of care records for patients on both wards we visited. Overall, we saw that patients' had been assessed to identify the support they required to eat and drink. Whilst we saw that food monitoring charts were being used, some of these were incomplete and had not been countersigned by the registered nurse responsible as is required.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that there are suitable arrangements in place regarding the completion of food monitoring charts and to ensure that such charts are countersigned by registered nurses as required.

We saw that patients' weights were being monitored regularly to assess whether they are well nourished and the effectiveness of care.

We observed lunchtime meals being served on both wards we visited. We saw staff helping patients to sit up to eat lunch and generally making preparations for the lunchtime meal. We found, however, that patients were not offered the opportunity to wash their hands prior to eating their lunch. Staff teams should ensure that patients are offered the opportunity to wash their hands according to their needs and wishes. As previously mentioned, we also identified limited

space around some of the beds within West Ward. This made the mealtime preparations difficult for staff.

The meals we saw appeared appetising and were well presented. Patients who provided comments told us that staff helped them as needed and most patients told us they were happy with the standard of food. We saw that therapeutic diets were provided for those patients assessed as needing them.

Drinking water was readily available and we saw staff assisting patients who required help with their drinks. Patients told us that their water jugs were changed regularly so that they had fresh water to drink.

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

We identified that improvement was needed around some aspects of the management of medicines. Specifically, this was around the storage of medicines requiring refrigeration and record keeping. We also identified immediate improvement was needed around the correct use of patient identification wristbands.

We saw that medicines were securely stored when not being used. Medicines requiring refrigeration were being securely stored in lockable fridges. We saw the refrigerator temperatures had been regularly checked and monitored. Whilst this was the case, however, we saw that on a number of occasions the recorded temperature was outside of the recommended range. We spoke to nursing staff about the action they would take if they recorded a temperature outside of the recommended range. We were not assured that they were fully aware of the procedure to follow to ensure that medication was stored at the correct temperature.

Improvement needed

The health board is required to describe how it will ensure staff are aware of their responsibilities should they identify that temperatures of fridges used to store medication are outside of the recommended range.

We looked at a sample of medication administration records (MARs) used within both wards we visited. Generally these had been completed fully. We did, however, see some instances where it was not clear whether medication had been given or not given. Some charts had not been signed to show medication had been given and neither did we see that a code had been used to explain why it had not. In addition, some prescriptions were not legible.

Improvement needed

The health board is required to provide HIW with information about how it will ensure that medication administration charts are legible and completed fully in the future.

Controlled Drugs (CDs) were being stored securely and records had been maintained of the amounts of drugs held and administered on both wards. We identified at West Ward, that some attention was required to ensure that the index page correctly identified the correct pages on which individual CDs had been recorded. Staff rectified this immediately when it was brought to their attention.

We observed medication being administered within Llynfi Ward and saw safe practice to ensure that the correct patient received the correct medication at the right time.

As part of our approach to inspecting the management of medication, we considered the use of patient identification wristbands. These provide a further means of checking a patient's identity prior to providing care and treatment, for example when administering medication or prior to an X-ray examination. We found that some patients had identification wristbands that were either blank or worn to the point that details were illegible. In addition there were some patients who were not wearing a wristband. Staff gave us a verbal assurance that they would make other enquires to correctly and positively identify patients. Given the potential risk to patient safety, however, we informed senior staff of our findings so that immediate action could be taken. Before the end of our inspection we were assured that appropriate action had been taken to promote patient safety on both wards. In accordance with HIW's immediate assurance process, we also wrote to the health board and required a written assurance that our findings were not replicated within other wards and units within the health board.

Immediate improvement needed

The health board must take suitable action to satisfy itself that relevant staff are adhering to health board processes for producing, applying and checking patient identification wristbands.

The health board provided HIW with a response within the agreed timescale and we were assured that appropriate action had been taken to promote patient safety in this regard.

Advanced Nurse Practitioners (ANPs) worked at Llynfi Ward. These staff provided clinical support and advice to the ward team and were qualified to prescribe patients' medication. One of the ANPs demonstrated a clear

understanding of the importance of medication reconciliation and we saw an electronic system in place that was used to record any changes to patient medication. We were told that this system was used to facilitate effective communication between the hospital and GPs in the locality. This was with a view to ensure safe medication management during a patient's stay in hospital and when discharged.

The above arrangements were not in place at West Ward. The health board should, therefore, explore whether the use of this system would be beneficial to support communication between West Ward and GPs in the locality.

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)

Arrangements were in place to protect vulnerable patients within the wards we visited. Improvement was needed in respect of demonstrating compliance with legislation around Deprivation of Liberty Safeguards³ (DoLS).

Our findings, from looking at patients' records and speaking with staff on both wards, indicated that staff were aware of the health board's safeguarding process to protect the welfare and safety of vulnerable adults at risk of abuse.

At the time of our inspection ward staff explained that there were patients subject to DoLS authorisations. We saw paperwork showing that staff had correctly initiated the DoLS process. The presentation of information within the patient records we saw was difficult to navigate and whilst staff confirmed that the required follow up action had been taken, this was not fully demonstrated within the records we saw. We could not, therefore, be fully assured that the authorisations in place were still legally valid.

Improvement needed

The health board must make suitable arrangements to ensure that where DoLS authorisations are in place that these are legally valid.

³ 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.

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

We saw that a range of medical and nursing equipment was available within the two wards we visited. Equipment was visibly clean and appeared well maintained.

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)

We found that recognised patient assessment tools were available and being used within both wards.

Within the sample of patients' care records; we saw a number of completed patient assessment tools based upon best practice guidelines and national initiatives. This was with a view to helping staff provide safe and effective care. Examples we saw included those in relation to mouth care, preventing pressure sores and nutrition.

Whilst these tools were being used, we identified improvement was needed around the care records to ensure they demonstrated fully the care provided by staff teams.

Patient care at both wards was the responsibility of medical consultants who visited the wards regularly.

Different arrangements for medical support at both wards were described. At Llynfi ward this was provided by a team of Advanced Nurse Practitioners and a visiting medical registrar based at the local district general hospital. At West Ward, medical support (Monday – Friday) was provided by a medical team made up of an associate specialist and staff grade doctor. In addition there were nine sessions provided via a GP partnership for the ward. At weekends and out of hours periods, medical support was available via an on call registrar at the local district general hospital

Discussion with senior staff identified that the arrangements at West Ward could be improved as they described having difficulties in obtaining medical support and advice. The health board should, therefore, review the model for medical cover at West Ward and make changes as appropriate to ensure

medical support and advice can be obtained in an effective and timely manner. This is with a view to promote patient safety and wellbeing.

Improvement needed

The health board should review the current model for medical cover at West Ward and make changes as appropriate to ensure the staff team can access medical support and advice in an effective and timely manner.

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

Information for patients and their visitors was displayed within the wards we visited. Signage directing to and within the wards was bilingual (Welsh and English). We saw that dementia friendly signage was displayed to help direct patients to toilets, washing facilities and ward areas.

Information about both wards was also available on the health board's website. This required updating, however, as some of the information around visiting times and current facilities was incorrect.

Improvement needed

The health board must make suitable arrangements to ensure information on its website is accurate.

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)

Overall, we found that improvement was needed around (patient care) record keeping. Specifically, they needed to reflect the care provided to patients and to demonstrate that care had been evaluated.

We considered a sample of patient records currently being used within both wards we visited. Separate records were being used by nursing staff, medical staff and other multidisciplinary team members.

Whilst we found comprehensive assessments had been completed to determine the care needs of patients, we saw that, often, these assessments had not been used to develop individualised care plans. Rather, a range of pre

printed core plans of care were in use that described general care actions. These did not fully reflect the individualised care described by staff as that being provided. In addition, the care plans did not demonstrate the effectiveness of care.

We did see one example where a patient's care plan incorrectly referred to the site of a wound. For the same patient we saw that a plan had not been written for mouth care, despite this being identified from the assessment. We informed staff of our findings so that this could be rectified and also to impress upon them the need for accurate care records to be maintained.

Improvement needed

The health board must make suitable arrangements to ensure patient care records demonstrate fully and accurately reflect patients' care needs, the care provided by staff teams and the effectiveness of the care provided.

Records for vital sign monitoring (such as pulse and blood pressure monitoring) and skin checks had been completed regularly and were up to date.

We found patient records were being stored securely when not in use to prevent access by unauthorised persons.

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 (Standard 5.1).

We saw staff being attentive to patients' needs and answering their requests for assistance in a timely way. Comments made by patients, however, were mixed around the timeliness of staff responding to requests.

Whilst all patients, who provided comments, within Llynfi Ward told us staff responded to their requests promptly, some patients within West Ward told us that they had to wait and went on to say that this was because staff were busy. The health board should explore reasons for this and take action as appropriate to ensure patients' requests are responded to promptly.

Quality of Management and Leadership

A management structure with lines of delegation and reporting was in place at both wards visited. Senior staff described new arrangements were being introduced imminently to community hospital services as part of wider management changes within the health board. Discussions with senior staff indicated that they felt the new arrangements would have a positive impact on the development of the services provided at both hospitals. Given the differences between the two wards, we have required that the health board also review the management arrangements at West Ward to ensure they are sufficient.

We found friendly, yet professional staff teams who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

Staff confirmed they were able to access training and that this had helped them to do their jobs. We identified more support needed to be provided to the ward managers so that staff appraisals could be conducted.

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)

At the time of our inspection a management structure was in place for both wards visited with lines of accountability and reporting demonstrated. We were told by senior staff that changes to this existing structure had been agreed by the health board and new arrangements were due to be introduced imminently.

Senior staff explained that new management arrangements for primary and community services were being introduced from 1 October 2016. This formed part of wider changes to the management structure across the health board that had been implemented over the previous year. Some interim management arrangements were in place and we found senior staff had made efforts to provide support to staff teams during this interim period.

Senior staff we spoke to were able to describe the lines of reporting and accountability within the existing and new structure.

It was clear from our conversations with senior staff that the service provision at both hospitals had changed since both hospitals had opened. Patients with more complex and ongoing care needs were now being cared for within both wards. This meant that models of providing care had needed to be changed. Discussions with senior staff indicated that they felt the new arrangements would have a positive impact on the future development of care services provided at both hospitals.

Senior staff described a system of regular clinical audit as part of the overall quality monitoring activity. We were told that results of audits were provided to senior staff so that areas for improvement could be identified and addressed as appropriate.

During our inspection, we invited staff working within both wards we visited to complete a HIW questionnaire. Through our questionnaires we asked staff to provide their comments on a range of topics related to their work. In total, eight completed questionnaires were returned.

Overall, the staff who completed and returned questionnaires indicated their immediate managers were supportive and provided clear feedback on their work. All staff indicated that their managers encouraged team work. Overall, staff also indicated that they were able to make suggestions to improve the work of their teams. Comments were more mixed regarding change, with three (out of seven respondents that this applied to) indicating that they did not feel involved in decisions made that affected their work areas. The health board may wish to explore the reasons for this for the purpose of establishing how improvements can be made.

Comments made within completed questionnaires indicated that staff were aware of whom their senior managers were and felt that communication between senior managers and staff was effective.

The size and layout of the wards, the number of patients that could be accommodated and the arrangements for clinical support for ward teams varied considerably between the two wards we visited. The management structure was similar on both wards. Senior staff described that whilst there were differences, both ward managers had similar responsibilities in terms of size and complexity of the areas they managed. Specifically, the ward manager of West Ward had responsibility of the 44 bedded ward only; whilst the other ward manager had responsibility for the smaller, 22 bedded Llynfi Ward and also provided ad hoc management cover for the Day Hospital in the absence of the manager.

Given that the management of the wards was the main area of responsibility for each respective ward manager, that West Ward accommodated considerably

more patients and the different arrangements for accessing medical support and advice at both wards, the health board should review the management arrangements on West Ward. This should be with a view to identifying whether the existing management arrangements are sufficient and to providing additional management support as appropriate.

Improvement Needed

The health board should review the management arrangements at West Ward and make suitable arrangements to provide additional management support as appropriate.

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).

Staff teams working on both wards presented as friendly, yet professional, and demonstrated a commitment to providing high quality care to patients. Staffing numbers and skill mix appeared appropriate to meet the needs of the patients on both wards at the time of our inspection.

Staff we spoke to were able to describe the care needs of patients for whom they had responsibility and how these needs were being managed.

All staff who returned questionnaires indicated they had attended training on topics such as; health and safety, fire safety and infection control. Staff indicated that they had also attended relevant training applicable to specialist care provided in their area of work. The responses we received indicated that staff felt the training they had attended had helped them do their job more effectively.

Information provided by the ward managers demonstrated that they were monitoring the training needs of staff. This was with a view to making arrangements to ensure they were up to date with training relevant to their roles. We were told that most mandatory training was via E-learning and that arrangements were being made to improve support for staff to access this.

The ward managers confirmed there was a system for conducting annual staff appraisals. Information provided by the ward managers demonstrated that not all staff had received an appraisal of their work within the last year. Reasons given for the shortfall included work pressures due to staff vacancies and sickness. The health board should make arrangements to ensure that

appropriate support is provided to the ward managers so that staff appraisals can be conducted.

Improvement needed

The health board must make suitable arrangements to ensure that appropriate support is provided to ward managers so that staff appraisals can be conducted.

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: Maesteg Hospital and Gorseinon Hospital

Ward/ Department: Llynfi Ward and West Ward

Date of inspection: 27 and 28 September 2016

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience					
-	No improvement plan required.				
Delivery of Safe and Effective Care					
14	The health board is required to provide details of the progress on meeting the recommendations set out within the report following the risk assessment in April 2015.	2.1	The layout and capacity of West ward is being addressed as part of the modernisation plan for the hospital. This will look at recommendations for bed areas and the storage of equipment. Storage areas have been implemented following 2015 risk	PC&CS ODU	January 2017

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			assessment.		
14	The health board should make improvements to the (identified) cubicle to allow more natural light and ventilation into the cubicle.	2.1 and 4.1	Estates department have been contacted to request a window to be placed in this cubicle to ensure natural light and ventilation is available. Estates have assessed the request and have agreed to insert high level windows to remedy this need. Work is anticipated to commence this month.	Lead Nurse	January 2017
15	The health board should consider whether further action is required to increase staff awareness of patient safety solutions issued by Welsh Government that are relevant to their area of clinical practice.	2.1	All safety alerts are now communicated to the departments through DATIX and actioned. The staff notice board will display these alerts. Safety alerts will be an agenda item at staff meetings.	Ward Managers	December 2016
17	The health board is required to provide HIW with details of how it will ensure that there are suitable arrangements in place regarding the completion of food monitoring charts and to ensure that such charts are countersigned by registered nurses as required.	2.5	Food charts will be countersigned by the registered nurse. The ward manager will audit this action weekly to ensure staff are aware of their responsibilities to ensure nutrition and fluid intake is maintained.	Ward Managers	December 2016

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
18	The health board is required to describe how it will ensure staff are aware of their responsibilities should they identify that temperatures of fridges used to store medication are outside of the recommended range.	2.6	Ward managers are going to liaise with pharmacy to develop an escalation guideline for actions required when the temperature is outside recommended parameters.	Ward Managers and pharmacy colleagues	December 2016
19	The health board is required to provide HIW with information about how it will ensure that medication administration charts are legible and completed fully in the future.	2.6	Drug charts will be audited by ward managers. Update sessions from clinical leads will be developed for all registrants in relation to completion of medication administration records.	Clinical Leads & Ward managers	January 2017
19	<u>Immediate Improvement Needed</u> The health board must take suitable action to satisfy itself that relevant staff are adhering to health board processes for producing, applying and checking patient identification wristbands.	2.1 and 2.6	Updates have been undertaken on wards to ensure nursing staff are familiar with the Health Boards process for producing, applying and checking patient identification wristbands. An audit is undertaken weekly to feed into the nursing metrics.	All areas of the HB	immediate
20	The health board must make suitable arrangements to ensure that where DoLS authorisations are in place that these are legally valid.	2.7	Ward managers are developing a spreadsheet to enable them to track Dols applications and authorisations to ensure they are in	Ward Managers	December 2016

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			place and valid. This will form part of the standard agenda at the leadership forum.		
22	The health board should review the current model for medical cover at West Ward and make changes as appropriate to ensure the staff team can access medical support and advice in an effective and timely manner.	3.1 and 5.1	The medical cover for west ward is part of the modernisation plan for the hospital. Conversation and developments are in progress to ensure the medical needs of our patients are prioritised. There is current medical cover on the ward each day arranged from GP's, Associate specialists and staff grade doctors.	PC&CS ODU	March 2017
22	The health board must make suitable arrangements to ensure information on its website is accurate.	3.2	Ward Sisters are liaising with communications to ensure that the information available on the Intranet is up to date.	Ward Managers	December 2016
23	The health board must make suitable arrangements to ensure patient care records demonstrate fully and accurately reflect patients' care needs, the care provided by staff teams and the effectiveness of the care provided.	3.5	The HB has core care plans available to all staff on COIN. As part of the modernisation plan for the hospitals work is ongoing to address patient assessment and care planning to deliver individualised care to meet the	Lead Nurse	January 2017

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			needs of the individual.		
Quality of Management and Leadership					
26	The health board should review the management arrangements at West Ward and make suitable arrangements to provide additional management support as appropriate.	Governance, leadership and accountability	Understanding the leadership needs of West ward are part of the modernisation plans for the hospital.	PC&CS ODU	February 2017
27	The health board must make suitable arrangements to ensure that appropriate support is provided to ward managers so that staff appraisals can be conducted.	7.1	A lead nurse has been appointed with responsibility for Gorseinon and Maesteg Hospitals. Staff appraisals have been planned and a programme developed to ensure compliance is achieved.	Lead Nurse	January 2017

Health Board Representative:

Name (print):Anthony Porter Heulwen Howells.....

Title:Lead Nurse.....Senior Matron.....

Date:09/11/2016.....