Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Hospital Inspection (Follow up - Unannounced)

Aneurin Bevan University Health Board: County Hospital, Usk Ward

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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 (follow up) inspection of Usk Ward, County Hospital within Aneurin Bevan University Health Board on the 15 November 2016.

2. Methodology

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

The 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 comprised of one inspection manager (who led the inspection) and one clinical peer reviewer.

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

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

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

County Hospital is a community hospital which provides inpatient and outpatient services for the residents of Torfaen. It is located in the middle of Gwent being eight miles north of the city of Newport and 12 miles south of Abergavenny. The hospital receives patients who normally reside in Torfaen, from both the Royal Gwent and Nevill Hall Hospitals for rehabilitation after strokes or orthopaedic surgery, as well as for general convalescence.

The hospital also accommodates patients waiting for placement in nursing or residential care homes. Direct admission from home is accepted into General Practitioner medical beds.

Usk ward has historically been an orthopaedic rehabilitation ward, although many patients admitted onto the ward are now older, some with complex physical needs and/or a diagnosis of dementia. There are 17 beds on Usk ward and the ward admits female patients only. The ward is within an old building. A long corridor separates a 9 bed bay at one end and an 8 bed bay at the other end. There is one single cubicle available.

4. Summary

The main purpose of this inspection was to follow up on the health board's progress in addressing the improvements needed from our last inspection in February 2015. Although the health board was able to demonstrate that some improvements had been made since the previous inspection, there was a need to ensure that actions were monitored and implemented on an ongoing basis.

During our inspection we spoke with patients and visitors informally and asked them to provide us with their views on the ward environment, the hospital staff and the care they had received. Our discussions confirmed that overall, patients were happy with their care.

We found that improvements had been made to maintain a comfortable ward environment, in the provision of information to patients and visitors and in ensuring people's rights were protected through appropriate use of the Mental Capacity Act.

Further action was required by the health board to make ongoing improvements around staff routinely assessing patients' continence needs, pain assessment and oral health care needs. There was also a need to review why actions regarding the provision of appropriate stimulation for patients with dementia and confusion had not yet been implemented.

We found that there was a consistent pathway to manage the risk of patients developing pressure sores and in diabetes management. Overall, appropriate arrangements were in place in regards to infection control. We found significant improvement had been made in the organisation and detail of record keeping.

We found that some improvements had been made in regards to nutrition and hydration but aspects of the meal time experience and the updating of food and fluid charts required further improvement.

We found that further improvements were needed in ensuring staff had access to the appropriate tools to support communication with patients with hearing loss/additional communication needs and in ensuring the ward environment was fully accessible, particularly for those patients with confusion and/or dementia. This was being progressed at health board level. Medicines were kept securely, however, two aspects of medicines management require improvements overall.

Our observations at the time of our inspection indicated that there were enough staff with the right knowledge and skills to meet the care needs of the patients.

Findings

Quality of the Patient Experience

During our inspection we spoke with patients and visitors informally and asked them to provide us with their views on the ward, staff and their care and treatment. Our discussions confirmed that overall, patients were happy with the standard of care provided.

We found that improvements had been made to maintain a comfortable ward environment, in the provision of information to patients and visitors and in ensuring people's rights were protected through appropriate use of the Mental Capacity Act.

Further action was required by the health board to make ongoing improvements around staff routinely assessing patients continence needs, pain assessment and oral health care needs. There was also a need to review why actions regarding the provision of appropriate stimulation for patients with dementia and confusion had not yet been implemented.

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)

Our discussions with patients and visitors confirmed that there was a high level of satisfaction with the care and treatment provided. Patients gave overwhelmingly positive feedback about their relationships with staff and it was clear that staff knew patients well. We observed kind, caring and respectful interactions between staff and patients.

At our last inspection of the ward, we found that locks on several bathroom doors were broken. There was also no method in place to indicate when patients were using bathrooms, which could compromise the upholding of patients' dignity. We found improvements had been made with 'vacant' and 'in use' signs now in place. We found one lock on one bathroom door broken but we were assured that this had been reported. Since the last inspection, thermometers had been installed in bathrooms to enable staff to check the

temperature of the environment and we found a comfortable temperature was maintained throughout all areas of the ward.

Comments from patients at our last inspection indicated that they sometimes felt rushed with their morning personal care routines. We found that staffing levels had been adjusted to allow for an additional member of nursing staff for night shifts which followed through to the morning. We saw staff supporting patients in an unrushed manner to attend to their needs. Our discussions with patients also confirmed they felt that, although staff were busy, they were able to attend to them in a timely way.

We looked at a sample of patients' care records during this inspection, with a focus being continence assessment and care and pain assessment. This was due to improvements that were identified at the previous inspection.

During this inspection staff confirmed that they assessed patients' continence needs on discharge and also assessed patients' continence needs on an ongoing basis. However, within the records we reviewed we did not see evidence of patients' continence needs being fully assessed during patients' stays. We found that the training session planned with the continence specialist nurse following our previous inspection had taken place and we saw some documentation of continence care within patient notes. We saw that the catheter care bundle was also used. This indicated some improvements had been made. However there was a need to ensure continence assessments took place routinely to help inform appropriate management.

Improvement needed

The health board must be assured that patients' continence needs are routinely assessed to inform appropriate management.

We found that NEWS charts were in place but across the records we reviewed we found recordings of patient's pain scores to be inconsistent. Our observations and discussion with patients provided us with some assurance that patients' pain was being effectively managed by the staff team. However, this was not fully evidenced through the notes we saw.

In response to our previous inspection, the health board described it would implement the Abbey Pain Scale[1] by June 2015 to assist with the monitoring

[1] The Abbey Pain Scale is designed to assist the assessment of pain in those patients who cannot clearly express their needs.

and evaluation of patients who cannot verbalise pain. Staff told us that training had now commenced. However, the full implementation of this tool had not yet taken place. Given the changing nature of the ward in terms of increasing numbers of patients with complex needs, mental health needs and confusion and dementia, there is a need for this tool to be implemented fully.

Improvement needed

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

Our previous inspection identified the need for ensuring patients' oral health needs were routinely assessed. The health board confirmed in their improvement plan that by May 2015 all staff would attend appropriate training and the use of the oral assessment tool would be implemented. Staff confirmed this had not happened due to difficulties in staff accessing the appropriate training, meaning that only the ward sister had attended training to date.

Improvement needed

The health board is required to explore the reasons why the use of the oral health assessment has not been implemented. The health board must ensure patients' oral health needs are routinely assessed to inform appropriate management.

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)

Following the previous inspection we found that improvements had been made in ensuring patients and relatives were kept up to date on care and treatment information throughout their stay.

We found that ward information leaflets had been produced and were given to all patients on admission. Staff advised that relatives sometimes took these copies away with them. The ward is advised to ensure that there are easily accessible copies of this leaflet available on the ward to patients at all times.

The health board was also sharing the learning from Usk ward and making improvements to a divisional information leaflet (a leaflet covering information that would be applicable to patients across hospital wards).

We saw that several patient and relatives information boards had been installed and these contained a range of useful and relevant information. Staff told us that carers' clinics had been implemented but had not proved to be effective due to a lack of interest and had been discontinued.

The patients and relatives we spoke with were aware of the plan for their care and treatment and told us they received all the information they required.

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)

Our previous inspection took place at a time when the nature of the ward was transitioning from an orthopaedic rehabilitation ward to one providing more general care and treatment for the elderly. Staff described that over the last 18 months this transition had further progressed and they were seeing increasing numbers of patients with dementia, confusion, mental health needs and elderly patients awaiting discharge.

The ward team worked with other members of the multi disciplinary team to provide rehabilitation care and therapy services to patients. We were able to locate physiotherapy and occupational therapy plans and records within patient records and saw these being implemented in practice, for example, through visits to the ward by the physiotherapy team. We saw that care plans captured areas where patients' independence could be encouraged and we saw these being implemented in interactions between ward staff and patients.

We saw that specific patients' needs in terms of the promotion of independence were shared during handover and there were detailed patient status at a glance boards in place which indicated patient's individual needs.

We saw that multidisciplinary team meetings were held that involved healthcare, social care and therapy staff to plan patients' discharges. We saw that records had been made setting out agreed actions from these meetings. Patients we spoke with indicated that they were clear about the plans for their discharge.

Overall, we could see, therefore, that the health board had taken action to make improvements in planning care to promote independence.

However, there was one particular area where further improvement was needed. At the last inspection we recommended improvements be made to ensure patients, particularly those with confusion or dementia, had access to appropriate stimulation to support skills to be maintained during their stay, particularly given the increasing length of patient's stays. We found that the regular scheduled activities that the health board planned to introduce were not taking place. Health care support worker hours, which the health board had planned to release in support of this, had not been released. Senior staff and ward staff had made contact with third sector organisations in an attempt to promote recreational activities but there was no visible sign of this being implemented on the ward. Although the improvement plan stated that meaningful activity was being promoted through the availability of books, games and memorabilia, we did not see this in practice. We saw staff encouraging some patients to access the day room to watch television but there was a lack of other activities to provide stimulation or to encourage cognitive skills to be maintained. Senior staff from the health board explained that they were working to promote more dementia friendly environments and activities and planned to pilot this on one ward before rolling out to others. However, given the time that has lapsed since our previous inspection we could not be assured that a commitment to making improvements in this regard, on Usk ward, had been followed through.

Improvement needed

The health board is required to explore the reasons why the planned improvements around the provision of appropriate activities and stimulation for patients (particularly those with dementia and confusion) have not been progressed. The health board should ensure that patients' cognitive skills on the ward are supported to be maintained.

Staff told us they sometimes experienced difficulties in accessing appropriate slings for the hoists they used. Although we did not see this impacting on patient care in practice, the health board should review this to be assured that staff have access to appropriate equipment at all times.

Improvement needed

The health board must be assured that the ward has access to appropriate slings for the hoists.

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).

Under this standard we focussed specifically on how the ward ensured that patient's rights in regards to mental capacity assessments were upheld, due to the findings of our previous inspection. Overall we found improvements had been made.

In the records we reviewed we saw that where appropriate, patients' capacity was assessed and any decisions made in patients' best interests were fully documented in line with the Mental Capacity Act 2005. Staff confirmed that the planned bespoke mental health training that was planned following our previous inspection had been delivered along with an away day for senior ward staff which covered the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). The health board is advised to consider how they will ensure that staff receive refresher training on an ongoing basis.

Delivery of Safe and Effective Care

We found that there was a consistent pathway to manage the risk of patients developing pressure sores and in diabetes management. Overall, appropriate arrangements were in place in regards to infection control. We found significant improvement had been made in the organisation and detail of record keeping.

We found that some improvements had been made in regards to nutrition and hydration but aspects of the meal time experience and the updating of food and fluid charts required further improvement.

We found that further improvements were needed in ensuring staff had access to the appropriate tools to support communication with patients with hearing loss/additional communication needs and in ensuring the ward environment was fully accessible, particularly for those patients with confusion and/or dementia. This was being progressed at health board level. Medicines were kept securely, however, two aspects of medicines management require improvements overall.

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)

Whilst the ward environment was not a specific focus of our inspection, we observed the ward to be clean and tidy. We found that several areas had been cleared of clutter since our last inspection but staff continued to face challenges in terms of storage space. However, we did not identify any areas where this was impacting on patient safety.

Under this standard we focussed specifically on how the ward ensured the environment was accessible to patients. Our previous inspection identified the need for the environment to be improved to ensure it was accessible to those patients with confusion and/or dementia and patients with complex or sensory needs.

Overall we found that further improvements were needed in this regard. Although there was some colour coding of areas, this had not been consistently applied throughout the ward and, as identified at our previous inspection, boards showing the date, to support patients' orientation, were still not easily

visible. Clocks were also not particularly visible. Staff had planned to create a dementia friendly accessible day room and plans for this on Usk ward had not progressed, despite a completion date stated on the improvement plan of November 2015.

Senior staff told us that plans for dementia friendly and fully accessible ward environments were being progressed at a health board level and a new project lead was now in post. The project group involved patients and relevant advisors who could support effective implementation. Staff told us this was due to be rolled out on another ward prior to implementation across the health board and that a full refurbishment would take place on Usk ward once implemented.

Improvement needed

The health board is required to update HIW on the progress in implementing a fully dementia friendly, accessible ward environment on Usk Ward.

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 found that improvements had been made under this standard following our previous inspection.

We found that staff followed a consistent pathway in managing patients identified at risk of developing pressure sores. We found care plans and risk assessments in place and appropriate actions had been taken as a result of these assessments. Charts were in place and being consistently updated to ensure risks were monitored on an ongoing basis.

In the records we reviewed we saw that appropriate referrals were made to the tissue viability nurse and equipment such as pressure relieving mattresses were in use. We saw staff on the ward, (including physiotherapy staff and nursing staff), encouraging patients to mobilise where possible to reduce the risk of developing pressure sores.

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).

Overall we found appropriate arrangements in place regarding infection prevention and control. We found that staff compliance with hand hygiene could be improved.

We found all areas of the ward to be clean with cleaning schedules in place.

Hand gels were available in all areas however we noticed that one hand gel dispenser in the corridor was empty and we advised staff that this required re-filling. We observed several occasions where staff did not wash their hands between task/patient in line with best practice guidelines. We also observed that although personal protective equipment was available and used on the ward, this was not always used appropriately.

Improvement needed

The health board must ensure that staff comply with infection prevention guidelines, specifically in ensuring staff consistently comply with hand hygiene guidelines and the appropriate use of personal protective equipment.

We saw that information regarding infection rates was gathered and this was displayed on the ward so that information was shared with patients and visitors.

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

Under this standard we found some areas which had improved since our previous inspection and some areas where further attention was required. Almost all patients we spoke with told us they were satisfied with the quality of the food.

We saw that patients had access to fluids (within easy reach) and supplements where required.

We observed a meal time and we found that overall this was well organised. We saw that there were adequate numbers of staff to support patients with eating and drinking where required. Protected mealtimes were in place to avoid disturbance to patients when eating their meals.

We found that following our previous inspection, a hostess trolley was now used to transport meals to the other end of the ward, from the main trolley, to reduce health and safety risks in carrying hot plates. However, we saw that there was still the potential for meals to get cold when distributed in this way as

meals were left uncovered on the hostess trolley after being served from the main trolley. We also found that patients were not offered the chance to wash their hands prior to eating.

Improvement needed

Staff should further review how meals are distributed to patients to ensure they remain hot. Patients should be offered the opportunity to wash their hands prior to meal times.

We saw that some patients were served their drinks in sealed cups to avoid spillage. However, the cups were a brand of children's cups and we could not be assured that each patient's needs or preference in using these cups had been individually assessed.

Improvement needed

The health board must ensure that where modified cups are used, that patient's individual needs and preferences in using these cups has been assessed and that they are appropriate models that meet patient's needs.

The sample of records we reviewed showed that patients' nutritional needs were assessed and updated. We saw that where required, special diets were accommodated and we saw staff offering patients a range of options from the food available to meet individual preferences and needs.

We looked at a sample of food and fluid charts and found that these charts were not always being consistently implemented or updated.

Improvement needed

The health board is required to review why improvements have not yet been made in consistently implementing and updating food and fluid charts; and improvements should be made in this regard.

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

We found that improvements had been made in the safe storage of medicines since our previous inspection. The treatment room was kept secured to prevent access by unauthorised persons.

We found that controlled drugs checks were scheduled to be carried out weekly in line with the health board's policy. However there were omissions in these records which meant we could not be assured that weekly checks were consistently carried out. We also found two omissions in the recording of medication fridge temperatures. We could not be assured, therefore, that medication requiring refrigeration was being stored correctly.

Improvement needed

The health board must ensure that weekly checks of controlled drugs are consistently carried out and recorded in line with the health board policy. Fridge temperatures should also be consistently monitored and recorded.

Our previous inspection report had recommended the review of the storage of the oxygen cylinder which was being kept in the corridor. We found that a review had taken place and ward staff had been waiting for further advice on appropriate and safe storage. Staff had been advised to leave the oxygen in place for the time being. Senior staff provided signage for the ward identifying where the oxygen was stored. However, no further action had been taken in regards to review.

Improvement needed

The ward must be provided with appropriate advice regarding the storage of the oxygen cylinder in the corridor to ensure safe and appropriate storage.

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)

Under this standard we focussed on the care and treatment of diabetic patients.

There was a care pathway in place and we saw care plans completed in patient notes and monitoring charts being updated. We saw that staff undertook training in blood glucose monitoring. As described above, we identified improvements were needed to ensure food and fluid charts were consistently implemented and updated.

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

As a result of our previous inspection we found improvements were required to ensure staff had the tools needed to enable them to communicate with patients with hearing loss and additional communication needs. We found that some improvements had been made in staff awareness but improvement was needed in ensuring staff had the appropriate equipment.

Following our inspection staff had attended customer service workshops and hearing loss awareness had been promoted on the ward through distribution of an information leaflet to staff. Staff told us that although they had used a hearing loop with one specific patient who had brought their own, they still did not have access to a hearing loop, or any other communication tools to assist them in communicating with patients with hearing loss.

Improvement needed

The health board must ensure that staff have access to the tools needed to enable them to communicate effectively with patients with hearing loss and additional communication needs.

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)

Our previous inspection had identified that immediate and significant improvements were required to documentation. We found significant improvements to the organisation of patient records. We could follow the patient's pathway from the records reviewed and there was up to date information that was easy to follow, including notes from multidisciplinary meetings and allied health professionals. We also found all records to be securely stored throughout the inspection.

We have identified improvements needed to aspects of documentation within the standards above and these areas relate to:

- Pain scoring tools
- Continence assessments

- Food and fluid charts

Overall however, we found that improvements had been made and there were full and detailed care plans and risk assessments in place.

Quality of Management and Leadership

Our observations at the time of our inspection indicated that there were enough staff with the right knowledge and skills to meet the care needs of the patients.

Although the health board was able to demonstrate that some improvements had been made since the previous inspection, there was a need to ensure that actions were monitored and implemented on an ongoing basis.

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).

We saw strong leadership on the ward and a caring, committed and dedicated staff team. Staff told us they felt well supported by senior management. On the day of our inspection, three registered nurses (including the ward manager), one student nurse and three healthcare support workers were working on the ward.

In its response to our previous inspection, the health board described a range of actions to ensure enough staff were available to meet the needs of patients on the ward. During this inspection, we saw staff responding to patients' requests in a timely way. Staff told us that extra staff could be requested to ensure that there were enough staff working on the ward, including bank staff. Where additional staff could not be secured, we were told this was escalated to the health board via the incident reporting system for review. We saw examples of this in practice. This reflected the actions described by the health board in their improvement plan.

There had been some recent changes to management staff on the ward, in addition to staff changes through the management structure above ward level. This meant there were new staff in place in a number of key areas. We were assured that there was sufficient cover through interim arrangements and staff were clear regarding reporting arrangements through that structure.

Staff told us that due to recent staff changes there had sometimes been challenges in ward management staff accessing the supernumerary time they required. We discussed this with senior management staff who were committed to ensuring that this happened on an ongoing basis now that firm interim

arrangements had been put in place. We found this time had been agreed at health board level and rostered in.

We saw that compliance with staff accessing personal development reviews had improved and all staff now had an up to date review in place. We also saw that there was a ward level training matrix in place which was used to monitor staff training needs on an ongoing basis. We saw that a target to increase training compliance by 20% by June 2015 had been achieved. Staff training across a number of areas had improved, for example in areas identified at the previous inspection such as the protection of vulnerable adults (POVA). However, we saw that there was currently lower compliance in other areas (55% and lower) such as infection control, anaphylaxis and NEWS. Staff told us a date had been confirmed for anaphylaxis training and an infection control study day but they sometimes experienced difficulties in releasing staff for training.

Improvement needed

The health board must ensure that staff are supported to stay up to date on training across all areas on an ongoing basis.

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)

Following the previous inspection we saw that staff had put their own plan and monitoring system in place to ensure they implemented the actions they had committed to, at ward level. The plan and evidence gathered by ward staff was clear, detailed and demonstrated the areas they had been working on. However going into 2016, we saw that there had been less of a focus maintained on monitoring this and there was a need to keep the momentum, to ensure all actions and improvements were made, as had been agreed.

Improvement needed

The health board must ensure that there is a robust system in place to allow sufficient oversight and ensure actions committed to within HIW improvement plans are implemented on an ongoing basis.

We saw that the health board monitored improvements through reporting to the Quality and Patient Safety Committee and had also recently carried out its own

inspection (quality health check) of the ward. We saw that an audit programme was in place but audits were not always completed during the timescales that were specified by the health board. Staff told us there were plans in place to address this now that firm interim staffing arrangements were in place with allocated supernumerary time.

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: County Hospital

Ward/ Department: Usk Ward

Date of inspection: 15 November 2016

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
8	The health board must be assured that patients' continence needs are routinely assessed to inform appropriate management.	Continence assessments (general) are completed for all patients on admission. If a continence aid is identified as required upon discharge, a full assessment is completed and sent to continence specialist team for quality assurance and facilitation of ongoing supplies. Assurance for compliance with continence bundle assessment is achieved via the community division suite of audits schedule. Compliance is monitored centrally via the divisional Quality and	Senior nurse	April 2017

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
		Patient Safety (QPS) team and any deficits for compliance are escalated to senior nurse for remedial action. The divisional continence team link nurse has been requested to provide bespoke refresher training to ensure improvement in ward compliance		
9	The health board is required to explore the reasons why the use of the identified pain assessment tool on the ward has not been fully implemented. The health board is also required to ensure that staff record their assessment of patients' pain, their evaluation of the actions taken to alleviate patients' pain and any further action taken following this evaluation.	The PNNAID Pain Scale pain chart (or appropriate alternative), developed to support managing the assessment of pain in patients with dementia has been introduced. Compliance is monitored via six monthly audits across all community wards. Further to HIW inspection, the frequency of audit for compliance will be increased to monthly until assurance can be gained that ward staff are fully compliant. Where appropriate, the Dementia pain score tool is now in patient bedside notes. Registered nurses are now checking and completing pain score assessment on NEWS chart. The laminated NEWS escalation flow chart is available at the nursing station and the PSAG Board and continues to be part of the ward safety briefing.	Senior nurse/ Ward manager	Immediate

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
9	The health board is required to explore the reasons why the use of the oral health assessment has not been implemented. The health board must ensure patients' oral health needs are routinely assessed to inform appropriate management.	Oral care bundle commenced with ward. Oral care plan devised by ward staff to be incorporated into individual patient care plans. Whilst dates for training are widely available across the Health Board, there have been ongoing difficulties in releasing staff due to significant levels of long term sickness at a senior level during 2016. This has been identified by Vicky Jones, lead for community dental services through QPS and oral care bundle champion. Divisional champion to be appointed to support improved compliance	Senior Nurse/ Clinical director for CDS	February 2017
11	The health board is required to explore the reasons why the planned improvements around the provision of appropriate activities and stimulation for patients (particularly those with dementia and confusion) have not been progressed. The health board should ensure that patients' cognitive skills on the ward are supported to be maintained.	Recent inspection undertaken in September 2016 on Usk ward using the Quality Health check inspection tool highlighted the continued lack of progress regarding the planned improvements for the day room to improve the current environment which is recognised to be not conducive to stimulation and socialisation for patients with cognitive impairment (see attached).  SKM_C554e16091315450.pdf	Divisional lead nurse /General manager	April 2017

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
		This has been escalated to the corporate nursing team as a significant concern. The County site is currently undergoing review to determine its future feasibility for inpatient care provision further to the recent approval by Welsh Government for the Specialist and Critical Centre. County Hospital site is identified on the capital risk register as rating risks of 20+ for urgent reparative works. The issue has also been highlighted in the report provided to the divisional QPS meeting and has been escalated through the QPS operational group and the Health and Safety committee		
11	The health board must be assured that the ward has access to appropriate slings for the hoists.	All wards and departments within the Health Board have been part of an ongoing LOLER inspection led by the Health and Safety team to ensure that availability and suitability of patient slings and hoists meets the need. This is monitored through the divisional QPS team and is reported by the lead manual handling advisor via the ABUHB Health and Safety committee.	Divisional lead Nurse/H&S team	Ongoing

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	Delivery of Safe and Effective Care			
14	The health board is required to update HIW on the progress in implementing a fully dementia friendly, accessible ward environment on Usk Ward.	ABUHB are progressing the outline environmental strategy. These is being led by the corporate lead Nurse for Dementia whose role is to develop the HB environment strategy, facilitate the expertise involved and make clear the adjustments in dementia wards, general wards and explanations of what dementia friendly means and recommendations for adjustments for disability. This initiative sits under the work of the Environment Committee and links to the Dementia Board outcomes related to requirements for disability including dementia friendly environments. The wards at County hospital are acknowledged as being currently unsuitable for the patient profile and assurances have been provided that this is a priority for improvement.	Corporate nursing team/ divisional Lead Nurse	TBC by corporate team
15	The health board must ensure that staff comply with infection prevention guidelines, specifically in ensuring staff consistently comply with hand hygiene guidelines and the	Monthly hand hygiene audits are undertaken. Audits are demonstrating hand hygiene compliance at 95% or above for all wards at County. The divisional infection and prevention	Senior nurse/IPAC lead nurse	Immediate

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	appropriate use of personal protective equipment.	link nurse will be requested to review and make any recommendations regarding use of PPE practice to ensure compliance. Escalation of concerns regarding County hospital's environment of care – impact upon health and safety and IPAC has been undertaken and included on the divisional high level risk register  County nvironm ent (2).doc		
16	Staff should further review how meals are distributed to patients to ensure they remain hot. Patients should be offered the opportunity to wash their hands prior to meal times.	Plate covers have been requested from catering department. Domestic and Nursing advised to use. Plate covers are now on catering trolley at all mealtimes. Recent inspection undertaken in September 2016 on Usk ward using the Quality Health check inspection tool identified that those patients spoken to all stated that they were given the opportunity to wash their hands either at the sink or with Clinell wipes (a universal cleansing wipe with antibacterial properties available in all clinical	Ward Manager/ senior nurse	Immediate

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
		areas). Monthly hand hygiene audits are conducted to provide assurances that standards are met by ward staff. Usk ward has maintained between 90-100% compliance for the last 12 month period. Usk ward has been noted for its exemplary practice for its low health care associated infection rates.		
16	The health board must ensure that where modified cups are used, that patient's individual needs and preferences in using these cups has been assessed and that they are appropriate models that meet patient's needs.	Alternative cups have been researched and trialled. Patients asked for opinions on the new cups. Feedback received which indicated preference for the cups which were previously being used.	Ward Manager/ senior nurse	Achieved
16	The health board is required to review why improvements have not yet been made in consistently implementing and updating food and fluid charts; and improvements should be made in this regard.	Deputy Sister has liaised with the dietetic team regarding recommendations for duration of use in line with ongoing individual assessment of patient need, and has sought guidance for when food charts should be discontinued. Staff made aware in daily handover/PSAG Board for patients who require ongoing assessment via the all wiles food chart dependent upon individual needs.	Ward Manager/ senior nurse	Immediate
17	The health board must ensure that weekly	Review of CD register during weekly checks and	Ward Manager/	Immediate

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	checks of controlled drugs are consistently carried out and recorded in line with the health board policy. Fridge temperatures should also be consistently monitored and recorded.	escalation in event of non compliance. To be reported as an adverse incident in event of non compliance. Standard operating procedure in place for checking of CDs upon administration to ensure two person checks in place. Checking procedure to be incorporated into ward monitoring procedures	senior nurse	
17	The ward must be provided with appropriate advice regarding the storage of the oxygen cylinder in the corridor to ensure safe and appropriate storage.	Assurances were received following the last review of action plan in September 2016 that Works and Estates had completed the request to attach lockable mechanism to secure oxygen cylinder to wall and hazard warning applied. This will be revisited to ensure any remedial actions are taken	Ward Manager/ senior nurse	Immediate
18	The health board must ensure that staff have access to the tools needed to enable them to communicate effectively with patients with hearing loss and additional communication needs.	Deaf awareness and communication tactics been provided to all ward staff. Hearing loops available on ward. Staff to ensure appropriate usage for patients with specific needs. This will be undertaken at handover and a symbol identifier will be used on the PSAG Board	Ward Manager/ senior nurse	Immediate

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	Quality of Management and Leadership			
21	The health board must ensure that staff are supported to stay up to date on training across all areas on an ongoing basis.	Staff to be encouraged to complete on line training to ensure compliance. On line training is directly accessible for all staff through ESR since October 2016.Ward Manager to liaise with the corporate health and safety team to arrange classroom taught sessions to support staff in ensuring compliance. Any areas that have high levels of non compliance are escalated for attention through the relevant QPS and health and safety fora.	Ward Manager/ senior nurse	February 2017
21	The health board must ensure that there is a robust system in place to allow sufficient oversight and ensure actions committed to within HIW improvement plans are implemented on an ongoing basis.	The action plan developed following the latest HIW inspection will be reviewed on a monthly basis during the senior nurse and ward manager 1:1 meetings and monitored via the divisional QPS group to ensure that assurances are received regarding progress made toward achieving the objectives outlined. Any concerns or difficulties encountered during the timescales set will be also escalated for remedial action though this forum	Ward Manager/ senior nurse	Immediate and ongoing

Health Board Representative:

Name (print): **Lin Slater**

Title: **Assistant Director of Nursing**

Date: **9 January 2017**

Addendum to Improvement Plan : USK Ward, County Hospital, ABUHB 6th February 2017		
Comment	Response	Time scale/Accountable individual
Our inspection finding reads as follows "The Health Board is required to explore the reasons why the planned improvements around provision of appropriate activities and stimulation for patients (particularly those with dementia and confusion) have not been progressed. The Health Board should ensure that patients' cognitive skills on the ward are supported to be maintained". The Health Board's response outlines planned improvements to the dayroom. However, plans for the dayroom are addressed separately to the provision of appropriate activities within the report.	All ward staff have now undertaken Dementia Friends training and they are using reminiscence with patients, however the Health Board acknowledges the lack of progress on this element. Plans to support patients on the ward with local voluntary groups are underway with a view to having a plan of programmes agreed with local volunteers by 1st April 2017. Age Cymru Gwent Robins have been approached to request support (6.2.17). Other volunteer groups, including *Ffrind i Mi,* have also been approached, to support with befriending schemes. In the interim a volunteer, commenced on the ward on 6.2.17 and is providing 2 days each week to support a programme of activity in partnership with a designated member of the nursing team. Appropriate activities are being sourced and purchased to support these activities. Activity programme identifying structured activities will be in place by April 2017.	April 2017. Monthly audits on progress and improvements to be undertaken with the ward manager. Clare Walters –Divisional Nurse Rhian Morgan – Senior Nurse

The health board stated in the improvement plan following our 2015 inspection that activities were planned to be offered on the ward as follows "Regular scheduled recreational activities are planned to encourage patients to use day room and promote socialisation. Following revision of rosters, HCSW hours have been released to support provision of activities twice weekly. Senior Nurse has made contact with League of Friends, Age Connect and Rhian Lewis (ABUHB Lead for Voluntary Services) to promote additional recreational activities. Meeting arranged for 10th June. Tea, Coffee and Cake afternoons commenced 13th May. Local colleges Health and Beauty students have offered County Hospital voluntary Hand and Nail care support. Hairdressing services available x 1 weekly. Ward to ensure meaningful activity is promoted by availability of books and games, memorabilia etc".	An activities programme is developing led by the ward manager, this will include : • weekly musical film nights • arts, crafts; sessions. • provision of games, puzzles etc. This programme will be expanded with the support of local volunteers to include: • Reading groups • Therapy sessions including hand feet massage, to be explored. • Music and movement sessions • Regular coffee mornings and other events	Immediate April 2017 Monthly audit to ensure progress is maintained and sustained. Clare Walters –Divisional Nurse Rhian Morgan – Senior Nurse
We did not find evidence of appropriate activities being offered, as the health board outlined above, during our follow up inspection. This is where we require the health board to make improvements. Although we appreciate that the provision of some activities will be linked with a suitable environment in the dayroom, there are a range of activities (chair based or otherwise) and means of engaging with patients to provide stimulation.	• Chair based activities are now being offered more regularly with the support of a volunteer. • A programme of regular activity will be provided incrementally as described above. • The day room will be painted by March 1st and the environment reviewed to support a comfortable and welcoming space to support activity.	March 1st 2017 Monthly audit to ensure progress is maintained and sustained. Clare Walters –Divisional Nurse Rhian Morgan – Senior Nurse