

Hospital Inspection (Unannounced)

Betsi Cadwaladr University
Health Board:

Holywell Hospital: (Ffynnon A
ward)

Deeside Hospital: (Branwen
and Gladstone wards)

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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) conducted an unannounced inspection of two elderly care community hospitals within Betsi Cadwaladr University Health Board on 15,16 and 17 November 2016. The following hospital sites and wards were visited during this inspection:

Holywell Community Hospital

- Ffynnon A ward

Deeside Community Hospital

- Branwen and Gladstone wards.

Further information about how HIW inspect NHS hospitals services can be found in Section 6.

2. Context

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham). The Health Board has a workforce of approximately 16,500.

There are three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases. The Health Board also coordinates the work of 109 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

Holywell Community Hospital

Holywell hospital was opened in 2008 and built to replace services previously provided by the old Holywell Cottage Hospital, Lluesty Hospital, Holywell Clinics and a GP Practice. Consequently, these services are now provided in a purpose built environment close to the community they serve.

The hospital has 44 inpatient beds which specialise in rehabilitation, care of the elderly, palliative care and terminal care. There is also a minor injuries unit open between 8.00 am and 8.00 pm, 7 days a week. There are Consultant led beds and GP medical beds. Consultant outpatient and community clinics are held in the hospital and dental and x-ray services are also provided. The hospital provides a range of other therapeutic and community services.

- Ffynnon A ward was inspected on 15 November 2016. The ward has 22 beds and specialises in the care of the elderly.

Deeside Community Hospital

Deeside Community Hospital is a one storey modern building located in the residential area of Aston, Deeside, situated on the Flintshire/Chester border. The hospital was opened in 1992, replacing Mancot Hospital. A large extension was added in 2004, which specialises in rehabilitation of the older person. This replaced services previously provided in Dobshell, Meadowslea and Trevalyn Hospitals, which were closed in 2004. The Hospital houses two wards, Gladstone Ward and Branwen Ward.

- Gladstone ward was inspected on 16 and 17 November 2016. The ward has 22 beds and specialises in the care of the elderly

- Branwen ward was inspected on 16 and 17 November 2016. The ward specialised in the rehabilitation and reablement of elderly patients.

3. Summary

Comments made by patients in both hospitals 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. We saw, in Deeside, that 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 although this was not evident in Holywell.

We found that all ward teams were committed to providing patients with safe and effective care. However there were some environmental issues which needed addressing to provide safety.

Although specialist equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls, we saw that some of the hoists' maintenance certificates were out of date. However, these were rectified in both hospitals before the end of the inspection. Additionally, storage space within Branwen ward in Deeside was limited and was causing difficulties.

We identified that improvement was needed around aspects of medication management. We also identified that improvement was needed in both Holywell and Deeside regarding Deprivation of Liberty safeguards. We informed staff of our findings and relevant assessments were undertaken in Deeside hospital before HIW had completed the inspection. **We requested the health board provide an improvement plan in accordance with HIW's immediate assurance process for Holywell and for the health board wide. HIW received a response from the health board providing sufficient assurance that action had been taken to promote patient safety, dignity and human rights.**

We saw that patients' care needs had been assessed by staff 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 reflect this.

Overall, we saw that management structures and lines of delegation and reporting were in place at both hospitals. However, there were significantly different styles of management within the two wards at Deeside. Given the differences between the two wards, we requested that senior management support the ward teams to ensure a conducive working / management environment is maintained on both wards.

Generally we found friendly, professional staff teams who demonstrated a commitment to providing high quality care to patients. Branwen staff were less engaging with the inspection process. However, this did not affect the quality of

the care being provided. 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 effectively.

4. Findings

Quality of the patient experience

Comments made by patients at both Holywell and Deeside hospitals 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. This was visible in Deeside but not in Holywell.

During this inspection we invited patients and/or their representatives, in both hospitals visited, to provide comments about hospital staff, the clinical environment and the care received, through face to face conversations with the inspection team and/or by completing a HIW questionnaire. In total, we received 24 written responses - nine from Ffynnon A (Holywell), eight from Branwen and seven from Gladstone (both Deeside).

When asked to rate the care and treatment they had received, patients gave a rating of between six and ten out of ten.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare 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.

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:

'Great staff. 'do whatever asked'.'

'Lovely atmosphere, one big family.'

'Very good. Very efficient. Marvellous staff.'

'Excellent staff, never been in a place as good as this. Great atmosphere, clean. Top notch.'

However, there were some negative comments which the health board need to address such as;

Holywell;

'Food bland and unappetising. More stimulation/entertainment.'

'Couldn't use wash bowl because no plug.'

'My relatives arranged with 3 nurses to see the doctor before he finished his rounds but the nurses failed to pass on the message and he left without seeing me, my relatives were also waiting with me.'

Branwen;

'Not warm enough.'

'No stimulation. No TV or activities.'

Gladstone;

'Food cold.'

'Bank staff can be less polite and informed, especially at night.'

'Wish they'd change the menu. Staff shortages affects attentiveness.'

'Consultant doesn't introduce himself.'

These will be addressed in more detail within the appropriate sections of the report.

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 all wards to be clean and that efforts had been made to keep these areas tidy. It was clear to see that Branwen ward had limited storage space as we saw equipment and trollies placed in corridors which may impede patients' mobility around the wards.

Standard 4.2 Patient information

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 make an informed decision about the care as an equal partner.

Comments from patients in both hospitals 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.

Information for patients and their families/carers was displayed and available at Deeside hospital. However, this was not evidenced in Holywell where there was a lack of information regarding how to make a complaint, contact addresses for HIW and the Community Health Council (CHC).

We saw that patients' medical records were stored securely to prevent unauthorised persons from looking at them. All three 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 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

Standard 6.1 Planning care to promote independence

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.

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.

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. However water jugs, cups and daily personal items were not always placed within patients' easy reach so that they did not have to ask for assistance.

Whilst staff on all 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*.

Standard 6.2 Peoples rights

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.

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

On every ward 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. Staff attempted to speak in soft tones, so that conversations regarding individual patients' health, being held behind the privacy curtains, was as confidential as possible.

Whilst the 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.

Standard 6.3 Listening and learning from feedback

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.

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

We saw that comment cards were readily available at Deeside hospital but not in Holywell. These were completed by patients and/or their representatives before being placed in designated post boxes. We discussed, with senior staff, how the comments were acted upon and we were told that the boxes are emptied, comments collated and sent to senior management. Ward managers also looked for themes and trends. Informal arrangements, where patients provided feedback directly to senior ward staff, were also described. The ward manager on Gladstone was actively taking this forward by introducing patient diaries, whereby observations regarding care and treatment can be noted daily throughout a patients stay.

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*¹ and senior ward staff demonstrated a good understanding of the correct process to follow. However the information leaflets were not readily available in Holywell hospital.

¹ *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 the staff teams, on all wards in both hospitals, were committed to providing patients with safe and effective care.

Specialist equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. However, we saw that storage space within Branwen ward was limited and was causing difficulties. All wards were clean and arrangements were in place to reduce cross infection was an

We identified that improvement was needed around aspects of medication management.

We saw that patients' care needs had been assessed by staff 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 reflect this.

Safe care

Standard 2.1 Managing risk and promoting health and safety

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

Overall, arrangements were in place to maintain the safety of patients and staff in both areas we visited.

All wards appeared generally well maintained and systems were in place to report environmental hazards that required attention and repair. However, we saw that hoist maintenance certificates were out of date in both hospitals. These were inspected and certificates issued before HIW completed the inspection. The health board should make arrangements to ensure maintenance of equipment is completed within the set timescales.

It was evident from our observations on Branwen ward that there was a lack of storage for equipment. This resulted in main corridor areas being cluttered with trollies, 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.

Improvement needed

The health board needs to explore ways to safely store equipment on Branwen ward.

We saw that most risk assessments had been completed as part of the patient admission process to hospital. However, there was a lack of Mental Capacity and Deprivation of Liberty (DoLs) assessments in all the wards we visited. [This is discussed further in the relevant section of this report.] Interviews with staff also indicated that they would undertake on going patients' assessments regularly and plan care to promote their safety and wellbeing, according to their conditions.

Standard 2.2 Preventing pressure and tissue damage

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

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 each ward that 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.

Standard 2.3 Falls prevention

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

Within the sample of patients care records, we saw that patients had been assessed for their risk of falling and written care plans had been developed to help guide and instruct staff around this aspect of a patient's care.

Specialist equipment such as alarm mats were available and being used with the aim of reducing patient falls.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

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.

All the wards we visited were clean. Patients' comments received via completed HIW questionnaires also confirmed this. All 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.

We saw that arrangements were in place to care for 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 they were 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 confirmed that there was always sufficient cleaning equipment available. We looked at cleaning rotas and saw evidence that the wards were maintained to a satisfactory standard. Staff on Branwen told us that there were new tasks recorded on the cleaning schedule and there was some confusion whether they were the tasks for trained staff or support staff to complete. This was causing some difficulties and senior managers should ensure that these new tasks are clear and unambiguous.

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

Standard 2.5 Nutrition and hydration

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

We saw that patients eating and drinking needs had been assessed. We saw staff assisting patients to eat and drink.

We looked at a sample of care records for patients on each ward that we visited. We saw that food monitoring charts were being used, where required, to ensure patients had appropriate nutritional and fluid intake.

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. We saw staff helping patients to sit up to eat lunch and generally making preparations for the lunchtime meal. Whilst we saw patients being offered the opportunity to wash their hands prior to eating their lunch in both hospitals, the wipes used in Deeside were general household wipes rather than anti-bacterial.

Improvement needed

The health board should ensure that patients are offered anti bacterial wipes to wash their hands prior to mealtimes.

Although there was a system for identification of patients who required assistance with eating food, such as the red tray / jug system; we did not observe it in practice and subsequently, we saw some patients having difficulty eating whilst others were having assistance.

We also noticed that the bed tables in Deeside were old and worn. The wards would benefit from new wipe clean tables which meet with the requirements of infection control.

Improvement needed

The health board must ensure that furniture used in Deeside Hospital meets with the standards for infection control.

The meals we saw did not appear particularly appetising and we received mixed comments from patients. All patients told us they were happy with portion size and the help from staff. However, the standard of food was variable. 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.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

We identified that improvement was needed around aspects of the management of medicines in all wards;

Holywell

The medication administration charts had not been completed correctly i.e. oxygen therapy was not prescribed nor the administration recorded and generally there were gaps in the administration records.

All drugs were stored appropriately, with daily fridge temperature recorded, to ensure optimal drug storage temperature was maintained. However, we saw an unacceptable amount of excess drugs being stored on site. We discussed this with the ward manager and subsequently the pharmacist had arranged for collection before the end of the inspection.

Improvement needed

The ward manager must ensure that medication administration charts are completed correctly.

The ward manager in conjunction with the pharmacy services, need to ensure that large amounts of drug stock are not stored on the ward.

Branwen

The medication administration charts had not been completed correctly i.e. oxygen therapy was not prescribed nor the administration recorded; there were generally gaps in the administration records; drugs such as the flu vaccine had been omitted due to confusion regarding whether nurses or doctors are to administer; doctors misspelling medication when prescribing; medication discontinued without the deciding clinicians signature.

All drugs were stored appropriately, although the fridge temperature was not recorded on a daily basis to ensure optimal drug storage temperature was maintained.

Improvement needed

The ward manager must ensure that medication administration charts are completed correctly.

The ward manager must ensure that drug temperatures are recorded daily to ensure optimal storage conditions.

The ward manager must challenge clinicians if drug administration charts are not completed correctly.

Gladstone

Similar to Branwen, we saw that there were gaps in the completion of the drug administration charts. There were also gaps in patient identification information with some having patient names, some patient numbers and some having both. We saw occasions when drug charts had not been signed and the relevant code not recorded, subsequently staff did not know if the drug had been taken or omitted for a particular reason.

As in Branwen ward, we saw that medication had been discontinued without the deciding clinician signature and again Oxygen therapy was not prescribed nor its administration recorded.

All drugs were stored appropriately, although the fridge temperature was not recorded on a daily basis to ensure optimal drug storage temperature is maintained.

Improvement needed

The ward manager must ensure that drug temperatures are recorded daily to ensure optimal storage conditions.

The ward manager must ensure that medication administration charts are completed correctly.

Controlled Drugs (CDs) were being stored securely and records had been maintained of the amounts of drugs held and administered on both wards.

We observed medication being administered on all wards and saw safe practice to ensure that the correct patient received the correct medication at the right time.

General improvement in medicine management throughout the health board include;

Improvement needed

The health board must ensure that clinicians prescribe all drug therapy including oxygen.

The health board must ensure that regular audits are undertaken to ensure that clinicians prescribe legibly and correctly.

Standard 2.7 Safeguarding children and adults at risk

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

Although staff had received appropriate training to protect vulnerable patients within the wards we visited, improvement was needed in respect of demonstrating compliance with legislation around Deprivation of Liberty Safeguards² (DoLS).

Our findings, from looking at patients' records, indicated that no patient had received a mental capacity assessment on admission or at any other time during their hospital stay. Further discussion indicated that this was the case in all three wards. **This was a concern for HIW, therefore an Immediate Assurance letter was sent on 21 November 2016, requesting assurance that this was not a health board wide issue. A satisfactory response was received on 28 November 2016.**

During our inspection period, staff on Gladstone ward had undertaken all the required DoLs and mental capacity assessments and documents were already in place to ensure this was part of the admission process. Staff on Branwen had made arrangements for assessments to be undertaken whilst staff in Holywell had not addressed the assessments during the time of out visits.

Effective care

Standard 3.1 Safe and clinically 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.

Although we found that recognised patient assessment tools were available and being used within all wards visited, documentation did not lend itself to an individual approach to care planning and had little evidence of measurable outcomes.

Within the sample of patients' care records seen, 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.

² 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.

An example of noteworthy practice was seen on Gladstone ward, whereby photographic and well planned care was evident with regard to pressure area care.

Although we had no significant concerns regarding the provision of safe care, there were some environmental improvements required such as;

- Ensuring cleaning products are not being left around the ward
- Ensuring that the domestic cupboard is kept locked
- Improved door/ward signage, specifically between Ffynnon A and Ffynnon B wards
- Improved security provision on Gladstone ward especially at night and when clinics are being held
- Ensure appropriate security in Holywell, specifically Ffynnon B ward. We saw that there were security cameras on Ffynnon A but not on B.
- Improved entry system into the wards in Holywell. At present patients and relatives have to press a buzzer to gain entry. However, this buzzer can only be answered from Ffynnon A, which means that staff are constantly interrupted, especially when the ward clerk is not available.
- Improved out of hours telephone system in Holywell. Again all telephone calls for both wards are direct to Ffynnon A and not through to the call management system for the rest of the hospital. Subsequently the staff are constantly being interrupted to answer the telephone.

Improvement needed

The health board needs to explore ways to improve the environmental and security issues identified.

*Standard 3.2 Communicating effectively.
In communicating with people, health services proactively meet individual language and communication needs.*

In all the wards that we visited, patients told us they were able to speak with staff in Welsh or English. Information for patients and their visitors was displayed within both wards at Deeside hospital. We did not see information leaflets easily available in Holywell. Signage directing to and within the wards was bilingual (Welsh and English).

Information about both hospitals was also available on the health board's website.

Standard 3.5: Record keeping

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.

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 the health board. 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.

Improvement needed

The health board must make suitable arrangements to ensure patient care records demonstrate fully, individual patient 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.

Quality of management and leadership

Overall, we saw management structures, lines of delegation and reporting were in place at both hospitals visited. However, there were significantly different styles of management within the two wards at Deeside. Given the differences between the two wards, we requested that senior management support the ward teams to ensure a conducive working / management environment is maintained on both wards.

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 effectively.

Governance, leadership and accountability

Health and Care Standards, Part 2 - 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.

At the time of our inspection, a senior management structure was in place for all the wards visited with lines of accountability and reporting demonstrated.

Senior staff we spoke with were able to describe the lines of reporting and accountability within the health board structure and explained the system of regular clinical audit which was part of the overall quality monitoring activity. We were told that results of audits were provided to senior staff and cascaded to ward based staff, so that areas for improvement could be identified and addressed as appropriate.

During our inspection, we invited staff to complete a HIW questionnaire. Through our questionnaires we asked staff to provide their comments on a range of topics related to their work.

Overall, the staff who completed and returned questionnaires indicated their immediate managers were supportive and provided clear feedback on their work. One on Branwen suggested that the manager did not always give clear feedback. All staff indicated that their managers encouraged team work. Staff also indicated that they were able to make suggestions to improve the work of their teams.

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. There was an interim matron at Deeside and it would be advisable for the health board to recruit to a permanent position. This would maintain stability in senior management and allow for stronger decision making.

Although the number of patients that could be accommodated in both wards in Deeside were comparable, the size, layout of the wards and arrangements for clinical support for ward teams varied. Although Gladstone was an older ward it had benefited from a full refurbishing programme and was now light, airy and spacious. Beds were arranged in such a way as to enhance patient privacy but also made individual patient observation from the nurse station easier.

On the other hand, Branwen was gloomy with little stimulation or activities such as television. The layout of the ward made it difficult to observe patients from the nurses' station. There was limited evidence of systematic, personalised reablement or rehabilitation and this was confirmed by patients we spoke with.

The ward management style was very different on both wards in Deeside. 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. Gladstone had clear lines of accountability and responsibility and structured innovative leadership, whilst Branwen had a more democratic style of leadership with blurring of lines of accountability and less innovative and more routine ways of working.

We were told about the development of staff Champions on Gladstone ward, which gave responsibility and empowerment to staff who wished to specialise in areas such as manual handling, tissue viability and infection control.

On Ffynnon A in Holywell hospital, we saw good facilities for patients and relatives who may need to stay overnight. There was an adapted kitchen to assess and assist with the rehabilitation of patients. However there was very little activities to keep patients occupied and stimulated. There were no televisions in rooms and there was limited uptake of the day room and dining room due to the layout of the ward and the need for extra staff to observe these rooms if patients were to access them. We saw evidence of clear leadership with a structured but open management style from the ward manager.

Staff and resources

Standard 7.1 Workforce

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

Staff teams working on all wards presented as 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 all wards at the time of our inspection.

Staff we spoke with 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. We saw that training had improved significantly over the past two years.

The ward managers confirmed there was a system for conducting annual staff appraisals. Information provided by the ward manager on Ffynnon A demonstrated that not all staff had received an appraisal of their work within the last year because the system had not been fully implemented. Most staff on both wards in Deeside had received annual appraisals or they had dates arranged.

Improvement needed

The ward manager in Ffynnon A must ensure that staff receive annual appraisals in a timely manner.

Next Steps

The health board is required to complete improvement plans (Appendix A, B and C) 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, measurable, 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.

5. 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: Health and Care Standards 2015



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.

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.

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Holywell Hospital

Ward/ Department: Ffynnon A

Date of inspection: 15 November 2016

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|---|---|----------------------------------|-----------|
| | Quality of the patient experience | | | |
| | No improvement needed | | | |
| | Delivery of Safe and Effective Care | | | |
| | The health board should ensure that patients are offered anti bacterial wipes to wash their hands prior to mealtimes. Standard 2.5 | Wipes have now been reviewed as per advice from infection prevention team. They are offered to patients every meal times. | Matron/Infection Prevention Team | Immediate |
| | The ward manager must ensure that medication administration charts are | All nursing staff reminded of the importance of correct medication charts. | Matron/Ward Manger | Immediate |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|---|--|-------------------------|
| | completed correctly. Standard 2.6 | Audit tool will be developed and introduced to clinical areas to ensure that medication administration charts are completed correctly. | | April 2017 |
| | The ward manager in conjunction with the pharmacy services, need to ensure that large amounts of drug stock are not stored on the ward. Standard 2.6 | A weekly review between Pharmacist and ward manager is now being undertaken to monitor this closely. The resources for Pharmacy support are also being increased to support the ward. This will continue until ongoing assurance that this is being managed effectively. | Matron Lead Pharmacist | April 2017 |
| | The health board must ensure that clinicians prescribe all drug therapy including oxygen. Standard 2.6 | Staff have introduced a process of double checking medication sheets to ensure there is appropriate documentation in relation to any medication omissions' There is a process of ongoing review and audit to monitor this closely and will be reported through Area Governance meetings. | Ward Manger | Completed February 2017 |
| | The health board must ensure that regular audits are undertaken to ensure that clinicians prescribe legibly and correctly. Standard 2.6 | An agreed Health Board audit tool implemented to audit monthly quality and safety monitoring of local prescribing practices. Findings will be fed back to nursing and medical staff for action and improvement. This audit tool will be shared across the Health Board. | Assistant Director of Nursing East Area. | April 2017 |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|---|---|---|---|
| | <p>Immediate Assurance</p> <p>Consistent with the Health and Care Standards principles of safe care, all patients who are deemed to lack capacity and are prevented from leaving the ward or are under continual close supervision must be subject to a Deprivation of Liberty Standards assessment.</p> <p>Standard 2.7</p> | <p>All patients on both Ffynnon A and B wards were reviewed within 12 hours of the HIW visit. Applying the criteria for DoL's as directed by HIW resulted in 11 patients being identified, their paperwork was completed and submitted last Wednesday 16th November.</p> <p>The DoL's team within Mental health have set three training dates throughout December where they will provide bespoke training to the ward staff.</p> <p>Patients are reviewed for DoL's requirements at the daily board rounds and we are using an orange magnet on the 'patient status at a glance boards' to indicate those patients where a DoL's is in place</p> | <p>Gareth Evans</p> <p>Gareth Evans</p> <p>Gareth Evans</p> | <p>Complete</p> <p>20th December 2016</p> <p>Initial SoP complete – ongoing monitoring</p> |
| | <p>The health board needs to explore ways to improve the environmental and security issues identified. [Standard 3.1]</p> <ul style="list-style-type: none"> • Ensuring cleaning products are not being left around the ward • Ensuring that the domestic cupboard is kept locked | <p>Risk tools and a risk register completed for all areas. The Ward Manager and Matron has ensured all cleaning products are safely stored and domestic door locked.</p> | <p>Matron/Ward Manger</p> | <p>Immediate</p> |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|--|---|---|
| | <ul style="list-style-type: none"> Improved door/ward signage, specifically between Ffynnon A and Ffynnon B wards Ensure appropriate security in Holywell, specifically Ffynnon B ward. We saw that there were security cameras on Ffynnon A but not on B. Improved entry system into the wards in Holywell. At present patients and relatives have to press a buzzer to gain entry. However, this buzzer can only be answered from Ffynnon A, which means that staff are constantly interrupted, especially when the ward clerk is not available. Improved out of hours telephone system in Holywell. Again all telephone calls for both wards are direct to Ffynnon A and not through to the call management system for the rest of the hospital. Subsequently the staff are constantly being interrupted to answer the telephone. | <p>Interim laminated signage in place. Departmental signage to be reviewed in accordance with BCUHB Wayfinding Policy and NHS guidelines. Fixed signage has been ordered through Estates.</p> <p>BCUHB Security Manager will provide advice and support to the Hospital Manager to facilitate a comprehensive assessment of ward security systems and security provision.</p> <p>Out of Hours Access via the buzzer system and increased security camera provision requested through estates on 07th February and the comprehensive assessment referenced above will address this issue.</p> <p>The Area team will be discussing this out of hours call system with the aim to have addressed this out of hours system within 1 month</p> | <p>Matron</p> <p>Estates Manager</p> <p>Estate manager and Matron</p> <p>Lead Nurse</p> | <p>February 2017</p> <p>End March '17</p> <p>End March 2017</p> <p>April 2017</p> |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|---|--|---------------------|-------------------------|
| | The health board must make suitable arrangements to ensure patient care records demonstrate fully, individual patient care needs, the care provided by staff teams and the effectiveness of the care provided. Standard 3.5 | Standard of compliance is monitored monthly via the quality and safety audit. The nursing team will ensure the audit reflects the care provided to patients and demonstrates that care has been evaluated. | Ward Manager | Immediate |
| | Quality of management and leadership | | | |
| | The ward manager in Ffynnon A must ensure that staff receive annual appraisals in a timely manner. Standard 7.1 | PADR position on Ffynnon A is currently 85%, the remaining staff have their PADR's scheduled over the next six weeks. A schedule is planned for 2017 / 18 to ensure that all PADR's are completed in a timely manner. | Ward Manager | Completed December 2016 |

Health Board Representative:

Name (print): Nia Boughton

Title: Head of Community Nursing – Central Area

Date: 08th February 2017.

Appendix B

Hospital Inspection: Improvement Plan

Hospital: Deeside Hospital

Ward/ Department: Branwen

Date of inspection: 15 November 2016

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|---|----------------------------------|-----------|
| | Quality of the patient experience | | | |
| | No improvement needed | | | |
| | Delivery of Safe and Effective Care | | | |
| | The health board needs to explore ways to safely store equipment on Branwen ward. Standard 2.1 | Matron has reconfigured space to allow future storage which meets Health & Safety regulations. Hoist maintenance certificates have been reviewed and action taken. | Matron | Immediate |
| | The health board should ensure that patients are offered anti bacterial wipes to wash their hands prior to mealtimes. Standard 2.5 | Wipes have now been reviewed as per advice from infection prevention team. They are offered to patients every meal times. | Matron/Infection Prevention Team | Immediate |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|---|--|--|-----------------------------|
| | The health board must ensure that furniture used in Deeside Hospital meets with the standards for infection control. Standard 2.5 | Bed table replacement underway. Order of red trays and jugs placed. | Matron | February 2017 |
| | The ward manager must ensure that medication administration charts are completed correctly. Standard 2.6 | All nursing staff reminded of the importance of correct medication charts. Audit tool will be developed and introduced to clinical areas to ensure that medication administration charts are completed correctly. | Matron/Ward Manger/Advanced Nurse Practitioner | Immediate April 2017 |
| | The ward manager must ensure that drug temperatures are recorded daily to ensure optimal storage conditions. Standard 2.6 | Ward Manager and Matron have now worked closely with the nursing team to ensure compliance of daily monitoring recording. | Ward Manager | Immediate |
| | The ward manager must challenge clinicians if drug administration charts are not completed correctly. Standard 2.6 | Ward Manager/Nurse in charge of the shift check charts daily and will be challenging any incorrect practices. | Ward Manager | Immediate |
| | The health board must ensure that clinicians prescribe all drug therapy including oxygen. Standard 2.6 | Oxygen competencies reinforced to all staff via the Advanced Nurse Practitioner and Ward Manager. | Ward Manager/Advanced Nurse Practitioner | Immediate |
| | The health board must ensure that regular audits are undertaken to ensure that clinicians prescribe legibly and correctly. | An agreed Health Board audit tool implemented to audit monthly quality and safety monitoring of local prescribing practices. Findings will be fed | Assistant Director of Nursing East Area. | April 2017 |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|---|--|---|---|
| | Standard 2.6 | back to nursing and medical staff for action and improvement. This audit tool will be shared across the Health Board. | | |
| | <p>Immediate Assurance</p> <p>Consistent with the Health and Care Standards principles of safe care, all patients who are deemed to lack capacity and are prevented from leaving the ward or are under continual close supervision must be subject to a Deprivation of Liberty Standards assessment.</p> <p>Standard 2.7</p> | <p>All patients on both Ffynnon A and B wards were reviewed within 12 hours of the HIW visit. Applying the criteria for DoL's as directed by HIW resulted in 11 patients being identified, their paperwork was completed and submitted last Wednesday 16th November.</p> <p>The DoL's team within Mental health have set three training dates throughout December where they will provide bespoke training to the ward staff.</p> <p>Patients are reviewed for DoL's requirements at the daily board rounds and we are using an orange magnet on the 'patient status at a glance boards' to indicate those patients where a DoL's is in place.</p> | <p>Gareth Evans</p> <p>Gareth Evans</p> <p>Gareth Evans</p> | <p>Complete</p> <p>20th December 2016</p> <p>Initial SoP complete – ongoing monitoring</p> |
| | The health board needs to explore ways to improve the environmental and security issues identified. [Standard 3.1] | | | |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|--|---|------------------------------------|
| | <ul style="list-style-type: none"> Ensuring cleaning products are not being left around the ward Ensuring that the domestic cupboard is kept locked Improved security provision on Gladstone ward especially at night and when clinics are being held | <p>Risk tools and a risk register completed for all areas. The Ward Manager and Matron has ensured all cleaning products are safely stored and domestic door locked.</p> <p>The Matron has requested a further site review with the Health and Safety Officer to review Gladstone environmental Ward night safety.</p> | <p>Matron/Ward Manger</p> <p>Matron</p> | <p>Immediate</p> <p>April 2017</p> |
| | <p>The health board must make suitable arrangements to ensure patient care records demonstrate fully, individual patient care needs, the care provided by staff teams and the effectiveness of the care provided.</p> <p>Standard 3.5</p> | <p>Standard of compliance is monitored monthly via the quality and safety audit. The nursing team will ensure the audit reflects the care provided to patients and demonstrates that care has been evaluated.</p> | <p>Ward Manager</p> | <p>Immediate</p> |
| | Quality of management and leadership | | | |
| | No improvements needed | | | |

Health Board Representative:

Name (print): Renee Evans

Title:

Date: 8th February 2017

Appendix C

Hospital Inspection: Improvement Plan

Hospital: Deeside Hospital

Ward/ Department: Gladstone

Date of inspection: 15 November 2016

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|---|----------------------------------|-----------|
| | Quality of the patient experience | | | |
| | No improvement needed | | | |
| | Delivery of Safe and Effective Care | | | |
| | The health board should ensure that patients are offered anti bacterial wipes to wash their hands prior to mealtimes. Standard 2.5 | Wipes have now been reviewed as per advice from infection prevention team. They are offered to patients every meal times. | Matron/Infection Prevention Team | Immediate |
| | The health board must ensure that furniture used in Deeside Hospital meets with the | Bed table replacement underway. Order of red trays and jugs placed. | Matron | Immediate |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|---|---|--|-------------------------|
| | standards for infection control. Standard 2.5 | | | |
| | The ward manager must ensure that drug temperatures are recorded daily to ensure optimal storage conditions. Standard 2.6 | Ward Manager and Matron have now worked closely with the nursing team to ensure compliance of daily monitoring recording. | Ward Manager | Immediate |
| | The ward manager must ensure that medication administration charts are completed correctly. Standard 2.6 | All nursing staff reminded of the importance of correct medication charts. Audit tool will be developed and introduced to clinical areas to ensure that medication administration charts are completed correctly. | Matron/Ward Manger/Advanced Nurse Practitioner | Immediate April 2017 |
| | The health board must ensure that clinicians prescribe all drug therapy including oxygen. Standard 2.6 | Oxygen competencies reinforced to all staff via the Advanced Nurse Practitioner and Ward Manager. | Ward Manager/Advanced Nurse Practitioner | Immediate |
| | The health board must ensure that regular audits are undertaken to ensure that clinicians prescribe legibly and correctly. Standard 2.6 | An agreed Health Board audit tool implemented to audit monthly quality and safety monitoring of local prescribing practices. Findings will be fed back to nursing and medical staff for action and improvement. This audit tool will be shared across the Health Board. | Assistant Director of Nursing East Area | April 2017 |
| | Immediate Assurance | All patients on both Ffynnon A and B wards were reviewed within 12 hours of the HIW visit. | Gareth Evans | Complete |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|--|---|---|
| | <p>Consistent with the Health and Care Standards principles of safe care, all patients who are deemed to lack capacity and are prevented from leaving the ward or are under continual close supervision must be subject to a Deprivation of Liberty Standards assessment.</p> <p>Standard 2.7</p> | <p>Applying the criteria for DoL's as directed by HIW resulted in 11 patients being identified, their paperwork was completed and submitted last Wednesday 16th November.</p> <p>The DoL's team within Mental health have set three training dates throughout December where they will provide bespoke training to the ward staff.</p> <p>Patients are reviewed for DoL's requirements at the daily board rounds and we are using an orange magnet on the 'patient status at a glance boards' to indicate those patients where a DoL's is in place</p> | <p>Gareth Evans</p> <p>Gareth Evans</p> | <p>20th December 2016</p> <p>Initial SoP complete – ongoing monitoring</p> |
| | <p>The health board needs to explore ways to improve the environmental and security issues identified. [Standard 3'1]</p> <ul style="list-style-type: none"> • Ensuring cleaning products are not being left around the ward • Ensuring that the domestic cupboard is kept locked • Improved security provision on Gladstone ward especially at night and | <p>Risk tools and a risk register completed for all areas. The Ward Manager and Matron has ensured all cleaning products are safely stored and domestic door locked.</p> <p>The Matron has requested a further site review with the Health and Safety Officer to review</p> | <p>Matron/Ward Manger</p> | <p>Immediately</p> |

| Page Number | Improvement needed | Health Board Action | Responsible Officer | Timescale |
|-------------|--|--|---------------------|------------|
| | when clinics are being held | Gladstone environmental Ward night safety | Matron | April 2017 |
| | The health board must make suitable arrangements to ensure patient care records demonstrate fully, individual patient care needs, the care provided by staff teams and the effectiveness of the care provided. Standard 3.5 | Standard of compliance is monitored monthly via the quality and safety audit. The nursing team will ensure the audit reflects the care provided to patients and demonstrates that care has been evaluated. | Ward Manager | Immediate |
| | Quality of management and leadership | | | |
| | No improvement needed | | | |

Health Board Representative:

Name (print): Renee Evans

Title:

Date: 8th February 2017