

Hospital Inspection (Unannounced)

Monnow Vale Hospital, Aneurin
Bevan University Health Board,
Trefynwy Ward

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	13
	Quality of management and leadership	22
4.	What next?	27
5.	How we inspect hospitals	28
	Appendix A – Summary of concerns resolved during the inspection	29
	Appendix B – Immediate improvement plan	30
	Appendix C – Improvement plan	31

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Monnow Vale Hospital, within Aneurin Bevan University Health Board on 26 June 2017. Trefynwy ward was visited during this inspection.

Our team, for the inspection comprised of two HIW Inspectors (one of whom led the inspection), one clinical peer reviewer and one lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

The local community served by the Monnow Vale health facility and in-patient ward, were found to benefit from services provided by a well established integrated health and social care team who were constantly seeking ways of improving what they do to promote people's well-being.

This is what we found the service did well:

- Patients were highly complimentary of the staff involved in their care and treatment
- The ward team was commended for the efforts being made to encourage patients to take part in recreational activities, as far as their healthcare condition allowed
- Patients were appropriately supported and monitored at mealtimes
- We found evidence of strong and consistent management and leadership within Trefynwy Ward and from the wider health and social services team based at the facility

This is what we recommend the service could improve:

- Elements of infection prevention and control arrangements
- Aspects of medicines management
- Record keeping to demonstrate (accurately), what assessment, care and support patients are receiving

Details of other improvements identified can be seen within Appendix C of this report.

3. What we found

Background of the service

Aneurin Bevan University Health Board (ABUHB) was established on the 1 October 2009 and covers Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. The health board serves an estimated population of over 639,000; approximately 21% of the total Welsh population.

The health board has two large district general hospitals; the Royal Gwent (in Newport) and Nevill Hall Hospital (in Abergavenny) and a further two local general hospitals; Ysbyty Aneurin Bevan (in Ebbw Vale) and Ysbyty Ystrad Fawr (in Ystrad Mynach). These are supported by a network of community and mental health hospitals and day care premises.

From 2006, health provision in Monmouth has centred at the Monnow Vale Integrated Health and Social Care facility/hospital. The service has been developed in partnership between ABUHB, Monmouthshire County Council and local voluntary organisations.

A wide range of clinics/services are provided at the facility which also has 19 in-patient beds (Trefynwy ward). The ward provides care and treatment for patients recovering from surgery, those who are in need of palliative care services and for people who are awaiting discharge from hospital to their own home in the community, or to residential placements.

The ward is run by a team of nurses supported by social workers, specialist palliative care nurses, registered mental health nurses, occupational therapists and physiotherapists. Medical support is provided by GPs from two local practices who visit the ward daily on a rota basis.

There were 19 patients in receipt of care at Trefynwy ward on the day of our inspection.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We received numerous positive comments and compliments from patients about the way which staff provided them with care, treatment and support. We also found that staff respected patients' choices and helped them to be as independent as possible.

The local community served by the Monnow Vale health facility and in-patient ward, were found to benefit from services provided by a well established integrated health and social care team who are constantly seeking ways of improving what they do to promote people's well-being.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of four were completed. Patients' comments about their care, staff and the ward environment included the following:

'Very clean and tidy'

'Excellent. Great, and treat you with kindness'

'Very kind, bring anything you need'

'Very nice and helpful'

We also held discussions with four patients who told us that they were well informed about their ongoing care and treatment and that their every need was being addressed. We also received many positive comments about the fact that staff were kind and polite, listened to them, and were always happy to help.

Staying healthy

We saw that patients and their relatives were provided with a range of information as a means of promoting good health and well-being. There was also a variety of healthcare advice/information leaflets in English and Welsh available for people to take away with them for future reference. This meant

that the ward placed an emphasis on helping patients and their families to understand what care, support and opportunities were available to them.

People were supported to make decisions about their health and future care arrangements, as stated by patients.

We were able to confirm that staff were wearing, and removing gloves and other personal protective clothing at appropriate times when they were providing care to patients. This included occasions when they needed to dispose of waste generated within the ward. We further saw staff using hand sanitisers at regular intervals.

Dignified care

We heard staff speaking with patients in a kind and courteous way throughout our visit and saw that curtains were closed around patients' beds at times when care was being provided. Doors of individual patient rooms were also closed at such times. In addition, patients told us that they were always treated with dignity and respect.

We further observed one patient (who was mobilising around the ward) being approached by a member of staff who then offered, and subsequently provided assistance in a caring manner.

Staff spoke to patients in quiet tones at the bedside which minimised the possibility of confidential, sensitive conversations being overheard by others.

Toilet facilities were clearly marked to help people find them within the ward and patients told us that staff assisted them to use those facilities, as and when needed. The toilets were lockable to promote privacy and dignity.

All patients appeared to be well cared for; a number of individuals wearing their own day clothes as opposed to nightwear, in accordance with their personal preferences.

There were sufficient stocks of bed linen and pillows to promote patients' comfort and dignity.

Patient information

All signs in the ward were easy to read (in large letters) and were often accompanied by pictures to assist patients and visitors to find their way around.

There was clear information displayed on noticeboards to help people to understand how to raise any concerns/complaints about NHS services. We also

saw information displayed about aspects of care and treatment provided within the ward to assist patients and their families. That meant that the ward team placed an emphasis on ensuring that people had a voice and were empowered to make decisions that affected their lives.

Communicating effectively

We found that staff spoke with patients in a respectful, age appropriate manner; conversations being discreet and in accordance with people's ability to communicate. Particular consideration was given to ways of speaking with individuals who had identified difficulties associated with short term memory loss.

Timely care

Conversations with social work staff (based at Trefynwy ward) resulted in a detailed description of the efforts made to support patients in receipt of care and to ensure that their discharge from the ward was safe and in-keeping with their needs.

Staff also described the rapid access system in place to obtain support for patients with mental health problems, from appropriate professionals.

Discussions with a member of staff based at the Monnow Vale facility revealed that people in the local community had access to a telephone triage service (known and advertised as the 'fish bowl'). This service was operated by integrated health and social care staff who listened to the concerns/health issues of each caller. People were then signposted to the most appropriate health or social care services in a timely way. We were also told that prompt arrangements could be made for people to be assessed/seen by therapists or social workers, or whether attendance at a GP practice or hospital, may be needed. Such a service was considered to be good practice and was commended by the inspection team.

We were able to confirm that a variety of health and social care professionals were involved in supporting patients through their clinical journey with a view to preventing delays in discharge from hospital wherever possible. Such inter-professional relationships were considered to be very effective by the inspection team and the NHS staff involved. It was also evident that patients and their families were enabled to be as involved as possible, in all decisions about ongoing care.

Individual care

Planning care to promote independence

Our examination of three patients' care and needs assessments revealed that they were not always dated, or fully completed on admission to the ward, or within the three days that followed. In addition, risk assessments completed did not always result in a plan of care as required and one 'safer (moving) handling care plan had not been updated following deterioration in their physical health.

We saw that care plans did contain some reference to the promotion of individual's independence and efforts were being made verbally at the beginning of each ward shift, to evaluate the effectiveness of patient care and support. There was also evidence of a multidisciplinary contribution to patient care. Discussions with registered nurses did though, indicate that they placed an emphasis on getting to know their patients; plans for discharge being made at an early stage and appropriate conversations being held with patients or their relatives/carers about highly sensitive aspects of the care pathway (such as 'Do Not Resuscitate' arrangements).

Conversations with patients led to a number of positive comments about the ways they were supported to mobilise around the ward by physiotherapy staff which increased their level of independence. Patient told us they were satisfied with the amount and type of social/leisure activities available to them. This took the form of television, books, shared reading time and opportunities to speak with staff. We were also told how much patients enjoyed weekly visits from a dog called Ruby via an organisation known as Therapy Dogs Nationwide and that a hairdresser was available to patients every Wednesday. The ward team were commended for their efforts to encourage patients to take part in recreational activities, as far as their healthcare condition allowed.

All patients had access to a nurses call buzzer to help them request assistance independently during the day and night.

We held discussions with a volunteer from the chaplaincy who visited patients once weekly in accordance with individuals' wishes. The volunteer told us that they could then pass on requests for communion and other religious/non religious support to respective clergy, as requested by patients.

People's rights

We found that people were encouraged to maintain contact with their family and friends through the provision of flexible visiting hours and facilities for private conversations.

We also found that staff made every effort to communicate with families in accordance with patients' wishes and preferences.

Listening and learning from feedback

We were satisfied that the all-Wales arrangements for responding to, and managing, concerns (known as Putting Things Right), were being followed as required. We were also informed that patient feedback had previously been gathered on a monthly basis, but this had now changed to bi-monthly: a visitor's book to be introduced in the ward to enable more regular views and comments from visitors.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We were able to confirm that the service regarded the health, safety and welfare of patients and its staff as a priority. This was because we spoke with a large number of staff and explored the processes in place in support of the delivery of safe and effective care and found that every effort was being made to improve the quality of services.

Improvements identified at this inspection related to aspects of communication between the health board and ward staff, infection prevention and control, medicines management and record keeping.

Safe care

Managing risk and promoting health and safety

Exploration of three patients' notes clearly indicated that appropriate and prompt action had been taken and recorded by ward staff, at times when their physical condition had deteriorated.

The ward was well signposted within the Monnow Vale health and social care facility, people able to gain access via stairs or lift from the ground, to the first floor ward area. We also found that there was suitable access for people with mobility difficulties, disabled facilities being available inside the building.

The ward environment was well maintained and visibly clean. All equipment and furniture appeared to be in working order and in good condition.

Patients in receipt of care had access to shower/bathing and kitchen facilities as well as a large nicely decorated lounge/communal area which they were encouraged to use at mealtimes, or for the purpose of social pursuits/meeting with their families/visitors.

We did find that trolleys and wheelchairs were being stored in one corner of the ward's main corridor, due to limited storage space. However, the majority of the corridor area was free from trip hazards.

Staff who spoke with us demonstrated that they had a clear understanding of how to report any adverse clinical incidents. They did though indicate that they would welcome the opportunity for improved feedback following the reporting of such incidents, so that they could learn from the investigation process.

We were provided with the current copy of the fire risk assessment associated with the Monnow Vale Health and Social care facility and first floor ward dated 31 March 2017. This contained details of the improvements identified together with the names of individuals who were responsible for taking the required action.

The fire risk assessment and health and safety policy also referred to the emphasis placed by the health board and service staff on compliance with All-Wales smoke free remises legislation.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure that best practice is applied in managing and mitigating risks in the future. This is in response to staff comments about the need for improved feedback following clinical incidents or concerns/complaints.

Preventing pressure and tissue damage

We saw that there were standardised/pre-printed care plans in place for patients who were at risk of developing damage to their skin due to their physical health status/reduced mobility. However, the care plans contained limited detail and were not always altered to reflect the individual needs of patients. In addition, where risk assessments had been completed and action highlighted, we were unable to confirm that necessary measures had been taken. More specifically, the content of three patient records showed:

- Inconsistent recording of pressure ulcer risk assessments within the two separate files kept for each patient. This meant that there was the potential for misunderstanding in terms of care delivery
- There was a wound plan in place for one patient who had a pre-existing pressure ulcer. However, there was no pressure damage prevention plan in their notes. This meant that aspects of that patients' skin care may not be addressed which could lead to further skin damage

- Skin care (bundle) information was not fully completed (one example). This was not helpful in terms of guiding staff to provide care
- An ordinary bed mattress was in place, where the risk assessment had highlighted the need for a pressure relieving mattress.
- Two patient's notes indicated that they should be assisted to change their position every two hours. However, the relevant recording chart had not been completed to verify that this had been done

The above service delivery issues were brought to the attention of the ward team during our visit. Conversations which followed did provide verbal assurance that pressure area care was being carried out as required. However, as previously stated, two care files were in use for each patient (one held in the nurses' office and one near the bedside). This had the potential to create confusion among the ward team, in terms of the delivery of care and support to patients

(Please see improvement needed under the heading of 'Record Keeping' on pages 20/21)

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken in terms of the prevention and management of tissue damage in respect of patients. This is in relation to the points highlighted within page 15 and 16 of this report.

Falls prevention

We found a number of inconsistencies in terms of the use, and recording, of risk assessments and patient care plans in relation to this aspect of care. In addition, the way which some of those documents were filed did not make it easy for staff to find the information they needed to deliver care and support.

(Please see improvement needed under the heading of 'Record Keeping' on pages 20/21)

We saw that a Zimmer frame needed by one patient was placed out of their reach which increased their risk of falling. This matter was addressed at the time of discovery.

We also saw the good use of a falls prevention aid/alert. This piece of equipment enabled staff to record a voice message which would be heard by the patient at times when they attempted to get up from their armchair without the required assistance. The equipment was in use at the time of our visit; the patient responding very well to the verbal prompt on a number of occasions which prevented them from falling.

There was an up to date policy in place with regard to the prevention and management of falls within in-patient areas. This had been made available by the health board, to staff at Trefynwy ward, in a prompt manner (March 2017), to assist staff in their work.

Infection prevention and control

We examined a number of commodes within the ward and found all to be visibly clean. However, staff had not applied the required label to indicate that the commodes had been cleaned. This may have led to confusion among the team as to whether equipment was ready for patient use. This matter was brought to the attention of staff during the inspection.

Conversations with a member of the housekeeping staff revealed that their working day was largely made up of cleaning duties, although they were also responsible for providing patients with drinks and snacks, as well as serving main meals. We were informed of the arrangements in place to change some personal protective clothing for different duties in accordance with current infection prevention and control guidelines. We were also told that Health Care Support Workers (and sometimes porters), had cleaning responsibilities to ensure that all tasks were completed. However, staff told us that it was often difficult to fulfil all their duties on a daily basis due to time pressures. The health board are therefore required to consider the deployment of housekeeping staff and the hours allocated for cleaning duties.

Patients who spoke with us offered very positive comments about the cleanliness and presentation of the ward environment. We also commended housekeeping staff for their contribution to the hygienic presentation of the environment at the time of inspection.

Staff had easy access to the health boards' infection prevention and control policy. It was also evident that they had a very good understanding of infection prevention and control procedures. However, there were no written/agreed cleaning schedules in place to guide housekeeping staff as to what needed to be done, with what frequency to optimise cleanliness of the clinical environment.

The housekeeper's storage cupboard was unlocked at various points during our inspection. We therefore advised that the door should always be locked when the room is unattended, to prevent unauthorised access to caustic substances.

Improvement needed

The health board is required to provide details as to how it intends to ensure clearer separation of duties between housekeeping and food handling responsibilities, In addition, details of how it will ensure that there are sufficient hours allocated to housekeeping within Trefynwy ward to enable staff to fulfil their duties at all times, are required.

The health board is required to inform HIW of the action taken to ensure that housekeeping staff are provided with clear and comprehensive written cleaning schedules for the ward area. This is as a means of ensuring that patients and staff are protected from preventable healthcare associated infections.

Nutrition and hydration

We saw that patients were appropriately supported and monitored at mealtimes; water being available and within easy reach at all times. We were also able to confirm that patients were given plenty of time to eat their meals.

We looked at three patients' notes to determine how staff recorded the amount of food and fluid they consumed. As a result, we were able to confirm that nutrition risk assessments were in place, but not always completed in full. In addition, we found that such risk assessments existed in two separate files which could lead to confusion as to which was the current version to assist with decision making. Conversations with staff however, did indicate that patients' needs were being met.

(Please also see improvement needed under the heading of 'Record Keeping' on pages 20/21)

Conversations with patients confirmed that meals were varied; all comments received being very positive (e.g. "excellent" and "home cooked"). We saw that patients were helped to sit in a comfortable, upright position to eat their meals, packets of hand wipes being made available to patients to wipe their hands prior to eating.

Food appeared appetising and was served promptly to prevent it getting cold.

Medicines management

Overall, we found that there was compliance with legislation, regulatory and professional/local guidance with regard to this aspect of patient care and treatment. For example, we observed staff supporting patients to take their prescribed medication, looked at a sample of patient medication charts and spoke with staff about their understanding of the locally agreed medication policy and found that there was an emphasis on ensuring that patients had the right medication at the right dose at the right time.

We also heard a registered nurse explaining medication procedures in full, to a student nurse; answering questions in a calm and clear way. The ward team was commended for this.

We did however identify the need for improvement to aspects of medicines management. These were:

- The recording of controlled drugs in the controlled drug register for individual patients was unclear. Specifically, we saw drug entries relating to two patients on the same page, plus later entries for one of those patients added in the lines above the original entries. This created confusion in terms of stock balances and the necessary audit trail
- One patient's notes showed that there had been a delay in obtaining a new type of prescribed medication, (verbally-out of hours). The patient therefore had to wait until a GP visited the ward, the following day
- Discussions with ward staff highlighted that there were often delays in obtaining patients' take home medication in a timely way, which resulted in a delay in their discharge from hospital

We therefore brought the above matters to the attention of the ward manager and a senior manager; some action being planned by the end of the inspection visit.

Improvement needed

The health board is required to describe the action taken/to be taken to ensure that controlled drugs are recorded appropriately and patients receive prescribed medication without delay. The health board is also required to provide HIW with details of the action taken to prevent delays in patients receiving their medication at the point of discharge from hospital.



Safeguarding children and adults at risk

Conversations with a small number of patients revealed that they felt safe within the ward environment. Staff also demonstrated their verbal understanding of the all-Wales safeguarding process

We further found that patients had access to external advocates as and when needed.

It was evident that ward staff had a very good understanding of the Mental Capacity Act 2005 and the application of the Deprivation of Liberty Safeguards. However, we were informed that delays in obtaining Best Interest Assessments remained a challenge. This matter however, is a known challenge for all health boards within Wales.

Effective care

Safe and clinically effective care

On examination of three patient's records and observation of the individuals concerned, we were able to confirm that pain relief medication had been administered as prescribed; each person appearing to be comfortable when approached.

Discussions with the specialist palliative care nurse (who was employed by St David's hospice, but based at Monnow Vale Hospital), demonstrated that communication about patients with ward based staff was very effective. We were also told that the ward had access to specialist palliative care advice 24 hours a day; issues being escalated to a medical Consultant, as and when required.

Quality improvement, research and innovation

We found that there was a well established and varied set of audit activities in place, associated with aspects of provision of care to patients. These related to:

- Aspects of the management of controlled drugs (April 2017)

- Quality Checks in Health Care which focussed on the delivery of care to patients in accordance with the Health and Care Standards (May 2017)
- The use of wristbands to ensure the correct identification of patients (May 2017)
- Patient call bell audit, which ensured that all equipment was in good working order to assist patients request assistance and promote their dignity and independence (May 2017)
- Completed dementia assessment tool (which incorporated identification of patients with this condition, the suitability of the ward environment and information sharing to ensure patients' safety) (May 2017)

In each case, there were no improvements identified from the above which indicated that the ward team were working well together to ensure the delivery of safe, compassionate and effective care.

Record keeping

We found that staff had easy access to patient's records which were stored securely in the ward. We also found overall, that ward staff and other members of the multidisciplinary team, recorded how decisions relating to patient care, were made. However, we identified the need for the following improvements:

- Nursing notes and medical case notes contained a lot of loose paperwork. This may result in the loss of key patient information
- Patient risk assessments were blank, or incomplete. It was therefore unclear as to whether they were needed at all
- Patient care plans required more detail to reflect patients' individual needs, wishes and preferences
- Risk assessments were repeated in two separate files which may cause confusion in terms of delivering care
- Ward staff were unclear about what documents should be used to record end of life care; changes having been introduced on an all-Wales basis in March 2016
- In instances where health care support workers record how they have supported patients, such entries were not countersigned by a registered nurse who has the overall responsibility for care provision.

In addition, staff were not always writing their clinical role alongside their entries. This may create problems with regard to clinical audit activity, and at times when verbal or written concerns are raised about service delivery

We did however see some excellent examples of patients' life stories. These were called 'Your perspective' and contained very useful information for staff in terms of patients' likes, dislikes and what mattered to them. The ward was commended for this as a basis for care provision.

Improvement needed

The health board is required to describe the action taken/to be taken to ensure that improvements are made to record keeping within Trefynwy ward in accordance with clinical/professional guidance. This is because record keeping is essential in ensuring that people receive safe and effective care.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

We found evidence of strong and consistent management and leadership arrangements within the ward and across the Monnow Vale Integrated Care facility. This resulted in a positive staff culture and a clear willingness to further develop the services offered.

We did however; identify the need for improvement to elements of staff training.

Governance, leadership and accountability

We found evidence of strong and consistent management and leadership within Trefynwy Ward and from the wider health and social services team based at the facility. The ward manager and deputy were also able to work in a supernumerary capacity for a proportion of time every week. This meant that staff were well supported in providing safe, effective and compassionate care to patients.

We further spoke with the integrated services manager who clearly described the values and approaches to care encouraged at the facility. The inspection team was also able to confirm that staff were respectful and supportive of one another, as well as toward patients and their families. The integrated services manager also provided us with details of an approach to care that was to be adopted at Monnow Vale, known as 'Johns Campaign'¹. The approach was in

¹ John's Campaign was founded in November 2014. Behind its simple statement of purpose, lies the belief that carers should be welcomed, and that collaboration between patients and all

its early stages, but was to be developed in order to address patients' cognitive and sensory needs in a better way. This would be achieved through improved family involvement in care, improved patient information (verbal and written) and the development of a carer's passport which would enable families to assist with patient care (by mutual agreement with the patient). The intended outcome for the above was to promote the well-being of patients with an emphasis on a more social model of care, in preparation for effective discharge.

Staff told us that they were happy working within the ward and were clear about their respective roles and responsibilities. In addition, staff that completed a HIW questionnaire said that their manager always encouraged them to work as a team and usually provided clear and useful feedback on their work.

The majority of staff that completed a questionnaire further stated that their manager could always be counted on to help them with difficult tasks at work and was also supportive.

One staff member provided the following comment about the managers working at the hospital:

“My ward managers are very hands on, and are always there to talk to in professional/personal circumstances”

Conversations with the ward manager indicated that a staff meeting was held every six to eight weeks as a means of sharing safety updates and other relevant clinical information. We were also told that the format of such meetings may be altered in the near future to provide specific training for staff as a means of developing and improving their skills further.

those connected with them is crucial to their health and their well-being. John's Campaign applies to all hospital settings: acute, community and mental health and its principles could extend to all other caring institutions where people are living away from those closest to them. <http://johnscampaign.org.uk/#/>

Staff and resources

Workforce

Six completed HIW staff questionnaires from people working in a range of roles; all offered positive feedback about training, the care provided to patients at the hospital and management of the organisation.

One staff member provided the following comment:

"I love working in Monnow vale on Trefynwy Ward"

There were no bank nurses working within the ward on the day of the inspection, although we were told that such staff had been required on a fairly regular basis to ensure that patients' needs were met. We were informed however, that efforts were made to ensure that the same bank staff were allocated to the ward for continuity purposes. Agency staff were rarely used. This meant that patients received care from staff who were familiar to them and with the wards work processes and approaches to care.

The majority of staff who completed a HIW questionnaire stated that they had completed (mainly on-line) training in the last 12 months, on topics such as health and safety, fire safety, infection control, dementia/delirium and the Deprivation of Liberty Safeguards (Mental Capacity Act). One staff member however, indicated that they would benefit from more training with regard to dementia care. This was in response to the identified needs of many patients who receive care within Trefynwy ward.

We further identified the need for structured training for staff on use of new end of life documentation (post 2016) and use of equipment such as syringe drivers² to ensure that they were competent and confident in meeting the needs of patients in receipt of end of life/palliative care. In addition, whilst we received information which showed that ward staff were fully compliant with health and safety training, there was only partial compliance with fire safety, personal safety and moving and handling training. We also advised senior managers of

² A syringe driver helps reduce patients' symptoms by delivering a steady flow of injected medication continuously under the skin. It's sometimes called a continuous subcutaneous infusion.

the need to consider the overall training needs of staff in this area given the complex, diverse needs of the patient population.

Discussions with ward staff highlighted that the ward had recently benefitted from an increased number in Health Care Support Workers (2.9 full-time equivalents); a new registered nurse also due to join the team within a month. This had been achieved through consideration and audit of the level and type of care generally required by patients in the ward. The increase in staff would therefore result in the release of registered nurse time to address the coordination of patients' care. In addition, there would be more HCSWs to meet aspects of patients' support needs.

We were provided with a copy of an external educational audit completed on the 13 April 2017, the results of which identified only two improvements. These related to:

- The need for increased mentorship levels with the clinical area
- The need for a bespoke induction pack for nursing students

Conversations with the ward manager about the above audit indicated that work was well underway to address both issues. The remainder of the audit contained many positive comments about the day to day operation and management of the ward, not least that it provided a wide variety of learning opportunities for nursing students who have felt very supported to date. Such placements would therefore continue.

Staff told us that they received an annual appraisal of their work, but did not have the opportunity for regular one to one formal supervision. We were able to confirm that the ward manager and deputy were actively involved in care delivery and they always made time to speak with staff when requested. However, the health board may wish to consider revising staff support arrangements to provide more regular opportunities to share information and to listen to their ideas and views on service provision to patients.

We found the ward team operated within a positive culture, the importance of which was encouraged by the ward manager, deputy and senior managers. This meant that patients benefitted from a clinical team who were constantly seeking to do things better and learn from any errors made.

Improvement needed

The health board is required to describe the action taken/to be taken to ensure that staff are able to complete mandatory training and are provided with specific training regarding the provision of palliative care services to patients.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified at this inspection.			

Appendix B – Immediate improvement plan

Hospital:

Ward/department:

Date of inspection:

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
We did not identify any immediate improvements at this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: **Monnow Vale Hospital**
 Ward/department: **Trefynwy**
 Date of inspection: **26 June 2017**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible Officer	Timescale
Quality of the patient experience				
We did not identify any improvements in relation to this area of care.				
Delivery of safe and effective care				
The health board is required to provide HIW with details of the action taken/to be taken to ensure that best practice is applied in managing and mitigating risks in the future. This is in response to staff comments about the need for improved feedback following clinical incidents or concerns/complaints.	2.1 Managing risk and promoting health and safety	Feedback and discussions are held at Local QPS Meetings (through shared learning) and via the 'concerns group'. Improved communication plan commenced with all staff, to include monthly meetings to discuss relevant issues and to provide feedback to the ward team.	Integrated Service Manager and Ward Manager	Immediately
The health board is required to provide HIW with details of the action taken/to be taken in terms of the prevention and management of tissue damage in respect of patients. This is in relation to the points highlighted within page 15 and 16 of this report.	2.2 Preventing pressure and tissue damage	The importance of completing Skin Bundles has been reiterated with all staff and training needs have been identified and met. The importance of staff completing SBARs and datix entries for	Integrated Service Manager and Ward Manager	Immediately

Improvement needed	Standard	Service action	Responsible Officer	Timescale
		<p>any Grade 3 or above pressure ulcer has been reinforced.</p> <p>Documentation audit to be undertaken within 3 months in regard of pressure damage to ensure compliance sustained.</p> <p>All grade 3, 4 and ungradeable pressure damage is discussed at the monthly Root Cause meetings with the Lead Nurse for Pressure Sore Prevention. Any learning from these meetings are shared with the ward.</p> <p>All beds on the ward are equipped with pressure relieving mattresses and patients are assessed on an individual basis for which level mattress required. All mattresses and pillows are checked weekly as part of the ward's weekly cleaning schedule.</p> <p>The Ward Manager has reiterated the process of accessing further pressure relieving equipment out of hours if required.</p>		
The health board is required to provide details about how it intends to ensure clearer separation of duties between housekeeping and food handling. In	2.4 Infection Prevention and Control (IPC) and	All level staff on the unit are required to undertake food handling and cleaning	Integrated Service Manager and Ward	Immediately

Improvement needed	Standard	Service action	Responsible Officer	Timescale
<p>addition, details of how it will ensure that there are sufficient hours allocated to housekeeping within Trefynwy ward to enable staff to fulfil their duties at all times are required.</p> <p>The health board is required to inform HIW of the action taken to ensure that housekeeping staff are provided with clear and comprehensive written cleaning schedules for the ward area. This is, in order to ensure that patients and staff are protected from preventable healthcare associated infections.</p>	Decontamination	<p>responsibilities. The ward manager has ensured that staff are up to date with infection control training and hand washing techniques. The importance of wearing, and removing gloves and other personal protective clothing at appropriate times when they are providing care to patients has been reinforced.</p> <p>A cleaning schedule has now been developed and put in place by the ward manager who will monitor compliance weekly.</p> <p>Housekeeping hours will be built into the e roster to ensure staff have sufficient allocated time to fulfil allocated housekeeping duties.</p> <p>The Healthcare Standards Audit Wheel will be adopted within the unit which will ensure all audits are completed in a timely manner. This will be displayed on entry to the ward in order for patients/ staff to be assured of compliance.</p> <p>Monthly environmental rounds held jointly with Senior Nurse and Infection Control Nurse will assess the ward to ensure a clean environment is sustained at all</p>	Manager	

Improvement needed	Standard	Service action	Responsible Officer	Timescale
		times and that Infection control standards are maintained.		
<p>The health board is required to describe the action taken/to be taken to ensure that controlled drugs are recorded appropriately and patients receive prescribed medication without delay. The health board is also required to provide HIW with details of the action taken to prevent delays in patients receiving their medication at the point of discharge from hospital.</p>	<p>2.6 Medicines Management</p>	<p>Annual control drug audits have been undertaken and local action plan completed and implemented.</p> <p>A recent audit recommended two documentary entries should be made in the CD register– one for patients own medication which they have brought in with them and one for medications prescribed whilst on ward. This is currently being reviewed and monitored as a pilot process for Monnow Vale.</p> <p>The Ward Manager has agreed with pharmacy that take home medication requests will be sent to pharmacy 48 hours prior to the patients discharge to avoid discharge delays. This new way of working will be reviewed after 3 months to determine effectiveness.</p> <p>Ward manager /Senior Nurse to discuss with GPs how to manage changes in medication that are prescribed verbally by OOH in order to ensure timely administration of medications.</p>	<p>Pharmacy and Ward Manager</p>	<p>3 months</p> <p>Immediately</p>

Improvement needed	Standard	Service action	Responsible Officer	Timescale
<p>The health board is required to describe the action taken/to be taken to ensure that improvements are made to record keeping within Trefynwy ward in accordance with clinical/professional guidance. This is because record keeping is essential in ensuring that people receive safe and effective care.</p>	<p>3.5 Record keeping</p>	<p>Record keeping training will be attended by all staff</p> <p>Documentation audit using Healthcare Standards Audit Tool to be undertaken within the next 3 months by Senior Nurse.</p> <p>Intentional rounding will be revisited with the ward staff by the Ward Sister. Intentional rounding is a transforming care initiative to improve patient centred care based on the fundamentals of care. Particular attention will be paid to documentation during this time.</p>	<p>Senior Nurse and Ward Manager</p>	<p>3 months</p>
<p>Quality of management and leadership</p>				
<p>The health board is required to describe the action taken/to be taken to ensure that staff are able to complete mandatory training and are provided with specific training regarding the provision of palliative care services to patients.</p>	<p>7.1 Workforce</p>	<p>Trefynwy Ward monitor compliance via a local training matrix monthly</p> <p>Liaise with the Health and Safety team to arrange local away days to be arranged which will enable staff to meet mandatory training requirements.</p> <p>Protected Training time to be built into the roster as an immediate action</p> <p>All compliance is monitored monthly and</p>	<p>Integrated Service Manager and Ward Manager</p>	<p>Immediately</p>

Improvement needed	Standard	Service action	Responsible Officer	Timescale
		routinely reviewed at local Quality and Patient Safety group. Local dementia and Palliative Care training to be provided and evaluated within 3 months		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Eve Parkinson / Sian Thomas

Job role: Integrated Service Manager / Senior Nurse

Date: 8th August 2017

