

Hospital Inspection (Unannounced)

South Pembrokeshire Hospital,
Hywel Dda University Health
Board, Sunderland Ward

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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 Sunderland Ward, South Pembrokeshire Hospital within Hywel Dda University Health Board on the 23 and 24 August 2017.

Our team, for the inspection comprised of one HIW Inspector, two clinical peer reviewers and one lay reviewer. The inspection was led by the HIW inspection manager.

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

Patients provided positive feedback about their care and we saw staff treating patients with dignity and respect.

Whilst the ward was generally well maintained, the health board must take action to address some environmental issues to promote a safe environment.

We found that patients had their care needs assessed and care plans developed to meet their care needs. We did however, identify that improvement was needed around aspects of record keeping. We also identified that immediate improvement was needed around aspects of medicines management. The health board provided a detailed immediate improvement plan within the agreed timescale.

A management structure was in place and a range of audit activity was described. Given our findings the health board must review the approach to some aspects of the audit process and senior management support to the ward.

Staff had a good awareness of the care needs of patients. Comments from patients and staff indicated that staffing could be improved.

This is what we found the service did well:

- we saw staff treating patients with respect and kindness
- a reminiscence room was being developed to enhance the care provided for patients with dementia
- staff were diligent around the safe disposal of medical sharps
- a good example of learning from audit activity was demonstrated
- staff were committed to providing high quality care to patients.

This is what we recommend the service could improve:

- the information provided to patients including how they may provide feedback and make a complaint
- the amount of clutter on the ward to promote safety and effective cleaning
- aspects of medicines management
- aspects of the care planning process and the system for written care plans
- staff awareness of the Health and Care Standards (2015) and best practice initiatives relevant to the care provided on the ward
- how staff are supported to attend mandatory training.

3. What we found

Background of the service

Hywel Dda University Health Board provides healthcare services throughout Carmarthenshire, Ceredigion and Pembrokeshire. It provides acute, primary, community, mental health and learning disability services via general and community hospitals, health centres, GPs, dentists, pharmacists, optometrists and other sites.

South Pembrokeshire Hospital is a community hospital located in Pembroke Dock, Pembrokeshire. Sunderland Ward provides 40 inpatient beds for patients with ongoing medical and rehabilitation care needs. In addition to the ward, the hospital also has a rehabilitation day unit and provides outpatient and physiotherapy services.

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.

Feedback from patients was positive. We saw staff being kind to patients and treating them with dignity and respect. Arrangements were in place to promote patients' privacy and dignity.

Further efforts should be made to increase the amount of health promotion information available to patients. In addition the health board must make arrangements to promote awareness of how patients and their carers can provide feedback and make a complaint.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of nine were completed. We also spoke to nine patients during the inspection.

Feedback provided by patients in the questionnaires was positive; they rated the care and treatment provided on the ward as eight out of ten. The majority of patients agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed. Patients provided the following comments in the questionnaires about staff:

"They are wonderful"

"On the whole very good, one or two are less good"

"Some ... never make eye contact"

Staying healthy

Information was available to patients to help them look after their own health and wellbeing. Efforts should be made to increase the range of information available.

We saw leaflets for patients and their carers were readily available within the ward. These provided information on local and national support groups and health related issues. The health board should explore what other, written

health promotion material and information can be provided (relevant to the health needs of patients who may be accommodated on the ward) and make arrangements for this to be made available.

Dignified care

We saw that patients were treated with dignity, respect, compassion and kindness by staff looking after them.

Patients told us that staff had treated them with respect and kindness and we saw staff being courteous at all times. Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. The majority of patients agreed that staff were always polite and listened to them and to their friends and family and that staff called them by their preferred name. Those patients that needed assistance going to the toilet agreed that staff helped with their needs in a sensitive way so they didn't feel embarrassed or ashamed.

Whilst we found that staff helped patients with their continence care, there was a lack of formal assessment in this regard within the sample of patients' records we looked at. The use of a suitable risk assessment tool would demonstrate decisions made in this regard are evidence based. Arrangements must be made to address this area of practice to promote evidence based care in relation to continence.

The ward was organised into 20 single bedrooms with en suite facilities and five bays of four beds, each with toilet and washing facilities, making a total of 40 beds. This arrangement helped to promote patients' privacy and dignity.

The ward catered for both male and female patients and the bays were designated for male or female only. We saw dignity curtains drawn around beds within the bays and doors to rooms closed when staff were helping patients with their personal care. We also saw that signs were being used to let staff and visitors know that they shouldn't enter rooms as personal care was being provided. Not all rooms had these signs however and arrangements should be made to address this.

Improvement needed

The health board must make arrangements to promote the use of evidence based practice in relation to continence care.

Patient information

As described earlier information was available to help patients look after their own health and wellbeing. Other information was also available and included ward visiting times, how feedback could be provided and how to reduce the spread of infection.

While most patients agreed that staff have talked to them about their medical conditions and helped them to understand them, some patients felt otherwise, and provided the following comments in the questionnaires:

“No-one has explained my condition”

“Staff don't talk to visitors - unless my daughter goes and asks a question no-one has talked to me about my condition”

In light of the above comments, the health board should make arrangements to explore ways for improving information given to patients.

Communicating effectively

All patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

Senior staff confirmed that specialist communication aids were available to patients. These were provided to patients on a case by case basis following advice from speech and language, audiology or occupational therapy services.

Timely care

We found a very busy staff team being attentive to patients and responding to their requests for assistance.

The majority of patients confirmed in the questionnaires that they always had access to a call bell, and that staff came to them when they used it. There were occasions when we observed delays in staff answering patients' call bells. Comments from patients we spoke with confirmed that delays were sometimes experienced by patients. The health board must explore reasons for this and take action as appropriate so that patients' requests are responded to promptly.

Improvement needed

The health board must make suitable arrangements to promote the timely response to patients' requests for assistance whilst on the ward.

Individual care

Planning care to promote independence

We found that a multidisciplinary approach was used when planning patients' care.

The ward provided ongoing medical and rehabilitation care. In addition to nursing and medical staff we saw other members of the multidisciplinary team, namely, physiotherapists and occupational therapists were involved in patients' care. The ward had an equipped therapy room that was used to carry out (physiotherapy and occupational therapy) assessments with a view to providing patients with independent living aids.

At the time of our inspection, the ward team were in the process of developing a reminiscence room (decorated and furnished with items from the past) with a view to enhancing the care provided to patients with dementia. The health board may wish to widen the scope of this initiative and make the ward environment more dementia friendly through use of appropriate signage and colour.

People's rights

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

We found staff protecting the privacy and dignity of patients as far as possible when delivering care. During the course of our inspection, we saw patients receiving visitors, thus maintaining contact with their families and friends.

Listening and learning from feedback

Patients and their carers had opportunities to provide feedback on their experience. Further efforts should be made however to make patients and their carers aware of how to provide feedback.

We saw that comment cards were available on the ward. These could be completed by patients and their carers before being placed in a designated post box near the entrance of the hospital. Whilst comments cards were available,

these were not prominently displayed within the ward. Staff we spoke with confirmed that they did not routinely receive information on patient feedback.

The health board had arrangements in place for handling concerns (complaints) raised by patients or their carers. These arrangements were in accordance with 'Putting Things Right'¹. Senior staff demonstrated a good understanding of these arrangements and explained that wherever possible complaints (concerns) were dealt with 'on the spot'. Patients we spoke with were not aware of how to make a complaint.

Improvement needed

The health board must make arrangements to promote awareness amongst patients and their families of how they may:

- provide feedback about their experiences
- make a complaint.

The health board must make arrangements to provide relevant patient feedback to ward staff to promote learning and making improvements as appropriate.

¹ 'Putting Things Right' is the process for handling concerns (complaints) about NHS care and treatment in Wales.

Delivery of safe and effective care

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

The health board must address the clutter and storage of cleaning materials on the ward to promote the safety of patients, staff and visitors and to facilitate effective cleaning.

We saw that patients were assessed to identify their care needs.

The system of record keeping on the ward needed review to ensure that information was consistent and easy to access.

We identified that immediate improvement was needed around aspects of medicines management. The health board provided a detailed immediate improvement plan within the timescale agreed.

Not all staff were aware of the Health and Care Standards (2015) and the health board must make arrangements to address this.

Safe care

Managing risk and promoting health and safety

We found that improvement was required to promote a safe environment for staff and patients.

We considered the safety of the ward environment. Overall, the ward appeared well maintained. We did identify that some of the window blinds were in need of repair or replacement to promote patient comfort (i.e. shade from the sun) and privacy. There were also some areas which required repairs to the paintwork.

We saw that areas of the ward were cluttered with trolleys and equipment. This was especially evident during the mornings when most patients were being helped with their personal care needs and posed trip hazards to patients and staff. There were a number of storerooms being used. We saw that these were untidy and could also pose potential trip hazards to staff. The sluice room was cluttered and cupboards used to store cleaning materials were not routinely

locked. Apart from presenting trip hazards, the amount of clutter did not facilitate the effective and thorough cleaning of the ward.

Our findings in relation to the ward environment and safety are also described in the sections 'infection prevention and control' and 'medicines management'.

Improvement needed

The health board must make arrangements to:

- address the clutter on the ward to promote a safe environment for patients, staff and visitors
- ensure that cleaning materials are safely and securely stored
- replace or repair (as appropriate) the window blinds to promote patients' comfort and privacy.

Preventing pressure and tissue damage

We found that staff helped patients to look after their skin and that efforts were made to prevent pressure and tissue damage.

We looked at a sample of three patients' care records. We saw written risk assessments had been completed that showed staff had assessed patients for their risk of developing pressure sores. We also saw that written care plans had been developed. Whilst, we saw care plans were in place and monitoring records had been completed by staff, the frequency for checking patients' skin was not prescribed in the care plans. This meant that we could not be sure that patients had been helped or encouraged to change their position (to help prevent pressure sores) at appropriate time intervals. Ward staff responsible for developing care plans must ensure that the frequency of checking is clearly recorded to direct staff delivering care to patients.

We saw that specialist pressure relieving equipment was available and being used.

One patient had a wound and a written care plan was in place. Whilst, records showed that staff were monitoring the condition of the wound, we could not see that the size of the wound had been formally measured. Recording regular measurements would help to show whether the wound was healing or whether further different treatment was needed.

Improvement needed

The health board must make arrangements to ensure that written care plans for preventing pressure and tissue damage are sufficiently detailed.

Falls prevention

We found that staff assessed patients for their risk of falling and made efforts to prevent falls.

Within the sample of care records considered, we saw that patients had been identified as at risk of falls. We saw that care plans (a plan with pre determined care actions that can be individualised according to a patient's assessed care needs) were in place and that these had been reviewed and were up to date.

From the care records, it was unclear how staff had determined that patients were at risk of falls. We were told that staff used their professional judgment. Following our inspection, senior staff provided further clarification around falls risk assessment and confirmed that this formed part of the Fundamentals of Care Assessment - Inpatient Documentation record. Senior staff confirmed that arrangements had been made to raise awareness amongst staff of how the health board has implemented the falls risk assessment tool into the admission documentation.

Infection prevention and control

We identified that improvement was needed around infection prevention and control.

We saw that personal protective equipment, such as disposable aprons and gloves was readily available and being used by staff. Hand washing and drying facilities were located around the ward together with hand sanitizers. We saw that staff washed their hands regularly. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections.

Arrangements were in place to safely dispose of and store medical sharps, such as needles. We saw noteworthy practice in this regard to promote safety.

Bed areas, toilets and washing facilities appeared clean. We also found that staff placed an emphasis on cleaning shared equipment. Whilst labels were available to label equipment that had been cleaned, for example commodes, these labels were not being used by staff.

The majority of patients agreed in the questionnaires that the ward was both clean and tidy. Some patients commented in the questionnaires:

“Excellent, no complaints”

“The ward is good”

Whilst the ward was designed to facilitate effective cleaning, the amount of clutter around the ward would make effective cleaning difficult. We observed shared toiletries, hair curlers and clutter in the bathroom. The sluice room was also very cluttered with equipment stored on the floor and windowsill.

At the time of our inspection, the macerator² was not working. Staff told us that this was an ongoing issue. This meant that pulp products such as disposable bedpans and bowls had to be emptied and then placed in a suitable waste container. This may increase the risk of cross infection due to the need for increased handling and risk of spillages.

Staff we spoke with demonstrated an understanding of infection prevention and control procedures but were not aware of national initiatives to reduce cross infection such as labelling shared equipment as being clean (following decontamination procedures) and 'bare below the elbow'.

We spoke with cleaning staff who confirmed that cleaning equipment and materials were readily available.

Improvement needed

The health board must make arrangements to promote effective infection prevention and control within the ward. Consideration must be given to relevant national initiatives in this regard.

Nutrition and hydration

We found that patients were helped to meet their eating and drinking needs.

² A macerator is used to safely and hygienically dispose of pulp products such as bedpans, urinals and bowls.

Within the sample of care plans reviewed, we saw that most patients had been assessed to identify their eating and drinking needs. Monitoring records showing meals and drinks taken by patients were complete and up to date. The ward used a discreet system³ to help identify those patients who required help and/or their food and drink intake to be monitored. This approach was not used consistently and arrangements should be made to address this.

We observed three mealtimes, lunch and tea on the first day of our inspection and lunch on day two of our inspection. Overall, patients were served their meals and provided with assistance in a timely way. On the first day however, the serving of the lunchtime meal and the help provided to patients was not timely. This resulted in patients' meals becoming cold before they could eat them. This was attributed to a member of staff having to leave unexpectedly. Comments from staff indicated that having additional designated 'hostess' staff to serve meals would be beneficial as ward staff could then spend time helping patients with their meals. The health board should explore this further with ward staff so that improvements can be made as appropriate. We were assured that patients were provided with alternative meals.

The timeliness was much improved at the teatime meal on day one and the lunchtime meal on day two.

Questions about food and drink were included in the questionnaire. Due to the nature of the ward, not all of these questions were applicable to the patients. Of those patients that answered these questions, the majority told us they had time to eat their food at their own pace and that water was always accessible on the ward.

Water jugs were readily available and within patients' reach so that they could have a drink when they wanted one.

Medicines management

We identified that improvements were needed around aspects of medicines management.

³ Patients that required help and/or their food and drink intake to be monitored were provided with a red placemat. This provided a visual prompt for staff to easily identify these patients.

We looked at a sample of seven drug charts and overall these had been completed in full. We did identify that one patient was receiving oxygen therapy but this had not been prescribed on the drug chart. In addition three patients did not have thromboembolism (blood clot) risk assessments completed. The health board must make arrangements to address this.

We saw that the clean utility room being used for the storage of medicines was unlocked. The cupboards used to store medicines were also unlocked and the medicines trolleys were not secured to the wall. This meant that there was a potential risk of unauthorised persons being able to access medicines.

We found that controlled drugs, which have strict and well defined management arrangements, were managed safely with appropriate records kept. Controlled drugs were safely secured in a locked cupboard but within the unlocked clean utility room.

Medicines requiring refrigeration were stored in a refrigerator. Whilst we saw records that showed temperature checks had been done, these indicated that checks had not always been done daily. Staff we spoke with confirmed that daily checks should be done and recorded.

We found patients were positioned in readiness to take medication. We also observed staff being engaging and kind to patients when administering medication.

On two separate occasions we identified that medication was left with patients (who did not require assistance) for them to take unsupervised. The drug charts had been signed by the staff which would indicate that medication had been administered. We also identified a further three occasions where staff signed the drug charts prior to patients taking their medication. On these occasions, however, medication was not left with patients for them to take unsupervised.

Staff assured the inspection team that they would return to patients and check that any medication left with them had subsequently been taken. If medication had not been taken staff confirmed they would amend the drug chart using the appropriate non administration code. Staff also provided an assurance that patients who required assistance would be helped to take their medication.

The practice of signing the drug chart prior to patients taking their medication is not in accordance with current professional guidelines⁴ for administering medication. Leaving medication with patients to take later may also pose a risk of missed or delayed doses.

We could also not be assured that staff were always performing active patient identification checks (including a check of patients' identification wristbands) prior to administering medication. This was attributed to patients being well known to staff. Staff provided an assurance that these checks would be made when administering controlled drugs and for any new patients to the ward. Not routinely performing active patient identification checks prior to the administration of medication may increase the likelihood of errors.

The inspection team were assured at the time that the two aforementioned patients did take their medication.

We informed senior ward staff of our findings in relation to the unlocked clean utility room and cupboards and medication administration and were assured that improvement action had been or was being taken to address the improvement needed at ward level. In addition, our concerns were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Improvement needed

The health board must make arrangements to ensure that oxygen therapy is prescribed on drug charts and that thromboembolism risk assessments are completed as appropriate.

The health board must implement a suitable system for routinely checking that medication is being stored at the temperature recommended by the manufacturer.

Consideration must be given to following Patient Safety Notices:

⁴ Nursing and Midwifery Council - Standards for Medicines Management (2007)

PSN 015 / July 2015 The storage of medicines: Refrigerators

PSN 030 / April 2016 The safe storage of medicines: Cupboards

Safeguarding children and adults at risk

Senior staff confirmed that there was a health board wide policy on safeguarding and this was available to ward staff via the health board's intranet. We were told that the staff team could access advice on safeguarding matters from the health board's safeguarding team.

Staff we spoke with were aware of the procedure to follow should they have concerns around the welfare of adults who become vulnerable or at risk.

Medical devices, equipment and diagnostic systems

The ward had a range of equipment to meet the needs of patients. This included monitoring equipment, adjustable beds, pressure relieving mattresses and moving and handling equipment.

As described previously the storage arrangements for some of this equipment needed to be improved. We also saw that some of the stored equipment was labelled as broken or indicating that it needed to be serviced. The health board must make arrangements to address these issues and ensure that a system is in place for the timely repair or disposal of equipment used on the ward.

Effective care

Safe and clinically effective care

We saw that assessments had been completed to identify patients' care needs and written care plans developed. We also saw that staff monitored patients to determine the effectiveness of the care provided. Patients appeared comfortable and well cared for.

We did identify that immediate improvement was needed around aspects of medicines management, including the safe administration of medicines. Senior staff demonstrated a commitment to address this and the health board provided a detailed immediate improvement plan to HIW within the timescale agreed.

During our discussions with staff it was apparent that there was a lack of awareness of Health and Care Standards (2015) and best practice related to infection prevention and control. There was however, efforts being made to

enhance the care provided to patients with dementia through the development of reminiscence room on the ward.

The health board must make arrangements to make staff aware of best practice initiatives relevant to the care provided on the ward.

Improvement needed

The health board must make arrangements to make staff aware of the Health and Care Standards (2015) and best practice initiatives relevant to the care provided on the ward.

Record keeping

We looked at a sample of care records for three patients.

The records showed that patients had been assessed to identify their care needs and we saw written care plans had been developed to help direct staff in providing care. We also saw monitoring records had been completed and were up to date.

Care records were maintained by different members of the multidisciplinary team, with some records kept in different folders. This resulted in the information being fragmented and the records difficult to navigate. We found that information on the patient status at a glance (PSAG) boards and within handover communication sheets was not always consistent with that in the written care plans. In addition information about patients' individual care needs was also displayed above patients' beds and there was potential for this to become detached from the wall and being lost. The PSAG boards were designed to protect patients' privacy and we saw that care records could be stored securely within lockable trolleys.

Some entries made within a patient's medical records were illegible and had not been signed by the person making the notes.

The health board must make arrangements to review the system for maintaining care records on the ward. In addition entries made with patients' records must be legible and maintained in accordance with professional standards for record keeping.

Improvement needed

The health board must make arrangements:

- to review the system of maintaining records on the ward so that information in relation to patient care is consistent and can be accessed by staff easily and efficiently
- for patients' records to be maintained in accordance with professional standards for record keeping.

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.

A management structure with clear lines of reporting and accountability was in place.

A range of audit activity was described and a good example of learning from this was demonstrated. Given our findings however, the health board must review the approach to some aspects of the audit process and explore the arrangements for senior management oversight.

Staff had a good awareness of the care needs of patients. Whilst comments made by staff indicated they felt supported in their roles, they also felt that communication between senior managers and the ward could be improved.

Comments from staff and patients also indicated that staffing could be improved. Senior staff confirmed that arrangements were being made to address this.

Governance, leadership and accountability

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

A ward manager was responsible for the day to day leadership and management of the ward and was supported by three deputy (nurse) managers. Senior management support was provided by a Community and Primary Care Nurse Manager and Locality Manager.

Senior staff confirmed that a system of regular audit activity was in place so that areas for improvement could be identified and addressed as appropriate.

Examples of audit results were provided and included activity in relation to medicines, infection control, nursing documentation, incidence of pressure sores and (concerns) complaints. Given our findings in relation to some of these areas the health board must review its approach to aspects of the audit process. In addition the health board must explore the arrangements for senior management oversight and support to the ward team to ensure that quality and safety issues are identified and addressed in an effective and timely manner.

Senior staff provided a good example of how results from audit activity had resulted in positive action being taken by the ward team. This related to pressure sores and involved additional training being provided for ward staff and the introduction of colour coded monitoring charts.

During our inspection, we invited staff working on the wards to provide their comments on a range of topics related to their work. We did this via face to face interviews and through a HIW questionnaire. In total, we received nine completed questionnaires from staff undertaking a range of roles on the ward. Not all staff answered all questions in the questionnaire.

Almost all staff that completed a questionnaire agreed that care of patients is the organisation's top priority and that the organisation acts on concerns raised by patients.

When asked about their immediate manager staff gave positive feedback and told us they felt supported. When asked about senior managers, staff indicated that improvements could be made around communication and involving staff in important decisions. Staff felt that senior managers were committed to patient care. The following comments were made in the questionnaires:

"My ward sister and her team have been very supportive..."

"Senior managers don't give you eye contact or really speak to staff on ward"

"Not enough meetings with the workers on the ward. ...I also feel senior managers need to be on floor more (the real life)"

Given some of the comments received, the health board should explore how communication between senior managers and the staff team can be improved.

Senior staff described the system for reporting, recording and investigating patient safety incidents. Arrangements were also described for providing reports and improvement plans to senior managers within the health board. Staff comments indicated that the health board promoted a positive reporting

culture that supported learning from errors, near misses and patient safety incidents

During the inspection and at our feedback session at the end of the inspection, managers and ward staff demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Improvement needed

The health board must make arrangements to review its approach to aspects of audit activity on the ward to promote patient safety and service improvement.

The health board must make arrangements to review senior management oversight and support to the ward team to ensure that quality and safety issues are identified and addressed in an effective and timely manner.

Staff and resources

Workforce

Throughout the course of our inspection, we observed a very busy staff team attending to patients, some who required a significant amount of help to meet their care needs.

The staff team was organised into three sub teams to deliver care to patients. Each team consisted of registered nurses and health care support workers. We saw that other members of the multidisciplinary team were involved in aspects of patients' care, with physiotherapists and occupational therapists based on the ward. Staff demonstrated a good understanding of the care needs of the patients on the ward.

Comments made by staff and patients, together with our observations indicated that additional staff would be beneficial to promote high quality and timely care. Senior staff confirmed that staffing had been a focus for attention and arrangements were being made to address the findings from a recent ward based review of staffing.

The majority of staff who provided comments confirmed that they had undertaken a range of training or learning and development relevant to their role. The responses we received indicated that this had helped them do their job more effectively for the benefit of patients. Senior staff demonstrated that compliance with the health board's mandatory training programme was being monitored. Information provided showed that not all staff were up to date with

training requirements and arrangements must be made to support staff to attend mandatory training.

Most staff who provided comments confirmed that they had received an appraisal of their work within the last 12 months.

Improvement needed

The health board must make suitable arrangements to ensure that staffing levels and skill mix is appropriate to promote high quality and timely care to patients.

The health board must make suitable arrangements to support staff to attend mandatory training (as identified by the health board).

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
<p>We identified that medicines were not being securely stored, medication was being left with patients for them to take later and active patient identification checks were not always being conducted.</p>	<p>There was a potential risk of unauthorised persons being able to access medication.</p> <p>Leaving medication with patients to take later may pose a risk of missed or delayed doses.</p> <p>Not routinely performing active patient identification checks prior to the administration of medication may increase the likelihood of errors</p>	<p>We raised our concerns with senior ward staff and also through HIW's immediate assurance process (see Appendix B)</p>	<p>Senior ward staff made arrangements to lock the clean utility room and replace the locks on the cupboards before the end of the inspection.</p> <p>In addition we were told that the staff involved were reminded of their responsibilities in relation to safe administration of medicines.</p>

Appendix B – Immediate improvement plan

Hospital: South Pembrokeshire Hospital

Ward/department: Sunderland Ward

Date of inspection: 24 - 26 August 2017

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
<p>The health board is required to provide HIW with details of the action taken to ensure that medicines are managed safely both on Sunderland ward and across the health board. This includes the safe storage and administration of medication.</p> <p>Regarding storage, the health board must take into consideration Patient Safety Notice PSN 030 / April 2016 – The safe storage of medicines – cupboards.</p>	2.5 Medicines management	<p>Storage Immediate action taken</p> <p>Treatment / Clean Utility Room</p> <p>A keypad code was obtained and the door to treatment room / utility room was immediately locked after this was brought to the ward managers' attention.</p> <p>The key code has been shared with relevant staff and is stored securely.</p>	<p>Senior Sister / Ward Sister</p> <p>Senior Sister / Ward Sister</p>	<p>Immediately implemented and completed by Senior Ward Sister on first day of inspection (23rd August 2017).</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>A medication spot check audit will be piloted on the ward. Once the audit tool has been agreed and finalised an audit scheduled will be developed and implemented.</p> <p>All staff have been reminded of the importance of ensuring that the treatment room containing medication trolleys and cupboards is closed and locked at all times.</p> <p>Unlocked Cupboards storing medications</p> <p>Following notification of a number of medication cupboards being open, it was immediately investigated by the ward sister who found that several of the locks were faulty and were unable to be locked properly.</p>	<p>Ward Sister / Senior Sisters</p> <p>Senior Sister / Ward Sister</p> <p>Estates Manager / Ward Sister</p>	<p>Commenced September 2017 4th</p> <p>Completed August 2017 24th</p> <p>Completed September 2017 1st</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>An urgent job requisition has been submitted to replace the locks on all the cupboards as a matter of emergency.</p> <p>Replacement Keys for the faulty locks have been obtained and all medication cupboards are able to be locked at present.</p> <p>All locks will be changed in entirety to ensure the sturdiness of the locking mechanisms for the future.</p> <p>A formal memo has been sent to all staff to remind them of the need to ensure that all cupboards are locked after use and to report any issues or concerns with the locking functions.</p> <p>A signatory sheet to confirm that the policies have been read has been put into place. Completion of this is in progress and being monitored by</p>	<p>Ward Sister/Senior Sisters</p> <p>Ward Sister / Community Nurse Manager</p> <p>Ward Sister</p> <p>Community Nurse Manager</p> <p>Ward Sisters/Senior Sisters</p>	<p>Completed 1st September 2017.</p> <p>Commenced 24th August 2017</p> <p>For completion by end of September 2017</p> <p>Completed 1st September 2017</p> <p>For completion by end of September 2017</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>the ward sister.</p> <p>Medication Trolleys</p> <p>Staff were immediately reminded that the policy for storage of medication, trolleys when not in use on medication rounds, is that they are secured to the walls.</p> <p>The Patient Safety Notice on The Safe Storage of Medicines (2016) has been shared with staff on the ward.</p> <p>The HDuHB Medications Policy (268) NMC Standards for Medicines Management has been reissued to staff on the ward.</p> <p>A signatory sheet to confirm the policies have been read has been put into place. Completion of this is</p>	<p>Ward Sisters</p> <p>Ward Sister / Senior Nursing Staff</p> <p>Ward Sister / Senior Nursing Staff</p> <p>Ward Sister</p>	<p>Completed 4th September 2017</p> <p>Completed 4th September 2017</p> <p>Completed 4th September 2017</p> <p>For completion by end of September 2017</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>being monitored by the ward sister.</p> <p>Administration</p> <p>Signing MAR sheets prior to correct administration of medications</p> <p>A memo has also been issued to all staff reminding them of their responsibility in ensuring that MAR sheets are not signed until patients have taken their administered medications.</p> <p>A signatory sheet to confirm the policies have been read has been put into place. Completion of this is ongoing.</p> <p>The medicines management policy has been shared with staff, and relevant sections relating to the administration of medications highlighted.</p>	<p>Community Nurse Manager</p> <p>Ward Sister / Senior Sisters</p> <p>Ward Sister / Senior Sisters</p>	<p>Completed 4th September 2017</p> <p>For completion by the end of September 2017</p> <p>Completed 4th September 2017</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>A meeting will be scheduled between the senior ward sisters, Medicines Management and Pharmacy teams to review the support required by the ward staff in the safe administration of medicines.</p> <p>A medication spot check audit will be piloted on the ward and a schedule of reviews implemented once the pilot audit tool has been reviewed.</p> <p>Lack of appropriate identification of patients ID being confirmed and checked prior to administration of medications</p> <p>A memo has also been issued to all staff reminding them of their responsibility in the checking of patients ID prior to administration of medications, in line with NMC</p>	<p>Ward Sister / Senior Sisters</p> <p>Ward Sister / Senior Sisters</p> <p>Community Nurse Manager</p>	<p>For completion by the end of September 2017</p> <p>To commence 4th September 2017</p> <p>Completed 4th September 2017</p>

Service representative:

Name (print): Mandy Rayani

Job role: Director of Nursing Quality & Patient Experience

Date: 5/09/17

Appendix C – Improvement plan

Hospital: South Pembrokeshire Hospital

Ward/department: Sunderland ward

Date of inspection: 24 -26 August 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				
The health board must make arrangements to promote the use of evidence based practice in relation to continence care.	4.1 Dignified care	The Continence Advisory team will develop a training module to support the use of the Continence Assessment within the ward environment.	Continence Advisory Team	January 2018
		A schedule of training dates will be developed by the Continence Advisory Team	Continence Advisory Team	February 2018
		The impact of training will be monitored through audit.	Community and Primary Care	July 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		This will support the use of evidence based practice in relation to patient care once a continence issue has been identified.	Nurse Manager	
The health board must make suitable arrangements to promote the timely response to patients' requests for assistance whilst on the ward.	5.1 Timely access	<p>A review of current call response times will be undertaken.</p> <p>A review will be taken of current call bell arrangements that are in place for patients</p> <p>Review the existing task allocation between Health Care Support Workers and Hotel Facilities staff.</p> <p>Identify any actions from review of tasks and arrange meeting with Managers in Hotel Facilities to consider alternative working practice.</p>	<p>Community & Primary Care Nurse Manager</p> <p>Community & Primary Care Nurse Manager</p> <p>Ward Sister</p> <p>Community and Primary Care Nurse Manager</p>	<p>January 2018</p> <p>January 2018</p> <p>December 2017</p> <p>January 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must make arrangements to promote awareness amongst patients and their families of how they may:</p> <ul style="list-style-type: none"> • provide feedback about their experiences • make a complaint. <p>The health board must make arrangements to provide relevant patient feedback to ward staff to promote learning and making improvements as appropriate.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>Install a Patient Suggestion box within the ward with 'we care about what you think' cards provided to patients to provide feedback on their experience.</p>	<p>Ward Sister</p>	<p>Completed</p>
		<p>Provide feedback to staff in monthly team meetings.</p>	<p>Ward Sister</p>	<p>November 2017</p>
		<p>Provide key feedback from HIW staff meetings.</p>	<p>Community Nurse Manager</p>	<p>Completed</p>
		<p>Implement staff notice boards to demonstrate numbers of compliments, complaints.</p>	<p>Ward Sisters</p>	<p>Completed</p>
		<p>Develop notice boards within the ward environment to promote how patients and relatives can provide feedback.</p>	<p>Ward Sisters</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>The health board must make arrangements to:</p> <ul style="list-style-type: none"> • address the clutter on the ward to promote a safe environment for patients, staff and visitors • ensure that cleaning materials are safely and securely stored • replace or repair (as appropriate) the window blinds to promote patients' comfort and privacy. 	<p>2.1 Managing risk and promoting health and safety</p>	<p>Develop an environmental audit rota to address stock rooms, stock control and equipment storage.</p> <p>Implement standards for room cleanliness in patient rooms, toilets, store rooms etc. This will ensure daily compliance.</p> <p>Ensure that Hotel Facilities cleaning stores are securely locked to ensure safe storage of cleaning materials.</p> <p>Request inventory of the window blinds are undertaken by Hotel Facilities to determine replacements and / or repairs required.</p>	<p>Community & Primary Care Nurse Manager</p> <p>Community & Primary Care Nurse Manager</p> <p>Hotel Facilities Manager</p> <p>Hotel Facilities Manager</p>	<p>January 2018</p> <p>Completed</p> <p>Completed</p> <p>December 2017</p>
<p>The health board must make arrangements to ensure that written care plans for preventing pressure and tissue damage are sufficiently</p>	<p>2.2 Preventing pressure and</p>	<p>Reinforce to staff the importance of individualised patient care plans and relevance of individual care delivery in</p>	<p>Community & Primary Care</p>	<p>November 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
detailed.	tissue damage	<p>the prescribing of nursing care.</p> <p>The documentation audit will be enhanced to include individualised care planning for wound assessment and review.</p>	<p>Nurse Manager</p> <p>Community and Primary Care Nurse Manager</p>	Completed
The health board must make arrangements to promote effective infection prevention and control within the ward. Consideration must be given to relevant national initiatives in this regard.	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Labelling of cleaned equipment to be implemented on the ward.</p> <p>Declutter the sluice room and develop designated clean / dirty areas.</p> <p>The macerator has now been replaced within the ward.</p> <p>Issues in relation to shared toiletries have been addressed.</p> <p>Ensure all staff are aware of Health Board initiatives.</p>	Community & Primary Care Nurse Manager	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must make arrangements to ensure that oxygen therapy is prescribed on drug charts and that thromboembolism risk assessments are completed as appropriate.</p> <p>The health board must implement a suitable system for routinely checking that medication is being stored at the temperature recommended by the manufacturer.</p> <p>Consideration must be given to following Patient Safety Notices:</p> <p>PSN 015 / July 2015 The storage of medicines: Refrigerators</p> <p>PSN 030 / April 2016 The safe storage of medicines: Cupboards</p>	2.6 Medicines Management	<p>Provide training on VTE assessments for nursing staff and medical staff.</p> <p>Incorporate audit of temperature checks into ward environmental spot checks.</p> <p>Patient safety notices have been reviewed and being monitored through Medicines Management Committee and Health Board Quality, Safety, Experience and Assurance Committee.</p>	<p>Community & Primary Care Nurse Manager</p> <p>Ward Sisters</p> <p>Director of Nursing, Quality & Patient Experience</p>	<p>January 2018</p> <p>Completed</p> <p>Completed</p>
<p>The health board must make arrangements to make staff aware of the Health and Care Standards (2015) and best practice initiatives relevant to the care provided on the ward.</p>	3.1 Safe and Clinically Effective care	<p>Ensure that all staff are aware of Health and Care Standards and that this terminology has replaced the previous term of 'Fundamentals of Care'</p> <p>The results of the Health and Care Standards and any new local or national</p>	<p>Community & Primary Care Nurse Manager</p> <p>Ward Sisters</p>	<p>November 2017</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		initiatives, etc, will be displayed on the staff room bulletin boards.		
<p>The health board must make arrangements:</p> <ul style="list-style-type: none"> to review the system of maintaining records on the ward so that information in relation to patient care is consistent and can be accessed by staff easily and efficiently for patients' records to be maintained in accordance with professional standards for record keeping. 	3.5 Record keeping	<p>A trial of integrated patient records is to be undertaken through weekly MDT meetings.</p> <p>This will be reviewed with the multidisciplinary team and recommendations implemented.</p> <p>A review of where nursing documentation and patient care records are maintained will be undertaken.</p>	<p>Community & Primary Care Nurse Manager</p> <p>Community & Primary Care Nurse Manager</p> <p>Community and Primary Care Nurse Manager</p>	<p>Completed</p> <p>January 2018</p> <p>April 2018</p>
Quality of management and leadership				
<p>The health board must make arrangements to review its approach to aspects of audit activity on the ward to promote patient safety and service improvement.</p> <p>The health board must make arrangements to review senior management oversight and</p>	Governance leadership and accountability	<p>The Senior management team have addressed these issues.</p> <p>Senior management support has been implemented to support the ward manager and nursing team.</p>	General Manager Community & Primary Care /Community & Primary Care Nurse Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>support to the ward team to ensure that quality and safety issues are identified and addressed in an effective and timely manner.</p>		<p>An additional Band 6 junior sister has been recruited to the establishment of the ward.</p> <p>Audit activity has been clarified within the ward with Sisters taking lead areas of responsibility.</p> <p>Audit results will be displayed on staff boards to involve and engage the workforce on performance, standards and feedback.</p>	<p>Community and Primary Care Nurse Manager</p> <p>Ward sisters</p> <p>Ward sisters</p>	<p>Completed</p> <p>Completed</p> <p>January 2018</p>
<p>The health board must make suitable arrangements to ensure that staffing levels and skill mix is appropriate to promote high quality and timely care to patients.</p> <p>The health board must make suitable arrangements to support staff to attend mandatory training (as identified by the health board).</p>	<p>7.1 Workforce</p>	<p>A full review of nurse staff establishment has been undertaken.</p> <p>The Health Board have supported the additional nursing hours required to support safe staffing levels and skill mix is appropriate in support of patient care.</p>	<p>General Manager Community & Primary Care/ Community & Primary Care Nurse Manager</p>	<p>December 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Additional hours of Qualified and HCSW have been approved by the Health Board. Recruitment to these additional hours is underway.</p> <p>Mandatory training sessions have been booked with staff development to support staff in achieving compliance. This is being closely monitored by the Ward Manager.</p>		January 2018

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): Mandy Rayani

Job role: Director of Nursing, Quality and Patient Experience

Date: 03.11.17