Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection (Unannounced)

Ysbyty Bryn Beryl, Betsi Cadwaladr University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: **0300 062 8163**

Email: **hiw@gov.wales**

Fax: **0300 062 8387**
Website: **www.hiw.org.uk**

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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 Dwyfor Ward, Ysbyty Bryn Beryl within Betsi Cadwaladr University Health Board on the 17th of April 2018.

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

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Person centred care and good staff engagement with patients during care giving
- Risk assessment, auditing and reporting
- Cleanliness of the ward environment and infection control
- Quality of food

This is what we recommend the service could improve:

- Ward layout and environment
- Provision of activities
- Access to lounge and television
- Admission documentation
- Use of dementia care pathway
- Medication disposal
- Do Not Attempt Resuscitation process
- Some aspects of staff training

3. What we found

Background of the service

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

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

Bryn Beryl is situated at a distance of approximately 2.5 miles on the Caernarfon side of Pwllheli, on the main A499 road. The building consists of three main sections which are:

- The original house upon which the basic cottage hospital was founded in 1924 and was required under the terms of a will to be used as a hospital
- Two ward blocks connected to the main house by corridors built by the Royal Navy during the war
- A prefabricated ward block built by the Welsh Office as a Geriatric Unit in 1974

Facilities provided at Ysbyty Bryn Beryl include:

- Inpatient care under the supervision of general practitioners, specialist doctors and nurses with flexible use of inpatient beds - thirteen beds on Llyn ward and eleven beds on Dwyfor ward
- X-Ray facilities (Wednesday and Thursday)
- Outpatient clinics as outreach from acute hospitals for the convenience of patients
- Minor injuries Unit. Open 10.00 am to 10.00 pm, Monday-Friday (October to March); 7 days a week (April to September)

- Community District Nursing Services, Social Services
- Out of hours service by General Practitioners
- Older People with Memory Problems Service
- Dental service
- Midwife service
- Speech and Language Therapy, Physio Therapy, Occupational Therapy, Podiatry
- Teledermatology, Urodynamics, IV therapy, Abdominal Aortic Aneurism screening, 24 hour blood pressure / ECG monitoring

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.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We found that patients were able to move freely around the ward area. We saw staff attending to patients in a calm and reassuring manner. The ward environment was clean and tidy.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the standard of care provided to patients at the hospital. A total of 11 questionnaires were completed, with 3 questionnaires completed by a relative on behalf of the patient. We also spoke to patients during the inspection.

The majority of the patients who completed a questionnaire had been at the hospital for more than two weeks. Patient comments about the services provided at the hospital included the following:

> *"Insufficient physiotherapy"*
>
> *"No TV or radio, no lounge, could do with activities"*
>
> *"Excellent, never any need to complain. No TV on ward - one TV room"*

Patients rated the care and treatment provided during their stay in hospital as nine out of ten, and the majority of patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed.

Staying healthy

We found that patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, due to memory problems, we found that relatives were being consulted and encouraged to make decisions around care provision in accordance with the Health and Care Standards.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities. However, we saw little evidence of arranged activities taking place on the ward and suggested that more could be done to stimulate patients. There was no designated patient lounge on the ward. Patients wishing to view the television or spend some time away from the ward environment were asked to make use of one of the lounges located on Llyn ward or Hafan day care unit, or within the seating area in the out patients' department adjacent to the ward. Access to these areas were restricted to after 5.00pm and during the weekends.

The Butterfly[1] scheme was in operation on the ward, whereby butterfly symbols were used to identify patients with a diagnosis of dementia or cognitive impairment who required additional support or a different approach to the provision of care. However, we found its application to be inconsistent.

We found that more could be done to make the ward environment more dementia friendly and to encourage independence e.g. pictorial signage.

[1] The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

Improvement needed

The health board should give consideration to the provision of a lounge and access to a television during the planned refurbishment of the ward.

The health board should take steps to enhance the provision of activities on the ward in order to keep patients stimulated.

The health board should ensure consistent application of the Butterfly scheme on the ward.

The health board should make the ward environment more Dementia friendly.

Dignified care

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

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients appeared well cared for with staff paying specific attention to people's appearance and clothing. Patient hygiene daily logs were being used to assist with this. We saw that patients were supported to change out of their nightwear during the day in order to maintain dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

The environment on the ward was clean and tidy, adding to the sense of patients' well being.

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

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. Almost all patients agreed that staff were always polite and listened, both to them and to their friends and family. The majority of patients who completed a questionnaire told us that staff called them by their preferred name.

Patient information

Bilingual health promotion information for patients and their families/carers was displayed and available on the ward. However, we recommended that more condition specific information leaflets could be provided.

An information booklet was available detailing the profile of the hospital and listing the service available.

A Patient Status at a Glance board (PSAG)[2] was located near the nurses' station. The board was designed so that patients' names could be covered when not in use to ensure patient confidentiality.

The health board promotes open visiting times within all hospitals. However, some of the signage on the ward displayed conflicting information in relation to visiting times. Signs displaying incorrect information should be removed so as not to confuse patients and visitors.

Improvement needed

The health board should consider providing more condition specific information leaflets for patients on the ward.

Signs displaying incorrect information about visiting times should be removed so as not to confuse patients and visitors.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

[2] The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

The majority of the staff working on the ward were bilingual (Welsh and English). This allowed Welsh and English speaking patients to discuss their care and support needs in the language of their choice.

Translation services could be accessed should patients wish to communicate in other languages other than English or Welsh.

All but two patients told us in the questionnaires that staff had talked to them about their medical conditions, and helped them to understand them. The two patients commented:

> *"No names on wall board. Preferred name not used. Son has to find out about medical issue"*

> *"Staff won't ring my husband - no phone. Visitors any time. Only seen Doctor once in a month"*

The lack of a payphone on the ward was discussed with the ward managers during the post inspection feedback meeting and we were advised that the ward's cordless telephone could be taken to patients if they so requested. In addition, they agreed to look into the possibility of providing a payphone on the ward.

Improvement needed

Consideration should be given to providing a pay phone on the ward.

Timely care

We found that there were generally good assessment and care planning processes in place.

The ward team worked well with other members of the multi-disciplinary healthcare team to provide patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician and speech and language therapist.

We found that there were adequate discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospital. We looked at a sample of patient records and found the transfer of care documentation to be comprehensive.

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wished to be cared for with the use of What Matters to Me[3] assessment documentation.

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients also told us that staff assisted and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk and assisting them to eat and drink independently.

Patients told us that they were also given a choice by staff about which method they could use if they needed the toilet, and when necessary staff helped with their toilet needs in a sensitive way so they didn't feel embarrassed or ashamed.

Patients confirmed in the questionnaires that they had access to a call bell, but not all patients agreed that staff would come to them when they used the call bell. It is recommended that the ward manager monitors response times to call bells to ensure that patients are attended to in a timely fashion.

Improvement needed

Response times to call bells should be monitored on a regular basis to ensure that patients are attended to in a timely fashion.

People's rights

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

[3] A structured conversation between professionals and service users to determine what they value most and how they wish to be cared for.

We found staff protecting the privacy and dignity of patients when delivering care. For example curtains were used around individual bed areas and doors to single rooms were closed when care was being delivered.

We found that Mental Capacity assessment and Deprivation of Liberty Safeguards (DoLS)[4] assessments had not been conducted on a patient who had a diagnosis of dementia.

We found that a Do Not Attempt Resuscitation (DNAR) form had been completed by a GP. However, there was no documented evidence to show that the patient or their appointed family representative had been consulted in relation to the decision.

Improvement needed

The health board must ensure that Mental Capacity assessment and Deprivation of Liberty Safeguards (DoLS) assessments are conducted where required and in particular when patients have a diagnosis of dementia.

The health board must ensure that that the patient or their appointed family representative are consulted in relation to Do Not Attempt Resuscitation (DNAR) decisions and that such involvement is recorded.

Listening and learning from feedback

Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face to face discussions with staff.

There were good systems in place for managing complaints and we were told by staff that the number of complaints received about the service were few and far between.

There was a formal complaints procedure in place which was compliant with Putting Things Right[5]. However, we found that there was no information

[4] DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

available about how to make a complaint. We brought this to the attention of the nurse in charge who made arrangements for Putting Things Right leaflets to be printed and placed within the information rack on the ward. We recommended that a Putting Things Right Poster be displayed in a prominent area within the ward to better highlight how people can raise concerns.

Improvement needed

Putting Things Right Poster should be displayed in a prominent area within the ward to better highlight how people can raise a concern or make a complaint.

[5] Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed “Concerns”. This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

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 found that the staff team were committed to providing patients with safe and effective care.

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

The ward was clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place. However, we found that some elements of medication management required addressing.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Safe care

Managing risk and promoting health and safety

We found the ward to be adequately maintained and systems were in place to report environmental hazards that required attention and repair. We found some cracks on the floors within the ward environment that had been covered with hazard tape. We were told by the staff that these cracks had been reported to the estates department some time ago. However, no action had been taken to repair the floor.

Dwyfor ward, being located within the original part of the main hospital building, was in need of extensive refurbishment and we were informed that plans were being drawn up to reconfigure the ward environment. However, we were not given a specific time scale for the commencement of the work. The ward environment as it is configured is restrictive, with very little space afforded between beds within the bays. There is also a lack of storage for hoists and visitor chairs which were stored in the main ward corridor. This presents a trip

hazard. It is hoped that these issues will be addressed in the refurbishment plans.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients and staff. However, on examination of fire safety records, we found that fire alarm tests were not being conducted on a regular basis.

Improvement needed

The health board must take steps to ensure that the damaged flooring on the ward is repaired without further delay in order to reduce the risk of falls and to minimise the risk of cross infection.

Appropriate storage should be found for the hoists and visitor chairs.

The health board must provide HIW with an action plan, with proposed timeframe, detailing the planned refurbishment of the ward.

Fire alarm tests must be conducted on a regular basis and such activity recorded in the fire safety log book.

Preventing pressure and tissue damage

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

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

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

Falls prevention

From examination of a sample of individual care files, we found that assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response.

Infection prevention and control

There was a comprehensive infection control policy in place and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. A member of staff had been delegated the role of infection control lead for the ward and was responsible for undertaking audits and ensuring adherence to policies and procedures. Infection control audit outcomes were displayed on a notice board within the ward.

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

No touch taps had recently been fitted on the ward and disposable mops were in use.

All the patients who completed a questionnaire felt that the ward was clean and tidy. Patient comments included:

> *"This ward is very tidy, sometimes there is few things on the floor and the cleaner is very happy to pick them up"*

> *"Clean and tidy all the time"*

Nutrition and hydration

We saw that patients' eating and drinking needs had been assessed. We also saw staff assisting patients to eat and drink in a dignified and unhurried manner.

Patients had access to fluids with water jugs available by the bedside and there was a cold water dispenser located on the ward. We were told that, on occasions, the water jugs were removed from the bedside at night. We brought this to the attention of the ward manager who agreed to remind staff to ensure that patients have access to fluids at night.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake. In addition, we observed care staff, on clearing a patient's lunch plate, showing the registered nurse the amount of lunch the patient had eaten.

The ward promoted protected meal times. This ensured that patients were not unduly disturbed during meal times so as to ensure adequate nutritional and fluid intake. However, where deemed appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals. Relatives were also encouraged to participate in other aspects of patient care.

We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

The meals appeared well presented and appetising. Patients told us that the food was very good.

Most patients who completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible. However, one patient commented:

> *"Water taken away at night to avoid need for toilet; small glass only"*

Improvement needed

Staff must ensure that patients have access to fluids at night.

Medicines management

We observed medication being administered to patients and found the process to be in line with the health board's policy. We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication without becoming anxious or distressed.

A pharmacist visited the wards twice a week to undertake medication audits and to offer guidance and support to staff.

None of the patients in receipt of care at the time of the inspection were self-medicating. Patients should be assessed as to their ability to take responsibility for their own medication. This would encourage independence and would maintain and enhance skills prior to safe discharge from hospital.

We found ten bottles of Calpol, prescribed to a patient no longer accommodated on the ward that required disposal. We also found Sodium Glucose that was past its expiry date.

We found that some disposable/single use items within the cardiac arrest trolley were past their expiry dates. We brought this to the attention of the nurse in charge who took immediate steps to replace the items. We recommended that the content of the cardiac arrest trolley is checked on a regular basis and any items past their expiry date replaced. We also recommended that the contents of the resuscitation trolley be reviewed, and with the agreement of the health board's resuscitation lead, any items not in use removed. The checklist and any associated policies and procedures should then be reviewed and amended to reflect the changes.

Improvement needed

Patients should be routinely assessed as to their ability to take responsibility for their own medication. This would encourage independence and would maintain and enhance skills prior to safe discharge from hospital.

Steps must be taken to ensure that medication no longer in use or past its expiry date is appropriately disposed of.

The health board must ensure that the content of the cardiac arrest trolley is checked on a regular basis and any items past their expiry date replaced. In addition, the health board should ensure that any items contained within the trolley that are no longer used are removed and that any checklist and/or associated policies and procedures are amended to reflect the changes.

Safeguarding children and adults at risk

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues on the ward at the time of the inspection.

Medical devices, equipment and diagnostic systems

The ward had a range of medical equipment available which was maintained appropriately and portable appliance testing was undertaken as required.

Effective care

Safe and clinically effective care

There was evidence of multi disciplinary working between the nursing and medical staff. Consultant clinics were held on the ward every week with General Practitioners visiting as and when required.

We found that Adult Nursing Assessment documentation had not been fully completed on admission to the ward. We also found that the dementia care pathway documentation to be incomplete. However, subsequent individual risk assessments were undertaken following admission and documentation to support these assessments were complete and comprehensive.

On inspection of a sample of care files, we found that pain assessments were being undertaken on the ward. However, we did not find evidence of regular reviews of these assessments on the files inspected. We recommended that the Abbey Pain Scale tool be used to assess patients who are unable to clearly articulate their needs.

We found that care bundles, linked to the National Early Warning Scores (NEWS)[6] system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness or sepsis.

We found that there were generally good care planning systems and processes in place. We found that the care planning took account of patients' views on how they wished to be cared for.

[6] NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

Improvement needed

The health board must take steps to ensure that Adult Nursing Assessment documentation is fully completed in respect of every patient on admission to the ward.

The health board must take steps to ensure that the dementia care pathway documentation is completed as necessary.

The health board must take steps to ensure that a recognised pain assessment tool, such as the Abbey Pain Scale, is used to assess patients who are unable articulate pain and that such assessments are regularly reviewed.

Information governance and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We were told that work was underway on developing an electronic records management system for use across the health board.

Record keeping

We viewed a sample of patient care notes and found them to be generally well maintained. Care files were organised and easy to navigate.

As previously mentioned patients' social history and preferences were identified and recorded within What Matters to Me documents.

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.

Overall, we found good management and leadership at ward level with staff commenting positively on the support that they received form the ward manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the health board focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on the ward. However, no regular, formal, recorded staff meetings were taking place.

Improvement needed

Consideration should be given to conducting regular, formal staff meetings. These meetings should be recorded and minutes shared with those staff who were unable to attend.

Staff and resources

Workforce

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

We viewed copies of the staff rota which showed us that there was a good skill mix of staff on duty each shift. The number of staff on duty could vary from shift to shift and took account of those patients who required one to one assistance or supervision.

We were informed that the health board were actively recruiting nursing staff. However recruitment remains challenging within the national context of nurse shortages, necessitating initiatives reaching overseas to secure registered nurses.

During our inspection, we distributed HIW questionnaires to staff to find out what the working conditions are like, and to understand their views on the quality of care provided to patients on the ward.

In total, we received seven completed questionnaires. Staff completing the questionnaires undertook a range of roles on the wards and had worked at the hospital ranging from a few months to more than 20 years.

All staff indicated in the questionnaires that they had undertaken a wide range of training, or learning and development, in areas such as health and safety and infection control, while at the hospital in the last 12 months. Review of the training records provided supported this. However, we found that 50% of staff required fire safety training and 57% required Mental Capacity training.

Most staff who completed a questionnaire said that the training or learning and development they complete helps them to stay up to date with professional requirements, deliver a better experience for patients and helps them to do their job more effectively.

Only two members of staff who completed a questionnaire told us that they hadn't had an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in such meetings, staff told us in the questionnaires that their manager supported them to achieve these needs.

In the questionnaires, staff were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. Staff who completed a questionnaire generally agreed that on the ward, patient's privacy and dignity is maintained, that patient independence is promoted and that patients and/or their relatives are involved in decisions about their care.

Staff indicated in the questionnaires that they are not always able to meet all the conflicting demands on their time at work, but felt that there is usually enough staff at the organisation to enable them to do their job properly.

Staff members told us that they usually have adequate materials, supplies and equipment to do their work. Staff who completed a questionnaire said that they were able to make suggestions to improve the work of their team or department, and are often involved in deciding on changes introduced that affects their work area, team or department.

The majority of the staff members who completed a questionnaire felt that they were generally satisfied with the quality of care they are able to give to patients.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. Most staff members who answered these questions felt that the organisation was generally supportive, and that front line professionals who deal with patients are empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence.

The majority of staff who completed this set of questions in the questionnaire thought that the health board always has access to the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings, and said that there was a culture of openness and learning with the health board that supports staff to identify and solve problems.

All staff members who completed a questionnaire thought that the organisation encouraged teamwork.

Staff members who completed a questionnaire agreed that care of patients is the organisation's top priority, and that the organisation acts on concerns raised by patients. The majority of the staff members who completed a questionnaire told us that they would recommend the organisation as a place to work, and said that they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

Staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected within their directorate or department. The majority of staff members also said that they received regular updates on the patient experience feedback and almost half felt that patient experience feedback is used to make informed decisions within their directorate or department.

Staff were asked about their immediate manager, and the feedback received was positive. Most staff members agreed that their manager always encourages those that work for them to work as a team and that their manager was always supportive in a personal crisis.

Staff also felt that their managers give clear feedback on their work and asks for their opinion before decisions were made that affect their work, and can always be counted on to help them with a difficult task at work.

The staff members who completed a questionnaire reported that they always know who the senior managers were in the organisation. All but one staff member who completed a questionnaire felt that, on the whole, senior managers were committed to patient care. Staff told us that only sometimes was there effective communication between senior management and staff, and that senior managers do not always involve staff in important decisions nor act on staff feedback.

All staff members who completed a questionnaire said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

Staff were asked in the questionnaires whether they agreed or disagreed that in general, their job was good for their health; half of the staff agreed that it was good for their health.

Staff members, on the whole, did not think that their immediate manager, nor their organisation, take a positive interest in their health and well-being.

A couple of members of staff told us in the questionnaires that they have seen errors, near misses or incidents in the last month that could have hurt staff or patients; such incidents were reported by staff members.

Staff who completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents, and that when they are reported the organisation takes action to ensure that they do not happen again.

Staff who completed a questionnaire agreed that the organisation treated staff that are involved in an error, near miss or incident, fairly.

Staff indicated that they felt the organisation would treat any error, near miss or incident that is reported confidentially.

Most staff told us in the questionnaires that they were informed about errors, near misses and incidents that happen in the organisation, and given feedback about changes made in response to such incidents.

All staff members who completed a questionnaire said that, if they were concerned about unsafe clinical practice, they would know how to report it. Staff members who completed a questionnaire also told us that they would feel secure raising concerns about unsafe clinical practice, but were not confident that their organisation would address their concerns once reported.

Most of the staff who completed a questionnaire felt that their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

The responses given by staff in the questionnaires suggested that a minority of staff members had personally experienced discrimination at work from patients or their families, and also from their manager, team leader or other colleagues.

Improvement needed

The health board should reflect on the staff responses to the HIW questionnaire and formulate an action plan in response to those areas that staff have highlighted as being in need of improvement.

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
We found that there was no Putting Things Right information available on the ward.	This meant that patients and/or their carers/visitors were not informed of how to raise a concern or make a complaint about the care provided.	We brought this to the attention of the nurse in charge.	Arrangements were made for Putting Things Right leaflets to be printed and placed within the information rack on the ward.
We found that some disposable/single use items within the cardiac arrest trolley were past their expiry dates.	This meant that there was an increased risk of harm to patients should the expired items malfunction. There was also an increased risk of infection.	We brought this to the attention of the nurse in charge.	Immediate steps were taken to replace the items.

Appendix B – Immediate improvement plan

Hospital: Ysbyty Bryn Beryl

Ward/department: Dwyfor

Date of inspection: 17 April 2018

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
No immediate assurance issues were identified during 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: Ysbyty Bryn Beryl

Ward/department: Dwyfor

Date of inspection: 17 April 2018

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 should give consideration to the provision of a lounge and access to a television during the planned refurbishment of the ward.	1.1 Health promotion, protection and improvement	Included in Refurbishment Plan.	Matron	November 2018
The health board should take steps to enhance the provision of activities on the ward in order to keep patients stimulated.		Ward Sister to develop ward activity plan. Activities to be encouraged by ward staff. Relatives to be asked to bring in hobbies e.g. knitting, word searches etc. Plan for ward.	Ward Sister	June 2018
The health board should ensure consistent		Ward Sister to monitor application of the Butterfly Scheme on a weekly basis and	Ward Sister	June 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
application of the Butterfly scheme on the ward.		report to Matron.		
The health board should take steps to make the ward environment more Dementia friendly.		Changes required have been noted and will be included in the Hafan Refurbishment scheme.	Matron	November 2018
The health board should consider providing more condition specific information leaflets for patients on the ward.	4.2 Patient Information	Information leaflet display to be created.	Matron	July 2018
Signs displaying incorrect information about visiting times should be removed so as not to confuse patients and visitors.		Open visiting is advertised.	Ward Sister	Complete
Consideration should be given to providing a pay phone on the ward.	3.2 Communicating effectively	Limited need for pay phone. Patients are able to use ward mobile phone.	Ward Sister	Complete
Response times to call bells should be monitored on a regular basis to ensure that patients are attended to in a timely fashion.	5.1 Timely access	Response to call bells is part of the monthly Ward to Board Audits. This is reviewed monthly at the Matrons accountability meeting and an improvement plan is agreed.	Ward Sister	June 2018
The health board must ensure that Mental Capacity assessment and Deprivation of Liberty	6.2 Peoples rights	All staff to complete e-learning on the subject. Capacity and DoLS to be	Matron	September 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Safeguards (DoLS) assessments are conducted where required and in particular when patients have a diagnosis of dementia.		considered for each patient. Matron to monitor mandatory training on a monthly basis.		
The health board must ensure that the patient or their appointed family representative are consulted in relation to Do Not Attempt Resuscitation (DNAR) decisions and that such involvement is recorded.		GP to document discussions with patient when completing DNAR form. Matron to discuss with GP.	Matron	September 2018
Putting Things Right Poster should be displayed in a prominent area within the ward to better highlight how people can raise a concern or make a complaint.	6.3 Listening and Learning from feedback	Posters displayed in clear view of patients and families.	Matron	Completed
Delivery of safe and effective care				
Appropriate storage should be found for the hoists and visitor chairs.	2.1 Managing risk and promoting health and safety	Options for storage being developed in line with overall site plan.	Administrator	August 2018
The health board must provide HIW with an action plan, with proposed timeframe, detailing the planned refurbishment of the ward.		Provided.		Completed
Fire alarm tests must be conducted on a regular		Fire officer has met with Matron in May	Matron	June 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
basis and such activity recorded in the fire safety log book.		2018 with planned fire training for all staff for June 2018 including drill.		
The health board must take steps to ensure that the damaged flooring on the ward is repaired without further delay in order to reduce the risk of falls and to minimise the risk of cross infection.	2.3 Falls Prevention	This is part of the site refurbishment plan. Estates have been contacted to monitor. This is monitored monthly via C4C.	Estates Team	November 2018
Staff must ensure that patients have access to fluids at night.	2.5 Nutrition and Hydration	Water Jugs not to be removed from bedside overnight, ensuring that adequate fluids is to hand for all patients 24hours a day. Water Jugs to be removed and replaced with clean jugs by domestic staff in the morning.	Domestic team	Complete
Patients should be routinely assessed as to their ability to take responsibility for their own medication. This would encourage independence and would maintain and enhance skills prior to safe discharge from hospital.	2.6 Medicines Management	This is being reviewed by all the Community Hospitals Matrons. Policy in place.	Matron	September 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Steps must be taken to ensure that medication no longer in use or past its expiry date is appropriately disposed of.		This is being addressed by WM, all expired medication and medication no longer in use is to be returned to pharmacy as per procedure.	Ward Manager Community Pharmacist	June2018
The health board must ensure that the content of the cardiac arrest trolley is checked on a regular basis and any items past their expiry date replaced. In addition, the health board should ensure that any items contained within the trolley that are no longer used are removed and that any checklist and/or associated policies and procedures are amended to reflect the changes.		Matron to monitor weekly. Ward Sister to complete daily – checklist in use is current.	Matron	June 2018
The health board must take steps to ensure that Adult Nursing Assessment documentation is fully completed in respect of every patient on admission to the ward.	3.1 Safe and Clinically Effective care	Nursing Assessment to be completed fully by admitting nurse during the first 4 hours of patient arriving on ward. Ward Sister to monitor weekly.	Ward Manager	June 2018
The health board must take steps to ensure that the dementia care pathway documentation is completed as necessary.		All patients with a diagnosis of dementia will have a dementia care pathway completed on admission. Matron to	Ward Manager	June 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		monitor monthly.		
The health board must take steps to ensure that a recognised pain assessment tool, such as the Abbey Pain Scale, is used to assess patients who are unable articulate pain and that such assessments are regularly reviewed.		All patients to have a pain assessment tool in place. Pain to be assessed at minimum every drug round, score and action to be documented. Matron to monitor monthly.	Ward Manager	June 2018
Quality of management and leadership				
Consideration should be given to conducting regular, formal staff meetings. These meetings should be recorded and minutes shared with those staff who were unable to attend.	Governance, Leadership and Accountability	Monthly meetings to be held, dates to be set up and displayed for all members of staff to be informed in a timely manner.	Administrator	June 2018
The health board should reflect on the staff responses to the HIW questionnaire and formulate an action plan in response to those areas that staff have highlighted as being in need of improvement.	7.1 Workforce	Matron to deliver staff engagement plan with Workforce Team.	Matron	July 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): **Matron Rhona Jones**

Job role: **Locality Matron Ysbyty Bryn Beryl**

Date: **23/05/2018**