

Hospital Inspection (Unannounced)

Cysgod Y Cwm Ward, Amman
Valley Hospital, Hywel Dda
University Health Board,

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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 Cysgod Y Cwm Ward, Amman Valley Hospital, Hywel Dda University Health Board on the 18th and 19 April 2018.

Our team, for the inspection comprised of a HIW review manager, two clinical peer reviewers and a 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 patients receiving care and treatment were very positive in relation to the service provided on the ward. The ward environment was hygienically clean and provided a safe environment for patients

We did, however, identify that improvement was needed in relation to nutrition / hydration and medication management which necessitated HIW issuing the health board with an immediate improvement plan. The health board provided a detailed response to the improvement plan within the agreed timescale.

Palliative care was provided in a thorough and timely manner.

The staffing team were well established and staff turnover was relatively low which demonstrated that staff were happy and content in their roles.

We identified that the health board needs to undertake an evaluation and strengthen the senior managerial support provided to ward based staff. Our findings, from discussions with staff and feedback received from staff questionnaires, highlighted that staff felt isolated and disconnected from other hospitals located within the health board. Improving the managerial support and leadership would improve staff morale and promote inclusiveness for the staff based on the ward.

This is what we found the service did well:

- Patients were very positive of the care and treatment delivered on the ward
- Discreet and dignified care giving
- The ward environment was clean neat and tidy

- Palliative care and treatment was delivered to a high standard
- Ward manager supporting and enabling of staff.

This is what we recommend the service could improve:

- Dialogue between health care professionals and patients / family members
- Patients records / documentation
- Staffing levels
- Staff training and annual appraisals
- Medication management
- Senior managerial support for ward based staff
- Displaying of concerns and complaints information in prominent locations on the ward.

3. What we found

Background of the service

Hywel Dda University Health Board provides healthcare services to a total population of around 384,000 throughout Carmarthenshire, Ceredigion and Pembrokeshire. It provides acute, primary, Community, Mental Health and Learning Disabilities services. The health board operates four general and eight community hospitals. In addition there are a number of health centres, GP surgeries dental surgeries, pharmacists and optometrists located across the three counties.

Amman Valley Community Hospital is situated in the rural area of Glanamman on the outskirts of Ammanford town. There is one in-patient ward, Cysgod y Cwm ward and a busy outpatients department.

The hospital provides a range of outpatient services which includes the following:

- Visual fields and ophthalmic clinics
- Maternity services
- Physiotherapy and occupational therapy
- Podiatry.

Cysgod Y Cwm is a 28 bedded ward, predominantly providing recuperation, palliative care and treatment for patients within the local community. All beds are consultant/general practice led. Four local GP practices are able to admit directly to the ward if appropriate. In addition, 2 of the 28 beds are designated palliative care beds. On the first day of our inspection there were four unoccupied beds and on our second day there were six.

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.

Overall, feedback received from patients was very positive. People were very appreciative of receiving health care near to their homes. Receiving care locally enabled close family members and friends to visit and this was vital for their recuperation and wellbeing.

Throughout the entire inspection we observed polite, courteous and dignified interactions taking place between staff and patients.

The ward environment was conducive to providing the designated care, support and treatment required. Having physiotherapy and occupational therapy services located on the ward was also of significant benefit to the patients.

During our discussions with patients it was reiterated several times that they were unsure of their plan of care and what treatments were planned. Improved communications between healthcare professionals and patients is necessary in order to keep patients informed of their planned care and future treatments. In addition, numerous improvements were identified during our inspection, and these can be found in their designated sections within this report.

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 nine questionnaires were completed, with one questionnaire completed by a carer on behalf of the patient. We also spoke to patients during the inspection.

More than a half 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:

"The rooms could be a bit bigger"

"No comments, I have been treated very well"

Patients rated the care and treatment provided during their stay in hospital as eight 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

During our visit we observed mealtimes and staff helping patients in a calm, courteous and dignified manner. Additionally, we observed staff encouraging and supporting patients to be independent and see to their own nutritional requirements.

There was a range of relevant information leaflets available for patients, families and other visitors in the entrance to the ward and in the ward itself. In addition, there were details of allied organisations and independent advocacy services that were available to support patients and relatives.

Dignified care

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. All patients who completed a questionnaire told us that staff called them by their preferred name.

We saw excellent interactions taking place between staff and patients, with staff attending to patients' needs in a dignified professional manner. Staff took time to care for patients in a calm and informed manner explaining what they were going to do and the assistance the patients could provide to assist with the task.

We identified that the 'butterfly'¹ system was being utilised minimally on the ward. We were unable to identify why this system was not utilised in a comprehensive manner, however, it was noted that a member of the medical team had highlighted that it potentially enabled members of the general public to identify patients with a cognitive impairment. Staff shift hand over sheets provided minimal and haphazard information regarding the cognitive capabilities of patients. The 'Patient Status At a Glance Board'² had the capability of identifying patients with impaired cognition, in the secure environment of the ward office, but during our time on the ward, this was not being utilised in an effective manner.

We reviewed the staffing skill mix and identified health care support workers of the same sex providing personal care to patients of the opposite sex. However, allocation on the ward could be better managed to ensure that patients could choose to receive care from male or female staff. This issue was discussed with the ward Sister and it was agreed that staff allocation would be reviewed accordingly.

Privacy and dignity was not being fully promoted in one of the female toilets as there was no curtain or screen in place around the sink. This posed a potential for patients' dignity to be compromised as when the room door was opened the cubicle was in plain sight. In addition we saw that dirty linen was being stored in one of the toilet cubicles. These issues were raised with the ward manager and by the time we left the ward, both cubicles had dignity curtains in situ and the dirty laundry had been relocated.

Improvement needed

The health board must undertake a review of the process of identifying patients with a cognitive impairment in a robust and consistent manner.

¹ The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

² Patient status at a glance boards provide staff with patient information, such as care needs, treatment requirements and additional referrals to name but a few.

The health board is required to evaluate the staffing allocation on Cysgod y Cwm ward.

Patient information

There were posters on the entrance to the ward identifying visiting times and telephone numbers. Bilingual health promotion / education information for patients and their families/carers was available on the ward. There were several information boards located on the ward. This provided information on a range of health education, promotion and initiatives. The 'Pyjamas board' demonstrated noteworthy innovation. This encouraged patients 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. This board promoted patients preferences and their wishes to wear daytime clothes. However, we identified that the print was small and would be difficult for people with visual impairment to read.

We spoke to numerous patients during our visit and a common theme was the lack of information given to patients in relation to their proposed treatments and plan of care. Patients also confirmed this in feedback received in questionnaires identifying staff had not always talked to them about their medical conditions, nor helped them to understand them. One patient commented:

“Could do with talking to the doctor”

Patients were unsure of the next steps in their treatment. We raised this issue with the ward manager and it was agreed that this area of practice required improvement. Providing patients with timely information in relation to their future care/treatment and discharge could allay anxieties and enable expectations to be managed.

During our review of information leaflets available on the ward, we identified that there were leaflets pertaining to some independent nursing and residential homes. We questioned whether this was a universal health board wide policy and that they were endorsing certain independent health and social care establishments. A definitive conclusion was not reached, and as a consequence we request that the health board review this area of practice.

Improvement needed

The health board must ensure that printed health promotion / education is provided in a format appropriate for people with a visual impairment.

The health board must ensure that all patients and, where appropriate, their families are kept up to date on their future care and treatment requirements and that this is undertaken in a timely manner.

The health board must undertake a review of information leaflets available on wards and ensure that they have been ratified appropriately.

Communicating effectively

During our visit, we observed staff communicating with patients in a calm and dignified manner. The majority of staff were Welsh speaking and this was of great benefit to patients, due to the fact that the locality has a very high proportion of Welsh speakers.

The ward did not have a hearing aid loop system available. This system enables people with hearing problems to converse with other individuals in an effective and dignified manner.

Improvement needed

The health board is required to make available a hearing aid loop system on the ward for people with hearing difficulties.

Timely care

We were informed that the ward teams worked well with other members of the multi-disciplinary healthcare team who were present on-site, such as physiotherapists and occupational therapists. However, we were also informed that input from allied health professionals such as dieticians was varied. This was due to the fact that they were not on-site. We were informed that it was difficult to get them to review patients on the ward.

We identified that there was insufficient discharge planning systems in operation on the ward. Information was limited within patients' records as to the planned discharge and this was reiterated by patients. We recommend that the health board evaluates this area of practice and ensures collaboration between health care professionals and patients / families is implemented in a robust and

systematic manner to ensure openness and transparency and allow patients and their families to plan their next steps following discharge from hospital.

We identified that physiotherapy and occupational therapy assessments and input were conducted in a timely manner during the patients stay on the ward.

We were informed that there were six patients ready for discharge but, due to issues external to their control, their discharge was delayed. The main cause of delayed discharge was mainly due to a lack of suitable social care provisions.

Improvement needed

The health board must review the availability of allied health professionals' to review patients in a timely manner.

The health board must evaluate the discharge planning processes in operation to ensure it is undertaken in a timely manner and that patients are kept fully informed and involved.

Individual care

Planning care to promote independence

During our visit we observed patients being cared for by kind and compassionate staff. Staff were observed assisting patients with their daily routines where appropriate. The ward provided ongoing medical, rehabilitation and palliative care. In addition to nursing and medical staff, members of the multidisciplinary team, such as physiotherapists and occupational therapists were involved in patients' care. The ward had a designated, appropriately equipped therapy room that was used to carry out physiotherapy and occupational therapy assessments with a view to providing patients with independent living aids.

During our evaluation of a sample of six patients' records we identified that risk assessments and care plans were usually generic and not individualised. This relates to nutrition / hydration, falls and pressure ulcers. Additional information can be found in the associated sections located within this report.

Improvement needed

The health board must ensure that all risk assessments are individualised and not generic.

People's rights

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

We found staff protecting the privacy and dignity of patients when delivering care. For example curtains were used around bed areas when care was being delivered. During our inspection, we saw family and friends of patients attending the ward.

Listening and learning from feedback

Throughout the inspection, the ethos of the ward manager was to address any concerns / complaints in a timely and responsive manner. We were informed of instances where concerns had been address in a comprehensive manner without the need for any further escalation. Unfortunately, there were no posters or information on the ward displaying the process for handling complaints via the all Wales policy and procedure Putting Things Right³.

We did identify that patients' feedback / comments were actively listened upon and a board on the entrance to the ward identified issues which had been raised and how they had been addressed in a constructive and meaningful manner.

Improvement needed

The health board must ensure that 'Putting Things Rights' information is available in prominent locations on the ward.

³ 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.

Overall, we observed a dedicated staff team providing care and treatment in a dignified and courteous manner. All areas of the ward were cleaned to a high standard, with hotel services staff working diligently to provide the best possible service provision for patients.

We identified several areas requiring the health board to evaluate and improve. For example, the system of record keeping on the ward needed review to ensure that information was consistent and easy to access.

As previously noted, we identified that immediate improvements were needed around aspects of patient nutrition / hydration and medicines management. The health board provided a detailed immediate improvement plan within the timescale agreed.

Safe care

NOTE: IMMEDIATE ASSURANCE ISSUES

Our concerns regarding the management of nutrition and hydration were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Our concerns regarding the management of medicines were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

Patients were able to move freely around the ward, either to the day room, conservatory, bathrooms and toilets. However, we identified that objects were

placed on the hand rails such as gloves and air fresheners. This could cause patients to have an accident and the health board is to ensure that hand rails are clear of obstruction.

We identified that oxygen cylinders were stored in a cupboard and one of these cylinders was not secured appropriately. This was rectified by the ward manager immediately.

We observed that equipment, furnishings and fixtures on the ward were of a good standard. The ward was maintained to a good standard and systems were in place to report environmental hazards that required attention and repair.

Improvement needed

The health board must ensure that all hand rails are clear of hazards and are able to be used by patients in a safe manner.

Preventing pressure and tissue damage

Safety crosses⁴ were clearly displayed within the ward office for staff to see. These included a safety cross providing information on the number of patients who had developed a pressure sore whilst on the ward. This allowed the ward team to see, via a simple system, the incidence of pressure sores. This demonstrated a positive approach was being taken by the ward team in relation to pressure sore prevention and care. However, we recommend, for transparency purposes, that these crosses be located in a public area for patients and their relatives to view.

Appropriate mattresses were being used for patients with a risk of developing or had a current pressure related issue. However, we were advised that occasionally delays were experienced in attaining the appropriate mattresses as these had to be requested from a central store. We recommend that the health board evaluate this area of equipment management to ensure the timely

⁴ The Safety Cross has been adapted from industry to make highly visible the incidence of avoidable adverse events. In doing so it ensures that the whole team is aware of avoidable events and thus instils a sense of purpose in working to avoid future events.

availability of equipment to promote effective management of patients pressure area / tissue care.

Staff referred patients with pressure ulcers to the tissue viability nurses in a timely manner. A sample of six risk assessments and care plans relating to skin integrity were reviewed, and, overall, it was noted that these documents were generic, not individualised and not completed to a satisfactory standard or in a timely manner. For example, a patient with a pre existing pressure sore did not have a fully completed care plan. The care plan did not identify which dressings were to be used, and in addition, we identified that a change of dressing had been undertaken, but this was not documented within the patient's records. Additionally, one of the six patients had not received an assessment at all and another had not received an assessment until four days after been admitted to the ward.

Improvement needed

The health board must provide HIW with an action plan detailing how it intends to improve the management of pressure area care on the ward.

Falls prevention

All of the sampled patients' records had received an initial falls risk assessment in a timely manner. However, these assessments were generic in style and not individualised. We discussed with staff the process to follow in the event of a suspected head / spinal injury following a fall. The National Institute for Health Care Excellence (NICE)⁵ - QS86 Falls in Older People⁶ Statements 4 & 6 highlight that the patient should be reviewed by a medical / appropriately trained health care professional, prior attempting to move the patient and that this should be undertaken in a timely manner. However, staff working on the

⁵ The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

⁶ <https://www.nice.org.uk/guidance/qs86>

ward had not been trained to carry out post fall assessment prior to moving the patient.

The health board has a generic falls policy in operation which is valid for district general hospitals, where there is 24 hours access to suitably qualified and trained health care professionals. However on Cysgod y Cwm Ward, this service was not available, due to the fact that there was no 24 hours medical presence on the ward. We were informed by staff that, if they had a concern after a patient had fallen, they would contact one of the GP's for advice. In the majority of cases, this would be a telephone discussion, if out of hours, and not a physical face to face assessment of the patient undertaken by a medical practitioner.

As mentioned previously, safety crosses were displayed. These included a safety cross for falls, which showed the number of falls that had happened. Again this demonstrated a positive approach to falls management.

We were advised that staff reported patients' falls via the Datix⁷ system. As previously identified, members of the physiotherapy team were located on site and provided advice and support for both patients and staff on falls prevention.

Improvement needed

The health board must review the current practices / policies and processes in operation in order to ensure appropriate local and national guidelines are implemented and that patients' who fall in community hospitals receive safe and effective falls management.

Infection prevention and control

We identified that the ward was hygienically clean and the hotel services staff should be commended for their attention to detail and dedication. All patients who completed a questionnaire felt that the ward was clean and tidy.

⁷ Datix - The Datix system is used to report and manage all incidents and near misses.

Equipment was decontaminated in a good manner and labelled accordingly. However, we identified that one commode in use was rusted and potentially could be a source of cross infection.

Throughout the ward, we observed there was sufficient hand washing facilities available. There were ample hand sanitizers and personal protective equipment available for staff. In addition, hand sanitizers and posters were located on the entrance to the ward, which encouraged visitors to decontaminate their hands on entry and on leaving the ward.

We observed staff using appropriate personal and protective equipment (PPE) precautions. We reviewed the hotel services rotas and task lists. We identified that two members of hotel services staff were undertaking these roles on a daily basis. During the evaluation of their allocated daily tasks, we identified that one of the members of staff had to clean patients' toilets prior to serving patients with their lunch time meal. According to a member of the hotel services management team, this was standard practice across the health board. It was identified that by amending the tasks allocated to the hotel services staff that this practice could be avoidable.

Improvement needed

The health board must ensure that all commodes in use are maintained / fit for purpose and do not pose an infection control risk.

The health board must review the present task allocation of hotel services staff whereby they have to undertake cleaning duties of patients' toilets prior to serving the lunchtime meal.

Nutrition and hydration

During our visit, we saw that meals looked appetising and were served promptly. Those patients who required help were assisted by staff or family members/carers. Fluids were freely available for patients and regularly maintained by staff in order to promote good patient hydration. However, we identified that staff were not monitoring robustly a patient with weight loss. There was no charting of the patients fluid intake or output.

We observed that patients were not encouraged to wash their hands or provided with a bowl or moist hand wipes prior to eating their meals.

Of the six patients' records sampled during our visit, four had received a nutritional risk assessment within twenty four hours of their admission to the ward. As previously identified, these assessments were generic and not

sufficiently individualised. Referrals for additional support and input from dieticians were undertaken, but actual visits from the dietician team were intermittent. Staff felt they were completing these referrals in a timely manner but felt responses from the dietetic team were inconsistent and actual visits to the ward were infrequent.

Improvement needed

The health board must ensure that fluid intake and output documentation is completed on appropriate patients and that these records are maintained appropriately.

The health board must ensure that patients are provided with the opportunity / encouraged to wash their hands prior to eating their meals.

The health board must evaluate the current dietetic support provided to patients in community hospitals.

Medicines management

We evaluated the medication management and practices in operation on the ward. Overall, medication administration was undertaken in a safe and effective manner. Medication trolleys were not left un-attended and were secured appropriately when not in use. However, we identified some issues which required improvement. In particular a fridge used to store medication was not fit for purpose. Firstly, it could not be locked and secondly, it was not maintaining medication within the designated safe temperature range. Both of these necessitated HIW issuing immediate improvement notices which can be found in Appendix B. The ward office was used to store medication in lockable cupboards which were fit for purpose. However, we identified that there was no monitoring of the room temperature. We informed the ward manager that certain medicines require storing below 25C as if the temperature rises above that designated temperature their efficacy can be impacted.

Medication administration records (MAR) for a sample of patients were viewed and anomalies were identified. It was identified that there were gaps in the MAR charts with no reason or utilisation of the key code as to why the medicine was not administered.

The controlled drugs book was reviewed and we identified issues which required improvement. Particularly, we identified that patients bringing in their own medication was listed in the control book was not completed on a single page. There were several patients' names on one page with the medication

they had brought in to the hospital. This posed confusion and anomalies were identified which require improvement.

Improvement needed

The health board must ensure that the rooms used to store medicines are temperature monitored regularly.

The health board must ensure that all MAR charts are completed in a robust and comprehensive manner providing clear information if a medicine has not been administered and the rationale for its non administration.

The process for recording of patients own medication requires improvement and evaluation.

Safeguarding children and adults at risk

There were established processes in place to ensure that the hospital focused on safeguarding vulnerable adults. Staff were aware of processes to follow if they had any safeguarding concerns.

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 accordingly.

Effective care

Safe and clinically effective care

We observed staff providing safe and effective care to patients. However, the actual care and treatment provided to patients was not documented accordingly within the patients' records. Overall, care planning was generic and not bespoke to each individual patient. We identified that the care planning processes in operation was not being delivered in a comprehensive manner and documents updated accordingly. One area where documents were maintained appropriately was in relation to the management of patients' skin / pressure areas. Records identified that this area of care management was completed in a timely manner and appropriate strategies implemented.

Care planning was not monitored robustly and this necessitated the issuing of an immediate assurance notice to the health board. We identified that in particular patients' nutritional, hydration risk care planning and monitoring was weak and required improvement. In particular, during our case tracking of a

sample of patients' records, we identified three patients that had experienced significant weight loss, care plans were not maintained and actioned and timely in a safe and effective manner. In addition, the monitoring of patients' weights were not performed rigorously and where weight loss was identified they were not acted upon in a systematic manner.

Other risk assessments, care planning and the monitoring of care was also not being documented in a robust manner. For example a patient with constipation was prescribed medication, but from records viewed there was no monitoring of this issue and whether the medication had been effective. Pain assessments and evaluations required improvement. There was extremely limited information available on the assessment and management of pain.

Improvement needed

The health board must provide HIW with an action plan detailing how it intends to improve the completion of nursing records, including risk assessments, care planning and evaluations.

Record keeping

Overall, we found patient records needed improvement and careful evaluation. A sample of six patients records were evaluated by the team. Our findings identified that patients' information was located across three different files. This made the process of reviewing records arduous and cumbersome. If bank or agency staff were brought on to the ward it would be difficult for them to effectively navigate through the records.

Nursing records were of an inconsistent standard. As previously identified, risk assessments, care planning and evaluations needed improvement. Initial admission assessments were not completed fully. Discharge planning and documentation was also identified as not being planned and undertaken in a constructive and methodical manner.

Improvement needed

The health board must review the current management of patients' records on the ward. The health board must evaluate how it organises patients' records, in order to ensure that they are easy to navigate and maintained to a satisfactory standard.

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 ward based management were working hard to ensure good standards of care. There was good allied health team input provided by the on site physiotherapy and occupational therapy teams, which promoted collaborative working practices.

We identified that senior managerial support for the relatively inexperienced ward based management team was insufficient. We identified an atmosphere of isolation and lack of collaboration and support networking with other similar community based staff.

Staff training and annual appraisals were identified as requiring improvement. Mandatory training for all staff was not completed and the health board must address these issues in a timely and robust manner.

Overall, governance measures in operation required improvement. Some auditing was taking place but this was inconsistent and not completed in a comprehensive manner. Where issues were identified during the audit process these were not acted upon in a constructive and robust manner.

Governance, leadership and accountability

Overall, we found a ward manager working hard to ensure that patients received safe care. Staff commented that the ward manager was very amenable and would actively listen to their concerns and, where appropriate, acted upon them in a positive manner. The vast majority of support for staff was provided by the ward manager and deputy.

It was identified that the ward manager was contacted by staff, when not on shift, if there were issues encountered on the ward such as staff absence. Staff were unsure how to escalate issues if the ward manager was not present. The health board must ensure that all staff working on the ward are fully aware of the processes of escalating issues to senior members of staff within the health board, without the necessity to contact ward managers if not present on the ward.

The ward manager was relatively new in post and was having to learn some of the managerial aspect of the post while doing it. We identified that support and guidance for the manager appeared limited. Support networks were limited due to the remote location of the hospital and an atmosphere of isolation was encountered by staff. There were limited opportunities for the ward manager and deputy to integrate with other staff in other community hospitals.

We found that there were systems and processes in place to ensure that the health board focussed on continuously improving its services. This was, in part, achieved through a programme of audits. We revived a sample of audits and identified they were not completed in a robust manner. Where issues were identified, these were not acted upon and remedied accordingly. The health board should ensure that audits are undertaken in a comprehensive manner, ensuring that any actions identified are acted upon in a timely manner. For example, we identified in a nutritional audit, that assessments had not been completed and care planning reviewed / evaluated. These issues had been identified but nothing had been done to address the issues identified.

The ward did not have a recognised induction programme / process for new members of staff. At present it was done in an informal unstructured manner. This was highlighted as an area requiring improvement as the safe introduction of new staff ensures safe working practices are identified and that key ward processes are understood and acted upon in a standardised manner. 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 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.

Staff who completed this set of questions in the questionnaire thought that the health board often has access to the right information to monitor the quality of care across all clinical interventions. They also identified that there was generally a culture of openness and learning and the health board supported staff to identify and solve problems.

The majority of staff members who completed a questionnaire thought that the organisation always encourages teamwork.

All but one staff member 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 were asked questions in the questionnaire 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 did always know who the senior managers were in the organisation. Staff members who completed a questionnaire felt that, on the whole, senior managers were committed to patient care. Staff also told us that there was generally effective communication between senior management and staff, but said that senior managers do not regularly involve staff in important decisions nor act on staff feedback; two staff members provided the following comments:

“A culture of defensive practice and blame is still current. Ward staff are not supported and often criticised without any solutions offered by Senior Management. Senior Managers can often use language that is lazy, colloquial and undermining”

“Senior Managers are based in Prince Philip Hospital, therefore, we don't see them often”

Seven out of the thirteen 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.

Over half of the staff told us in the questionnaires that they have not seen errors, near misses or incidents in the last month that could have hurt staff, however, the majority of staff told us they had seen errors, near misses or incidents that could have hurt patients. One staff member commented:

“Generally most incidents can be sorted out immediately at Ward level and most are minor - slips, trips, patients/staff dropping things, spilling things. Anything more major e.g. patient falling over or out of bed/chair are reported via Datix”

Staff who completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents, and did think that when they are reported, the organisation would take action to ensure that they do not happen again. Staff who completed a questionnaire agreed that the organisation treats staff who 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; however, almost half of the staff felt that the organisation would blame or punish the people who are involved in such incidents. 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. The majority of staff members who completed a questionnaire also told us that they would feel secure raising concerns about unsafe clinical practice, and felt 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.

Improvement needed

The health board must ensure that all ward based staff are fully aware of the escalation processes in operation if additional support / advice is required when ward manager / deputy are not present.

The health board must ensure that audits are undertaken in a robust manner and where anomalies are identified they are acted upon and remedied in a timely manner.

The health board must provide HIW with an action plan outlining how it intends to provide managerial and professional support for community based ward managers and ensure integration and sharing of practices.

The health board must introduce a formal ward based induction process for new members of staff.

Staff and resources

Workforce

We observed staff undertaking their duties in a compassionate and diligent manner. Staff were working hard to provide the designated levels of care needed by patients.

All staff indicated in the questionnaires that they had undertaken a wide range of training, or learning and development, in areas such as health & safety and in privacy and dignity of older people, whilst at the hospital in the last 12 months.

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 and ensures that they deliver a better experience for patients and helps them to do their job more effectively.

All staff members who completed a questionnaire told us that they 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, half of the staff told us in the questionnaires that their manager always supported them to achieve these needs.

Staff were asked in the questionnaires whether they agreed or disagreed that in general, their job was good for their health; while almost a half of the staff agreed that it was good for their health, some staff members provided the following comments about their health and well-being:

“Generally speaking I enjoy work and interaction with all patients and staff. Things can get tough when working practice is compromised by staffing resources cramped environment, high turn over of patients. Expectations from patients and family about what they are entitled to receive from the service”

We observed the staffing rota and, on further discussions with the ward manager, we were unable to evaluate the model utilised to ensure safe and effective staffing levels. Staff informed us that they were very busy and that it was difficult on occasions to provide the required levels of support for patients. This was particularly evident during the night time when there were only three members of staff on duty. It was highlighted that the medication round at night takes time to be undertaken in a safe manner and that some patients do not receive their medicines until approximately midnight. Staff also identified that a majority of patients require two members of staff to undertake personal care. Staff also identified that, especially during night time, it was very difficult to have their breaks as they were always busy. The health board must undertake evaluation of the staffing establishment on the ward, utilising a recognised model to ensure safe staffing levels.

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, in the department, patients' privacy and dignity is maintained, 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, and felt that there is not enough staff on the ward to enable them to do their job properly. Staff comments on the questionnaires included:

“Sometimes it is very difficult to provide the care I want to because of lack of staff and time”

“Resources are tight and all too often professional, safe practice is compromised by resources - both staffing and equipment (e.g. old computers, no pens, printers that breakdown)”

A mandatory training programme was in place for staff which was a combination of classroom based and online. We identified that there were significant gaps in the mandatory training of staff. We were informed that staff encountered real difficulty in accessing classroom based training such as Cardio pulmonary training (CPR) and manual handling. In addition, many staff had not completed mandatory on-line training. We discussed this issue with staff and were informed that they are busy on the ward and occasionally have to complete this training at home.

We identified that some members of staff had not received an annual appraisal in a timely manner. Management informed us that the undertaking of staff

appraisals had improved significantly over recent times and that the ward manager was working hard to ensure all staff receive an annual appraisal.

Improvement needed

The health board must undertake an evaluation of the current staffing levels on the ward utilising a recognised model / process.

The health board must provide an action plan identifying how it intends to ensure that all staff receive mandatory training in a timely and effective manner.

The health board must ensure all staff receive an annual appraisal.

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.

IF NO IMMEDIATE CONCERNS WERE IDENTIFIED STATE - "No immediate concerns were identified on this inspection" in the table below

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved

Appendix B – Immediate improvement plan

Hospital: Amman Valley

Ward/department: Cysgod Y Cwm

Date of inspection: 18 & 19 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
<p>Finding</p> <p>The inspection team considered the arrangements pertaining to the nutritional requirements of patients.</p> <p>We identified insufficient monitoring of patients nutritional requirements. Additionally, we identified insufficient escalation of patients with significant weight loss being undertaken in a rigorous and comprehensive manner.</p> <p>Improvement needed</p>	<p>2.5 Nutrition and Hydration</p> <p>3.1 Safe and Clinically Effective Care</p> <p>3.5 Record Keeping</p>	<p>With immediate effect the ward manager has already addressed this with staff and has highlighted the issue in the emergency staff meeting which took place on 24/04/18. All patients now have a nutritional risk assessment, care plan in place.</p> <p>Clinical Lead Nurse (CLN) – will ensure that spot checks are undertaken monthly and focus on</p>	<p>Ward Manager</p> <p>CLN & Head of Community Nursing</p>	<p>Completed with ongoing monitoring</p> <p>30/04/18</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is to provide HIW with assurances that all patients on Cysgod Y Cwm Ward have received comprehensive nutritional risk assessments; care plans, evaluations and the appropriate escalation of patients with significant weight loss is undertaken as a matter of urgency. Additionally, the health board is required to provide HIW with details of the actions taken to ensure that all appropriate staff are fully aware and trained accordingly in relation to the nutritional requirements of patients.</p>		<p>patients' nutritional requirements. The first spot check will be undertaken on 30/04/18 by the Head of Community Nursing. During this visit documentation will be reviewed and the importance of accurate documentation will be highlighted to staff. All inpatients risk assessments will be scrutinised to ensure that requirements are being met and care plans are in place if required.</p> <p>Ward Sisters will ensure patients are monitored and reviewed routinely for weight loss and nutritional requirement. Action plans will be developed and implemented to ensure that clinical practice is improved and risk is mitigated.</p> <p>The Nutritional Nurse has been</p>	<p>Ward Manager</p> <p>Ward Manager</p>	<p>Completed with ongoing monitoring</p> <p>31/05/18</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>contacted and has agreed to provide training. Confirmation has been received from the Joint Head of Dietetics that refresh training will be undertaken as a priority to the Community Hospitals in Carmarthenshire. This training will be specifically targeted towards the frailty workers who will be able to demonstrate the positive measurable outcomes.</p> <p>Contacted Professional and Practice Development Nurse for advice on documentation training to reiterate the importance of accurate recording and the legal implications of poor practice. Awaiting feedback.</p> <p>Nursing and Midwifery Council (NMC) professional code of conduct and the Healthcare Support Worker (HCSW) professional code of</p>	<p>Ward Manager</p> <p>CLN & Head of Nursing</p>	<p>30/06/18</p> <p>30/04/18</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		conduct will be provided to the area and discussed.		
<p>Finding</p> <p>The inspection team considered the arrangements for the safe storage of medication.</p> <p>During the inspection we discovered that medication was not being stored appropriately and securely within the department. The fridge used to store medication was unable to be locked and additionally the fridge temperature was consistently too warm to safely store medication.</p> <p>Improvement needed</p> <p>The health board is required to provide HIW with details of the action taken to ensure that medicines are safely stored on Cysgod Y Cwm Ward and on other wards and departments across the health board.</p> <p>Consideration must be given to following Patient Safety Notices:</p> <p>PSN 015 / July 2015 The storage of medicines:</p>	2.6 Medicines Management	<p>New fridge has been ordered.</p> <p>As an interim measure recordings will be taken on each shift by the registered nurse. All staff are aware of the need to maintain the fridge temperature within the range of 2°C-8°C</p> <p>Thermometers have been ordered to ensure that the temperature in the office where medication is kept is appropriate.</p> <p>The Junior Sister contacted the Pharmacy Department to request the flow chart and policy on safe</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		and mental health units.		

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): Sarah Cameron

Job role: Head of Community Nursing (Carmarthenshire)

Date: 24th April 2018

Appendix C – Improvement plan

Hospital: Amman Valley
Ward/department: Cysgod y Cwm
Date of inspection: 18 & 19 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 must undertake a review of the process of identifying patients with a cognitive impairment in a robust and consistent manner.	4.1 Dignified Care	Patient Flow Board (PSAG board) to be relocated at the nursing station.	Ward Manager	Completed
		The butterfly scheme to be introduced to identify those patients with cognitive impairment. Ward Manager to allocate a dementia champion to ensure that the butterfly scheme is effectively used on the ward.	Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to evaluate the staffing allocation on Cysgod y Cwm ward.</p>		<p>Dementia friends to undertake training on 20th June 2018.</p> <p>Staffing allocations to be considered on a daily basis. Patients' gender to be considered in relation to staff allocations.</p>	<p>Nurse Charge of shift</p> <p>Ward Manager</p>	<p>20/06/18</p> <p>Completed with ongoing monitoring</p>
<p>The health board must ensure that printed health promotion / education is provided in a format appropriate for people with a visual impairment.</p> <p>The health board must ensure that all patients and, where appropriate, their families are kept up to date on their future care and treatment requirements and that this is undertaken in a timely manner.</p>	<p>4.2 Patient Information</p>	<p>Current leaflets to be reviewed and agencies/departments contacted to provide appropriate format for visual impairment.</p> <p>Ensure that milkshake rounds undertaken by Registered Nurses on the ward are undertaken late afternoon to coincide with visiting times to improve nurse visibility and accessibility. This ensures families can be updated on plans (with patient consent).</p>	<p>Ward Manager/Junior Sister</p> <p>Ward Manager/Junior Sister</p>	<p>31/08/18</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must undertake a review of information leaflets available on wards and ensure that they have been ratified appropriately.		Revise all information leaflets and remove those deemed not appropriate.	Ward Manager/Junior Sister	Completed
The health board is required to make available a hearing aid loop system on the ward for people with hearing difficulties.	3.2 Communicating effectively	Arrange for a hearing loop system to be made available on the ward	Ward Manager	Completed
<p>The health board must review the availability of allied health professionals' to review patients in a timely manner.</p> <p>The health board must evaluate the discharge planning processes in operation to ensure it is undertaken in a timely manner and that patients are kept fully informed and involved.</p>	5.1 Timely access	<p>Clinical Lead Nurse (CLN) to arrange a meeting with Physiotherapy and Occupational Therapy leads to discuss the issues raised by the HIW.</p> <p>To alleviate the staffing pressures noted in Physiotherapy and Occupational Therapy, band 3 HCSW training is to be completed to strengthen therapeutic interventions.</p> <p>Current MDT processes to be reviewed and documentation made visible to support discharge planning.</p>	<p>CLN</p> <p>CLN</p> <p>CLN/Ward Manager/ Professional Development</p>	<p>Completed</p> <p>31/08/18</p> <p>31/08/18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Nurse.	
The health board must ensure that all risk assessments are individualised and not generic.	6.1 Planning Care to promote independence	Review all inpatient nursing files to ensure that appropriate risk assessments are completed according to individual fundamental of care assessments.	Ward Manager	Completed
The health board must ensure that 'Putting Things Rights' information is available in prominent locations on the ward.	6.3 Listening and Learning from feedback	Purchase new display boards for the ward area and provide an allocated area for "Putting things right" information which is available to all visitors to the area.	Ward Manager	Completed
Delivery of safe and effective care				
The health board must ensure that all hand rails are clear of hazards and are able to be used by patients in a safe manner.	2.1 Managing risk and promoting health and safety	Ensure that hand rails are clear of hazards and inform staff of the need for hand rails to be clear of hazards. Estates to provide holders for gloves to the ward.	Ward Manager	Completed 31/08/18
The health board must provide HIW with an action plan detailing how it intends to improve	2.2 Preventing pressure and	Undertake weekly documentation audit.	Ward Manager/ Ward Sister	Completed with ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
the management of pressure area care on the ward.	tissue damage	<p>Monthly spot checks to be undertaken by CLN with an ongoing focus on pressure area documentation, with feedback provided to staff and ward Managers as appropriate.</p>	CLN	<p>monitoring</p> <p>Completed with ongoing monitoring</p>
		<p>Reiterate to staff the expectation that documentation is of a high standard and that this is a requirement of both nursing and HCSW professional code of conduct.</p>	CLN/ Manager/ Sister	<p>Ward Ward</p> <p>Completed with ongoing monitoring</p>
		<p>All care plans to be individualised and assessed by a Registered Nurse within 12 hours of admission to ensure that these reflect patients' needs.</p>	CLN/ Manager/ Sister	<p>Ward Ward</p> <p>Completed with ongoing monitoring</p>
		<p>Update the pressure damage prevention map situated in the nurses station and</p>	CLN/ Manager/	<p>Ward Ward</p> <p>Completed with ongoing monitoring</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		ensure this is discussed daily.	Sister	
The health board must review the current practices / policies and processes in operation in order to ensure appropriate local and national guidelines are implemented and that patients' who fall in community hospitals receive safe and effective falls management.	2.3 Falls Prevention	Review the acute inpatient policy which is currently not suitable for community hospitals. The CLN and Head of Nursing (HoN) (community) to join the policy review group within the acute hospitals. Ward Manager and Junior Sister to undertake documentation checks weekly. CLN to undertake monthly spot checks	CLN/HoN Community Ward Manager CLN	31/07/18 Completed with ongoing monitoring Completed with ongoing monitoring
The health board must ensure that all commodes in use are maintained / fit for purpose and do not pose an infection control risk. The health board must review the present task allocation of hotel services staff whereby they have to undertake cleaning duties of patients'	2.4 Infection Prevention and Control (IPC) and Decontamination	Staff reminded of the ward procedure to check all commodes daily and ensure any issues are identified and addressed, condemning equipment as appropriate. Ward Sister/CLN to liaise with Hotel Services to review current practice.	Ward Manager Ward Sister/CLN/ Hotel Services	Completed Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
toilets prior to serving the lunchtime meal.		<p>Hotel Services staff to undertake cleaning duties after lunchtime meals have taken place.</p> <p>All Health Board sites to be reviewed to ensure cleaning duties do not take place prior to serving meals</p>	<p>Hotel Services</p> <p>Infection Prevention and Control Nurse/Hotel Services</p>	<p>Completed</p> <p>Completed</p>
<p>The health board must ensure that fluid intake and output documentation is completed on appropriate patients and that these records are maintained appropriately.</p> <p>The health board must ensure that patients are provided with the opportunity / encouraged to wash their hands prior to eating their meals.</p> <p>The health board must evaluate the current dietetic support provided to patients in</p>	2.5 Nutrition and Hydration	<p>Implement monthly audit spot checks by CLN to ensure that the documentation is completed and maintained appropriately when being used.</p> <p>Ward Sisters to reiterate the importance of good hand hygiene and encourage patients to wash their hands before meals.</p> <p>Undertake required refresh training for the nursing team on screening, linked actions and dietetic referrals.</p>	<p>CLN</p> <p>Ward Manager/Junior Sister</p> <p>CLN</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
community hospitals.		Dietician to visit weekly to provide dietetic support as required.	Dietician	Completed
<p>The health board must ensure that the rooms used to store medicines are temperature monitored regularly.</p> <p>The health board must ensure that all MAR charts are completed in a robust and comprehensive manner providing clear information if a medicine has not been administered and the rationale for its non administration.</p> <p>The process for recording of patients own medication requires improvement and evaluation.</p>	2.6 Medicines Management	<p>Purchase new thermometers and display advice on action needed when room temperatures are outside of the recommendations.</p> <p>CLN to meet with staff with regards to the importance of accurately documenting and professional code of conduct.</p> <p>CLN to undertake spot checks to ensure all MAR charts are completed appropriately.</p> <p>To ensure a page by page account available for all medications being brought into ward. One patient per page to be introduced.</p>	<p>Ward Manager</p> <p>CLN</p> <p>CLN</p> <p>CLN</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>30/06/18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must provide HIW with an action plan detailing how it intends to improve the completion of nursing records, including risk assessments, care planning and evaluations.</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>CLN /Head of Community Nursing Carmarthenshire to meet with staff with regards to the importance of high standard documentation (including risk assessments, care planning and evaluations) and assessments on admission to their areas.</p> <p>CLN to undertake monthly spot checks going forward using a structured audit tool to ensure the all Wales documentation is being completed to a high standard and address non compliance with individual staff as appropriate.</p>	<p>CLN /Head of community Nursing Carmarthenshire</p> <p>CLN</p>	<p>Completed</p> <p>Completed with ongoing monitoring</p>
<p>The health board must review the current management of patients' records on the ward. The health board must evaluate how it organises patients' records, in order to ensure that they are easy to navigate and maintained to a satisfactory standard.</p>	<p>3.5 Record keeping</p>	<p>Review all end of bed folders, ensuring there are clear sections for all relevant documentation.</p> <p>CLN to undertake spot checks to continuously evaluate the standard of patient folders and improve as</p>	<p>Ward Manager</p> <p>CLN</p>	<p>Completed</p> <p>Completed with ongoing</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>appropriate.</p> <p>CLN to introduce monthly audits using a structured audit tool to identify the level of compliance with safe storage of nursing records and documentation (as laid out in the Nursing documentation policy) will be undertaken.</p> <p>Senior Nurse for Professional and Practice Development to extensively review current Nursing documentation policy and streamline a revised version following staff consultation.</p> <p>Senior Nurse for Professional and Practice Development to seek approval of the revised Nursing documentation and record keeping policy from the Senior Nurse Management team and the Clinical Policy Approval Group</p>	<p>CLN</p> <p>Senior Nurse for Professional and Practice Development</p> <p>Senior Nurse for Professional and Practice Development</p>	<p>monitoring</p> <p>Completed</p> <p>Completed</p> <p>31/07/18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Senior Nurse for Professional and Practice Development to develop implementation plan of revised Nursing documentation and policy once approved.	Senior Nurse for Professional and Practice Development & the Practice Development Team	31/07/18
Quality of management and leadership				
The health board must ensure that all ward based staff are fully aware of the escalation processes in operation if additional support / advice is required when ward manager / deputy are not present.	Governance, Leadership and Accountability	Reiterate to staff the current escalation process in the event that Ward Managers are not present out of hours and on the weekend. The site management team at PPH are to be contacted out of hours.	CLN/Ward Manager	Completed
The health board must ensure that audits are undertaken in a robust manner and where anomalies are identified they are acted upon and remedied in a timely manner.		Spot checks by the CLN will focus on Fundamentals of Care outcomes and shared with registered nurses in a timely manner.	CLN/ Ward Manager	Completed with ongoing monitoring

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must provide HIW with an action plan outlining how it intends to provide managerial and professional support for community based ward managers and ensure integration and sharing of practices.</p>		<p>CLN and Head of Community Nursing to meet with all staff to discuss the outcomes of the HIW inspection and the actions that will be taken to address the recommendations within the report.</p>	<p>CLN/Head of Community Nursing</p>	<p>Completed</p>
		<p>Schedule of regular meetings to be arranged for CLN and Head of Community with all staff</p>	<p>CLN/Head of Community Nursing</p>	<p>Completed</p>
		<p>CLN to meet with ward Manager and ward Sister to discuss all facets of managing the ward area, inclusive of staff, patients and the UHB's expectations of the service</p>	<p>CLN</p>	<p>Completed</p>
		<p>Monthly meetings to be arranged to discuss resources and financial expectations and requirements</p>	<p>CLN/Head of Community Nursing</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must introduce a formal ward based induction process for new members of staff.</p>		<p>Ensure continuous support of professional revalidation is in place</p> <p>Induction packs to be reviewed for student nurses and to be provided to all new staff.</p>	<p>CLN/Head of Community Nursing</p> <p>Junior Sister</p>	<p>Completed</p> <p>31/07/18</p>
<p>The health board must undertake an evaluation of the current staffing levels on the ward utilising a recognised model / process.</p> <p>The health board must provide an action plan identifying how it intends to ensure that all staff receive mandatory training in a timely and effective manner.</p>	<p>7.1 Workforce</p>	<p>CLN to discuss safe staffing legislation with the HDdUHB Professional Practice Development Nurse and replicate the work undertaken in acute areas which will define our model and establishment going forward. HDdUHB to undertake an acuity assessment of all sites over the summer.</p> <p>Identify the staff that are noncompliant with mandatory training and provide appropriate support</p>	<p>CLN</p> <p>CLN/Ward Manager/Admin Managers</p>	<p>31/08/18</p> <p>31/08/18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure all staff receive an annual appraisal.		Provide staff workshops to support staff to be able to log onto the system and complete the modules.	CLN/Ward Manager/Admin Managers	Completed
		Offer protected time for staff to complete the mandatory training. Staff who feel that it is difficult to complete training during shifts are offered time away off site with support from community administrative staff.	CLN/Ward Manager/Admin Managers	Completed
		CLN/Ward Manager to take appropriate action following notification of staff modules expiring.	CLN/Ward Manager	Completed
		Remaining staff to receive their PADR.	CLN	To be at 100% by 31/07/18 with ongoing monthly monitoring

Improvement needed	Standard	Service action	Responsible officer	Timescale
		A schedule for annual appraisals to be put in place and regularly updated.	CLN	Completed

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): Sarah Cameron/Lois Rees

Job role: Head of Community Nursing/Clinical Lead Nurse

Date: 05/06/18