

Hospital Follow-up Inspection (Unannounced)

St David's Hospital/Cardiff and
Vale University Health Board/
Elizabeth Ward

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced follow-up inspection at Elizabeth Ward, St David's Hospital, within Cardiff and Vale University Health Board, on the 25 April 2018.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), two clinical peer reviewers and one lay reviewer.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

We found that appropriate action had been taken by the health board to address the improvements identified during our last inspection of service provision within Elizabeth Ward during 2015.

We did, however, identify that further action was needed to ensure the safe administration of medicines. In addition, further consideration needed to be given to the out of hours medical cover arrangements.

We identified the need for improvement at this follow up inspection in relation to speech and language therapy and occupational therapy assessments, together with timely availability of social work input to patients' discharge planning arrangements. We also identified the need for the purchase of additional items of bed linen and improvements to the application of Deprivation of Liberty Safeguards (DoLS)¹ legislation.

This is what we found the service did well:

- All staff were polite and helpful during this inspection. We also saw numerous examples of positive interaction between staff and patients
- All staff who spoke with us indicated that they were happy working within the ward

¹ The Mental Capacity Act 2005 (MCA) is a law that protects your rights if you become unable to make decisions for yourself. The Deprivation of Liberty Safeguards (DoLS) are a set of rules within the Mental Capacity Act. These rules apply if you can't make certain decisions about how you are cared for. This could, (for example) be because of memory problems, head injury, mental illness or learning disability.

- We found evidence of strong and consistent management and leadership associated with Elizabeth Ward.

This is what we recommend the service could improve:

- The health board needs to take action to ensure that the patient toilet in the designated blue area of the ward is cleared of unnecessary items. This is because the facility was unable to be used by patients at the time of our inspection
- Timely social work input to patients' discharge arrangements is needed
- Timely patient assessment from a Speech and Language Therapist is required. This is in response to identified need.

Details of service initiatives worth sharing can be found within the main report; other improvements identified at this inspection being outlined within Appendix C.

3. What we found

Background of the service

St David's Hospital is located on Cowbridge Road East, Canton, Cardiff, CF62 8YH. The hospital is one of nine, operated and managed, by Cardiff and Vale University Health Board. Current services provided include:

- In-patient Gerontology² services
- In-patient and day hospital Mental Health Services for Older People (MHSOP)
- A Child and Adolescent Mental Health Unit
- General and Specialist Out-patient Services
- A Primary Dental Care Unit
- A number of additional community services also have a base on site.

Elizabeth Ward has 24 beds which were divided to provide a combination of four bedded patient bays and single rooms. The ward accepts male and female patients and is designated to provide rehabilitation services although we found, (as at our previous visit) that the vast majority of patients were elderly and frail, and presented with a variety of complex long term needs. At the time of this inspection there were 24 patients receiving care in the ward.

HIW last inspected Elizabeth Ward on 26 August 2015.

The key areas we identified for improvement at that inspection included the following:

- The need for recorded assessments and management of patients' continence needs

² Gerontology is the study of the social, cultural, psychological, cognitive, and biological aspects of ageing.

- The need to ensure that patients were supported to maintain their personal hygiene, in accordance with their wishes and preferences
- The need to ensure that patients and their relatives were empowered and enabled to express their views about services received
- The health board were required to ensure that staff had easy access to relevant information to assist them in delivering safe and effective care
- Elements of infection prevention and control practise needed to be improved
- Improvement to record keeping was required in terms of patients' risk assessments and plans of care
- Improvement was needed in terms of the timeliness of the ward team response, to patients' requests for assistance
- The recording of patients' pain assessment, monitoring and evaluation
- The arrangements for out of hours medical cover needed to be made clear to all staff
- Some staff insufficiency
- Support for patients (especially during mealtimes), needed to be improved.

HIW also issued the health board with an Immediate Assurance letter as a result of the 2015 inspection. This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. More specifically, the health board needed to ensure that all staff who administered drugs did so within the correct policies, procedures and guidelines in support of patient safety.

In addition, concerns (from relatives) were brought to the attention of HIW during the latter part of 2017. The key issues/concerns raised about aspects of care within Elizabeth Ward at that time were:

- Poor access to toilet and bathing facilities (see our findings regarding Dignified Care on page 15 of this report)
- Poor attitude of staff and lack of communication with relatives (see Communicating Effectively on page 16 of this report)

- Lack of access to physiotherapy support (see Planning Care to Promote Independence, on pages 17 and 18 of this report)
- Little knowledge and understanding of dementia care needs (see Planning Care to Promote Independence, on pages 17 and 18 of this report)
- Poor environment for people with dementia (see Managing Risk and Promoting Health and Safety on page 24 of this report)
- Lack of staff leading to lack of staff oversight in relation to patient care (see our findings about Workforce on page 35 of this report).

Following receipt of the above matters, the health board provided us with a copy of the detailed response sent to the family concerned. However, the HIW Risk and Escalation Committee³ decided that a one day inspection should take place early during the 2018/19 inspection year to consider action stated to have been taken by the health board.

The purpose of this inspection was therefore to follow-up on the improvements identified at the last inspection (2015) and the action taken by the health board in relation to the (2017) concerns outlined above.

³ HIWs monthly Risk and Escalation Committee (REC) plays a key role in relation to assessing risks with a view to making changes to its annual inspection plan and considering whether an investigation or special review of (NHS/independent) services is needed. <http://hiw.org.uk/about/plans/operating/?lang=en>.

Quality of patient experience

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

We found that patients were treated with dignity and respect by a friendly, compassionate and professional ward team.

Feedback from patients about the services they had received was generally positive. There were, however, a number of patients who were unable to complete a HIW questionnaire, or provide us with their views. This was due to their complex health needs and difficulties with communication. However, we spoke with as many patients as possible during our one day inspection, in accordance with their wishes.

Areas for improvement we identified at our last inspection

Areas for improvement identified at our previous inspection of Elizabeth Ward (2015) included the following:

- The need for recorded assessments and management of patients' continence needs
- The need to ensure that patients were supported to maintain their personal hygiene, in accordance with their wishes and preferences
- The need to ensure that patients and their relatives were empowered and enabled to express their views about services received
- The arrangements for out of hours medical cover needed to be made clear to all staff
- Improvement was needed in terms of the timeliness of the ward team response, to patients' requests for assistance.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 27 October 2015:

- The health board stated its intentions to introduce the use of the All Wales Continence Bundle⁴, to Elizabeth Ward which would be completed on patients' admission to the ward. They also stated that staff would receive further training, this element of care would be subject to monthly audits and patients and carers would be offered the opportunity to provide comments about continence care
- Lists prompting nurses to offer patients a weekly bath would no longer be used; instead patients would be offered the choice of how they would like to be supported with personal care
- Two Minutes of your Time⁵ questionnaires would be randomly distributed to 10 patients each month to obtain their views of services provided. The Patient Experience Team would explore the possibility of improving ways of seeking peoples' views. In addition, the ward doctor would continue to meet with patients and their relatives/carers in the week following their admission to the ward
- Laminated posters would be displayed so that all staff would know how to obtain out of hours service
- The health board stated its intention to increase the number of staff available on each shift as required. The health board also intended to explore the use of volunteers in the ward and undertake an audit to measure response times to patient requests for support.

⁴ The All Wales Continence Bundle provides nurses with written tools to support the improvement of the patient experience and dignity in care. The Bundle includes an audit tool to measure how well staff are responding to patients' needs and a questionnaire to get feedback about patients' experiences.

⁵ Cardiff and Vale University Health Board obtains regular feedback from patients, families and service users in a number of ways, (for example, through informal discussions entitled Two Minutes of your Time).

What we found at this follow-up inspection, including additional findings

During our inspection we invited patients and their relatives to speak with us in order to obtain information about their views and experiences of health care services provided at the hospital.

As a result, we were provided with many positive comments about the kindness and respect of the nursing and medical staff. One patient said:

"I think the staff are very overworked. I don't know how they do what they do. They are very good"

One patient told us that they felt bored. Other patient comments regarding care received were as follows:

"Looking after me well"

"They're lovely here"

"On average, very good"

"Good-but want to get home"

Staying healthy

We saw that patients and relatives were provided with a range of displayed information and leaflets about their health, wellbeing and community services. Similarly, staff had easy access to relevant health care information via notice boards and the health board's intranet, to assist them with their work.

Dignified care

We heard ward and medical staff speaking, and engaging with, patients in a caring, polite manner throughout our inspection. We also heard staff addressing patients by their first name. In instances where patients appeared to be anxious and/or were calling out, we saw staff responding to them in a prompt compassionate way, each time.

The above meant that every effort was being made to be respectful to patients.

We were able to confirm that staff closed curtains and doors to patients' individual rooms at times when individuals were being assisted with aspects of personal care.

We found that ward staff were completing the All Wales Continence Bundle of information in relation to individual patients as required.

Patients who spoke with us during our inspection revealed that they were able to shower or bath in accordance with their preferences, although it was not absolutely clear as to the frequency of such support regarding patients' wellbeing and dignity. This was, in part, due to individual's difficulties with verbal communication. We were aware however, that bathing facilities were being used on the day of our inspection and lists prompting nurses to offer patients a bath or shower, were no longer in use.

During the latter stages of 2017, concerns were brought to the attention of HIW with regard to services provided within Elizabeth Ward. This included poor patient access to toilet and bathing facilities. We therefore considered the delivery of this aspect of care during inspection as a result of the concerns received and the findings from our previous inspection.

Specifically, we found that one of the patients' toilet facilities in the designated blue area of the ward could not be used. This was because a number of unnecessary items were being stored there. This may undermine the dignity of patients being cared for in that area.

We saw a notice board in the main corridor of the ward which contained patients' initials and second names. This may compromise patient confidentiality. In addition, we advised that use of the board could be extended to provide details of aspects of each patient's care pathway (for example, discharge arrangements/need for therapy input). The board would, however, need to be moved to an area of the ward, away from areas accessed by the public if it was to be used for that purpose.

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

Improvement needed

The health board is required to provide HIW with details of how it will ensure that the patient toilet in the designated blue area of the ward is cleared of items stored in the area. This is because the facility was unable to be used by patients at the time of our inspection.

The health board is required to inform HIW of the action taken to protect patients' confidential information. This is, specifically in relation to the patient noticeboard in the main corridor of Elizabeth Ward.



Communicating effectively

As previously stated, during the latter stages of 2017, concerns were brought to the attention of HIW with regard to services provided within Elizabeth Ward. This included the poor attitude of staff and lack of communication with relatives.

During this inspection, patients and relatives who spoke with us were generally positive about the way which staff communicated with them. They also said that staff listened to them and provided appropriate information about plans of care.

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

There was a notice board near the main reception area which contained photographs and names of some members of the ward team, to assist patients and their families to know who was who. However, staff name badges were not easily visible to patients. We therefore advised health board representatives to explore ways of addressing this matter, as it would be helpful to patients and their relatives, to be reminded of the names of those who are providing care and support.

Timely care

We did not identify any delays in staff answering patient call bells, or when responding to patients who were calling out, or requesting assistance.

We found that staff had easy access to an information folder about how to obtain timely out of hours medical assessment, care and treatment for patients. However, we were told that there were often delays in the arrival of medical support to the ward during out of hours periods. This was due to competing priorities associated with the medical staff concerned. This was reported to have a negative impact on the timely delivery of care to patients. Whilst staff were clearly aware now, of how to contact such support, the health board must address the timeliness of out of hours medical assistance to patients.

We held discussions with senior nurses and ward staff and found that social work input to patient discharge planning arrangements were often delayed; access to social work advice proving to be a challenge, generally. We also found there were no dedicated speech and language therapy staff at St David's hospital which resulted in delays in obtaining swallowing assessments for those patients who presented with difficulties in this regard.

Additionally, we found that ward staff were often unable to secure the input of occupational therapy staff to support the delivery of patients' plans of care. This was due to the limited availability of therapists.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure that patients receive timely medical care out of hours.

The health board is required to inform HIW of the action taken to promote timely social work input to patients discharge arrangements.

The health board is required to provide HIW with details of how it will ensure that patients receive an assessment from a Speech and Language therapist in a timely way. This is, in response to identified individual patient need.

The health board is required to describe the action to be taken to ensure that patients are able to receive support from occupational therapists during their in-patient stay. This is, in response to identified need and in preparation for safe discharge.

Individual care

Planning care to promote independence

We looked at three patient's records in detail and found that there were individualised plans of care in place; all being up to date and evaluated on a regular basis. This demonstrated that staff had made every effort to provide care by respecting patients' choices and maintaining their independence as far as their assessed abilities allowed. We did though; find that details of discharge planning arrangements could be more detailed to assist all members of the ward team.

Concerns brought to the attention of HIW in relation to Elizabeth Ward during 2017 included lack of access to physiotherapy support and the perception that staff had little knowledge and understanding of patients' dementia care needs.

At this unannounced inspection, we saw that physiotherapy staff were present and spending time with patients. A small number of relatives, who spoke with us, said that they were satisfied with the level of physiotherapy their family member had received to date, although they would have liked even more of a physiotherapy contribution to their care.

We saw details of the planned leisure activities advertised within ward leaflets and on notice boards. Such activities included movie club, lunch club and group exercise. We also observed patients actively participating in memory games during the morning and afternoon of our inspection with the friendly encouragement of a member of the ward team.

We spoke with staff and completed periods of observation of the care provided to patients with a diagnosis of dementia (some in advanced stages). As a result, we were able to confirm that staff offered a calm, compassionate approach to those individuals. Specifically, staff were seen to sit alongside patients, were heard speaking in soft tones, provided drinks on a regular basis and ensured that patients were comfortable at all times.

We saw that care plans did contain some reference to the promotion of individual's independence and efforts were being made verbally at the beginning of each ward shift, to evaluate the effectiveness of patient care and support, in response to identified need. There was also evidence of a multidisciplinary contribution to patient care.

People's rights

Conversations with staff confirmed that a discreet space would be made available within the ward at times when private conversations between staff and patients and their families, were required. We were also informed that relatives were encouraged to support their family member in accordance with their preferences. On occasions when patients were unwell, relatives were also able to spend as much time in the ward as they wished.

Conversations with some patients indicated that they would know who to speak to if they had any concerns about their care.

Listening and learning from feedback

Conversations with senior managers confirmed the continued, pro-active approach adopted by the health board's Patient Experience Team in obtaining feedback from patients and their families, about services provided by the ward team. Health board representatives were, however, receptive to our advice about the need for the prominent display of Putting Things Right⁶ arrangements for the benefit of patients and visitors.

Conversations held with patients and relatives resulted in a high level of satisfaction with services provided and the kindness, respect and polite attitude of the ward team.

We did not see any formal system for encouraging views from patients and their relatives (such as feedback forms/boxes). However, staff told us that people were encouraged to raise any concerns. In addition, the volunteer who was due to join the ward team on a weekly basis intended to regularly seek patients/relatives views. This was, in addition to the regular feedback obtained by the health board's Patient Experience Team as a means of identifying service areas for improvement.

⁶Putting Things Right is the integrated processes for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

Delivery of safe and effective care

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

We saw that the ward was clean, tidy and free from clutter and trip hazards.

We found that patients had been assessed for their risk of developing pressure sores and falls. However, we found that the health board needed to purchase additional linen for use in conjunction with pressure relieving mattresses.

Whilst we were assured that the Deprivation of Liberty Safeguards (DoLS) process was being used, a complete set of paperwork to demonstrate the process was not always readily available. In addition, associated timescales for DoLS authorisations were not being met.

Areas for improvement we identified at our last inspection

Areas for improvement identified at our last inspection of Elizabeth Ward (2015) included the following:

- During our last inspection, a number of patients did not have an identity wristband in place. This was not in-keeping with national and local policy with regard to the safe administration of medicines. In addition, this matter was of particular significance, as the vast majority of patients receiving care during our visit had difficulties with short term memory loss, or had a diagnosis of dementia. This meant that they were not always able to confirm their name or date of birth, both of which form part of the checks to be undertaken prior to the administration of prescribed medication. The health board was also required to ensure that all staff who administered drugs did so, within the correct policies/procedures/guidelines in support of patient safety. Such matters had resulted in the issue of a HIW Immediate Assurance letter, to which we received sufficient assurance from the health board that appropriate action had been taken

- The health board was required to ensure that staff had easy access to relevant information to assist them with managing risk and the delivery safe and effective care
- Elements of infection prevention and control practise needed to be improved
- Improvement to record keeping was required in terms of patients' risk assessments and plans of care
- The recording of patients' pain assessment, monitoring and evaluation.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 27 October 2015:

- All patients were provided with identification wristbands prior to the end of the 2015, as required by HIW. In addition, the health board were to provide staff with additional training on the topic of the safe administration of medicines. Ongoing compliance with medicines management policies and procedures were to be monitored and unannounced Observations of Care visits would be undertaken by health board staff, independent of Elizabeth Ward
- Staff were to be provided with current safety cross⁷ information, ward safety briefings would take place at the beginning of each staff shift and patient risk assessments would be completed within six hours of their admission
- Tablets of soap would be removed from communal bathrooms and weekly hand hygiene audits would continue

⁷ The Safety Cross has been adapted (by the NHS) from industry, to make highly visible, the incidence of avoidable adverse events. In doing so, it ensures that staff teams are aware of avoidable events and instils a sense of purpose in working to avoid their recurrence.

- Integrated Assessment (IA)⁸ patient documentation, including mental health assessments, would be completed on admission. Additionally, patients' mental health needs would be reviewed at weekly multidisciplinary meetings
- The health board's Pain Team would be asked to provide advice on managing patients' pain. Staff would receive additional training on this topic.

What we found at this follow-up inspection, including additional findings

Safe care

Managing risk and promoting health and safety

We were able to confirm that staff were provided with safety briefings at the beginning of each shift, the details of which were kept securely. We also saw the display of safety cross information, which staff confirmed were accurate and updated regularly. We found that two out of three patient's records explored, contained sufficient details about general risk assessments (for example, in relation to eating and drinking, falls, pressure damage). We were also able to confirm that entries from multi disciplinary professionals were present which indicated that there was an established collaborative approach to planning patients' care.

We found the ward environment to be visibly in a good state of repair; staff confirming that they did not usually experience any delays in securing maintenance/repair work when requested.

Concerns brought to the attention of HIW in relation to Elizabeth Ward during 2017 included the view that the ward provided a poor environment for people with dementia.

⁸ Integrated assessments were introduced by Welsh Government (2013) to promote health and social care planning and review arrangements. This was, with a view to getting greater consistency and co-ordinated practice in support of older people.

During this inspection, we saw that patients had access to two day rooms. One of them was used as a dining/activities room, the other containing a variety of chairs for patients' use. Conversations with the ward sister and senior nurse revealed that the presentation of the latter was being discussed, with a view to making the environment more dementia friendly⁹. We were also told that the ward team and volunteer, were aiming to improve the enclosed garden area, so that patients could enjoy spending time outside, when the weather permitted. On the basis of the concerns received, and our observations during this inspection, we advised the health board of the need to seek further advice from external sources (such as the Alzheimer's Society). This was, with a view to ensuring that any changes made to the ward environment would be of benefit to patients with dementia/short term memory loss.

The ward doors were always locked, which prevented unauthorised entry/exit. This was stated to be in place, essentially for the safety of patients in receipt of care. However, visitors, having gained entry to the ward, had no means of leaving the area without the physical assistance of a member of staff. This may create challenges for staff (in terms of their time) at various times of the day.

We also spoke with senior managers about the possible negative impact such arrangements may have with regard to patients' human rights. Following the inspection visit therefore, we spoke with a senior health board representative about the above matter and were informed that discussions had been taking place over a period of months about the wider implications of locked wards. Discussions had also taken place around the variation in ward arrangements in place across the health board to protect patients at risk, and staff. As a result, the health board were in the process of drafting a policy regarding the above issues; the ratified version to be made available to HIW in due course as agreed.

There was a visitors signing in book in place, which assisted the ward staff to know who was present at any one time, for fire safety purposes.

⁹ The environment can have a huge impact on people living with dementia. Simple changes to create a more dementia friendly environment can have a positive effect on the emotional well being and independence of a person living with dementia. Simple changes may include the use of colour and contrast and the use of pictures (for example, on toilet doors), rather than words.

Preventing pressure and tissue damage

We saw detailed information displayed on a notice board in the main corridor of the ward which provided staff, patients and visitors with a useful guide about the prevention and management of pressure and skin tissue damage.

We also saw that patient's individual assessments were well documented within care records. In addition, we spoke with staff and found all to have a very good understanding about this element of patient care.

We found that the presence of some skin damage, in relation to one patient (which had been identified, monitored and treated correctly by the ward team), had not been recorded/highlighted as pressure damage. This was discussed with members of the ward team and senior health board representatives as there may be a need to arrange additional training for staff in terms of defining and recording skin damage caused by friction.

We found that pressure relieving mattresses were being used and appeared to be functioning correctly. However, discussions with members of the ward team and senior staff revealed that newly purchased mattresses had not been functioning properly when fitted sheets were applied. Consequently, ward staff were, in some cases, having to use two smaller sheets to cover such mattresses, as there was an insufficient stock of large enough flat sheets for use. This created additional challenges for staff, in terms of protecting patients from pressure damage, as the use of two sheets created a ridge within the centre of the mattress which had the potential to cause damage to patients' skin.

Whilst we were assured that no patient had developed any hospital associated skin damage to date as a result of this matter, it is vital that the health board purchase appropriate linen as soon as possible. Our advice in this regard, was received in a positive way by senior health board representatives at our feedback meeting.

Improvement needed

The health board is required to inform HIW of the action taken/to be taken to ensure that all instances of pressure/tissue damage are correctly defined and recorded by staff¹⁰. This particularly applies to skin damage caused by friction.

The health board must provide HIW with details of the action taken to ensure that there are suitable, sufficient stocks of bed linen for use in Elizabeth Ward, particularly in instances when pressure relieving mattresses are in use as part of patients' care.

Falls prevention

Within the sample of patients' care records we reviewed, we found that patients had been assessed for their risk of falls and written care plan plans were in place. We were also able to confirm that staff had taken action to reduce the risk of patients falling and sustaining injuries associated with falls whilst on the ward. Safety mats/alarm mats were available and being used in this regard.

We saw there was a detailed display of information about falls prevention and management on a noticeboard in the main corridor of the ward for the benefit of staff, patients and visitors.

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

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http://www.welshwoundnetwork.org/files/1914/1076/7223/Pressure_Ulcer_Reporting_Investigati on_All_Wales_Guide_2-14_-_Approved-1.pdf

Infection prevention and control

We did not see any tablets of soap within communal bathrooms during this inspection. We were also able to confirm that regular hand hygiene audits were undertaken.

We found that staff understood their roles and responsibilities in relation to current infection prevention and control guidelines. We were also able to confirm that appropriate training had been provided on this health care topic.

However, we found that two commodes (which were kept in patient's ensuite facilities) were in need of cleaning, one of which had an I Am Clean label in place, dated on the day prior to our one day inspection. We also saw that other commodes in the ward did not always have a label in place, to indicate that they were ready for use.

We also noted the absence of labels/stickers on moving and handling equipment to confirm their readiness for the next use.

The above elements of inconsistent practise meant that there was potential for cross infection.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that:

- Commodes are promptly cleaned after every use
- Labels are applied to all relevant forms of ward equipment used, to indicate that they are clean and ready for use.

Nutrition and hydration

A conversation with a member of the ward team revealed that the patients' food menu changed every two weeks. Staff also described how patients' nutritional, therapeutic religious and cultural needs were met.

We saw that weekly menus were clearly displayed, patients' daily choices being recorded, to ensure that the correct meals were served.

We saw that water, jugs and cups were placed on bed tables and within easy reach of patients.

Observation of the lunchtime period, demonstrated that each of the patients' three courses were served separately; offering patients sufficient time between each course, to eat their food in an unhurried way. One patient though, did provide us with the following comment:

"I like my food very hot and sometimes the soup is cold"

Where patients required support to eat and drink, staff were heard to gently encourage them to complete their meal. One patient was offered an alternative meal, as they did not want to eat what they had ordered. The same person was assisted back to their room in a kind and calm way by a member of staff, as they did not wish to remain in the dining area.

Another patient commented:

"It's nice coming here (the dining room) to eat"

Medicines management

All patients we observed during this follow-up inspection, had identity wristbands in place.

We observed staff administering prescribed medication to patients, looked at a sample of patient medication charts and spoke with staff about their understanding of the locally agreed medication policy. As a result, we found that there was an emphasis on ensuring that patients had the right medication and the right dose at the right time.

We did, however, identify the following issues for improvement:

- We found gaps in three (out of six) patient Medical Administration Records where there should have been registered nurse signatures. We were therefore unable to verify whether the patients concerned had received, or refused their prescribed medication on those occasions
- We saw gaps in the recording of fridge temperatures and there were no (easy access) instructions to guide staff about what they needed to do if the fridge temperature was outside of the required range. This may impact negatively on the integrity of the drugs stored in that area
- We saw that out of date medicines were being stored in the Controlled Drugs (CD) cupboard (marked as having expired during 2016)

- Patient valuables were being stored in the ward's CD cupboard. This was despite the fact that the ward had a lockable safe for this purpose. Such arrangements may undermine safety procedures with regard to the storage of CDs
- A quantity of patients' medication needed to be returned to pharmacy as they were no longer required. These were being stored on the work surface of the locked medication room at the time of our inspection.

Improvement needed

The health board is required to inform HIW of the action taken to promote the safe management of medicines within Elizabeth Ward.

Safeguarding children and adults at risk

Some patients who spoke with us were able to confirm that they would be confident in speaking to members of the ward team if they were worried about anything.

We considered the arrangements for the assessment of patients' mental health care needs. Senior staff described that nursing staff would conduct an assessment when patients were transferred to the ward. We were able to verify those arrangements by looking at a sample of care records during our inspection.

We were able to confirm, that where staff felt that patients lacked capacity to make decisions about their care and treatment, relevant urgent/standard requests for assessment had been completed as part of the Deprivation of Liberty Safeguards (DoLS) process. This was to ensure that patients' rights were protected. However, whilst, we were assured that the DoLS process was being used, a complete set of paperwork to demonstrate the process was not always readily available for inspection. In addition timescales for authorising DoLS applications were not being met.

We saw completed mental assessments in patients' notes.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that:

- Relevant DoLS paperwork is complete and readily available
- Timescales for assessments and authorisation are adhered to in relation to DoLS.

Medical devices, equipment and diagnostic systems

We found that the ward had a sufficient amount of suitable equipment to assist staff with providing safe and effective care to patients. There were also well established arrangements in place to ensure that equipment was repaired in a prompt way.

Effective care

Safe and clinically effective care

We found that the ward team used the system of intentional rounding¹¹ to ensure that patients' fundamental needs were being met. For example, on examination of three patient's records, we found clear evidence that the health board's intentional rounding form had been used to record whether individuals were experiencing any pain. However, whilst health board representatives indicated that recognised pain assessment tools were also in use, we found inconsistent application of such documentation. In addition, it was unclear as to whether an appropriate pain assessment tool was being used as part of the care of patients with dementia. This meant that we were unable to confirm the arrangements in place in terms of the assessment, monitoring and evaluation of this element of patients' care.

The above matter was identified at our last inspection (2015) and must be addressed.

¹¹ Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.

We held conversations with members of the ward team who were able to confirm that at times when patient's needs escalated/became more complex, there was a clear process for them to follow to secure the input of an increased number of staff. This was to ensure the provision of safe and effective care.

We found there were well established arrangements in place for patient risk assessment and audits of care, to be completed. Such audit activity included the following:

- Pressure areas
- Falls
- Infection prevention and control

Staff also described the monthly competition which took place each month between the three designated ward teams. The competition took account of how well patient risk assessments were completed as well as the outcome of their completion in support of patient care. This was regarded as practice worthy of sharing with others.

Improvement needed

The health board must demonstrate to HIW how it will ensure that patients' level of discomfort or pain is regularly assessed and recorded; using an assessment tool appropriate to individual patients' needs.

Record keeping

We examined the content of three patient's care records in detail, as a result of which, we identified the need for improvement as outlined below:

- We saw that the Integrated Assessment (IA) form within one of the three patient's records was blank, although the patient had been admitted to the ward almost three weeks ahead of our visit. The remaining two we looked at, were not fully completed either. There is therefore a need to ensure consistency in this regard
- Where patients' nutritional risk scores were recorded as Moderate, we did not see any food charts in place, as prompted by the assessment documentation

- We could not find evidence of the use of All-Wales oral care assessments¹². (in response to recorded patients' needs) This may mean that patients' needs may not be fully met

We found that staff had easy access to patient's records which were stored securely within the ward.

Improvement needed

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

¹² Nurses and care staff have a vital role in promoting good oral health and hygiene, preventing oral discomfort and inadequate nutrition, and helping to improve outcomes for patients. When patients are unable to carry out their own daily mouth care, ward staff will need to assist or undertake mouth care for them. This is, in accordance with agreed All Wales guidelines.

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 services review and monitor their own performance against the Health and Care Standards.

We found evidence of strong and consistent management and leadership arrangements within Elizabeth Ward. This resulted in a positive staff culture and a clear willingness to further develop the services offered.

We found good compliance with the health board's mandatory training topics and staff confirmed that they had attended training on other topics relevant to their role.

Areas for improvement we identified at our last inspection

Areas for improvement identified during our last inspection (2015) included the following:

- Staff insufficiency. Support for patients (especially during mealtimes), needed to be improved.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 27 October 2015:

- Recruit volunteers to assist patients during protected mealtimes¹³ (as required). Continue to implement protected mealtimes whilst ensuring that relatives were welcome to support their family member in accordance with their preferences. The health board also intended to conduct a series of observations of care at mealtimes to identify possible changes to the ward routine at those times of day.

What we found at this follow-up inspection, including additional findings

Governance, leadership and accountability

We found evidence of strong and consistent management and leadership associated with Elizabeth Ward. The ward sister and deputy were also able to work in a supernumerary capacity for a proportion of time every week. This meant that staff were well supported in providing safe, effective and compassionate care to patients.

We spoke with the ward sister and senior nurse who clearly described the values and approaches to care encouraged within the ward. The inspection team was also able to confirm that staff were respectful and supportive of one another, as well as toward patients and their families.

The ward sister provided us with details of an approach to care that had recently been adopted/formally launched at Elizabeth Ward. The care approach is known as Johns Campaign¹⁴. The application of this approach was in its early stages, but was to be developed in order to address patients' cognitive and sensory needs in a better way. This would be achieved through improved family

¹³ Protected mealtimes is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help.

¹⁴ John's Campaign was founded in November 2014. Behind its simple statement of purpose, lies the belief that carers should be welcomed, and that collaboration between patients and all those connected with them is crucial to their health and their well-being. John's Campaign applies to all hospital settings: acute, community and mental health and its principles could extend to all other caring institutions where people are living away from those closest to them. <http://johnscampaign.org.uk/#/>

involved in care, improved patient information (verbal and written) and the development of a carer's passport which would enable families to assist with patient care (by mutual agreement with the patient). The intended outcome for the above was to promote the well-being of patients with an emphasis on a more social model of care, in preparation for effective discharge. There was a useful notice board in the main corridor of the ward to raise awareness among relatives and visitors about the above approach to care.

Staff told us that they were happy working within the ward and were clear about their respective roles and responsibilities. In addition, it was evident that staff were encouraged to work as teams and received clear and useful feedback on aspects of their work.

The ward sister published a ward newsletter to ensure that staff, who were unable to attend one of the regular ward meetings, were brought up to date with key issues. Copies of the newsletter were readily available to staff. This initiative was worthy of sharing more widely across the health board.

Staff and resources

Workforce

During the course of our inspection, we spoke to staff, patients and relatives. We also observed lunch being served to patients and considered the manner in which staff supported patients who were unable to eat and drink independently. As a result, we found that patients were supported in a kind, unhurried and compassionate manner.

We were informed that a volunteer would commence working within the ward once a week, within days of this inspection. We were also informed by senior managers that, (from a point later in the year-October 2018), agreement had been reached for trainee pharmacy staff to work in clinical areas as an integral part of their training course. Some of those individuals would work as volunteers within Elizabeth Ward.

We were able to confirm that protected mealtimes remained in place.

Concerns brought to the attention of HIW in relation to Elizabeth Ward during 2017 included the perceived lack of staff leading to lack of staff oversight in relation to patient care.

During this unannounced inspection, we found that there was a sufficient number of staff at Elizabeth Ward, with a mixed set of skills, to provide care and support to patients during this one day unannounced follow-up inspection.

Specifically, the ward team was divided into three smaller teams. Each group comprised of a Registered Nurse and a Health Care Support Worker (HCSW). There was also a student nurse present and an additional HCSW, both of whom supported each of the three teams, in accordance with patients' needs. Each of the teams had a defined group of patients to look after; all staff being knowledgeable and able to demonstrate that they had made very effort to get to know their patients well.

The ward sister was working in the ward in a supernumerary capacity which she was able to do, for a proportion of each week. This meant they were able to use their skills to manage and support staff with the delivery of safe and effective care.

We were able to confirm that there were no registered nurse vacancies within Elizabeth Ward and the one HCSW vacancy had recently been filled; the new member of staff commencing work the week after the inspection. Staff turnover was very low. We also found that there was very little use of agency staff; substantive members of the ward team undertaking bank shifts on occasions to fill gaps within the staff rota due to unforeseen sickness/staff absence. The above meant that patients were able to receive care and support from a staff team who became familiar to them.

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 conduct follow-up inspections

Follow-up inspections can be announced or 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. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

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 will also highlight any outstanding areas of improvement that need to be made.

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
No immediate concerns were identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Elizabeth Ward, St David's Hospital

Date of inspection: 25 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

Service: Elizabeth Ward, St David's Hospital

Date of inspection: 25 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 is required to provide HIW with details of how it will ensure that the patient toilet in the designated blue area of the ward is cleared of items stored in the area. This is because the facility was unable to be used by patients at the time of our inspection.	4.1 Dignified Care	<p>This patient toilet was cleared with immediate effect following the visit.</p> <p>It has been discussed at safety briefing that this is not to continue as a store room and is used as a patient toilet.</p> <p>Ward is taking part in an initiative to reduce unnecessary stock. This will create more organisation and less over stocked storage areas on the ward.</p>	Ward Sister/Senior Nurse	<p>Immediate effect.</p> <p>COMPLETE</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to inform HIW of the action taken to protect patients' confidential information. This is, specifically in relation to the patient noticeboard in the main corridor of Elizabeth Ward.</p>		<p>The boards are fundamental to the safe and effective running of the ward. Whilst we acknowledge the potential for confidentiality breach, this has been risk assessed against the potential risk of healthcare staff not being able to identify the patients in their care. This continues to be monitored closely.</p> <p>All staff will be reminded of the need to preserve patient confidentiality with regards to any information that is displayed in the clinical setting.</p>	<p>Ward Sister/Senior Nurse</p> <p>Ward Sister/Senior Nurse</p>	<p>Review on a monthly basis</p>
<p>The health board is required to provide HIW with details of the action taken/to be taken to ensure that patients receive timely medical care out of hours.</p>	<p>5.1 Timely access</p>	<p>GP cover is provided by Cardiff & Vale Primary Care services during out of hours and weekends.</p> <p>For more urgent advice access to the Hospital at Night team based at University Hospital Wales, is available.</p> <p>In the case of an emergency, staff will</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to inform HIW of the action taken to promote timely social work input to patients discharge arrangements.</p>		<p>ring 999 for ambulance transport to University Hospital of Wales.</p>		
		<p>Written advice and information sheets which set out (for staff), the arrangements that are in place, are being reviewed and will be re-issued.</p>	<p>Directorate Manager</p>	<p>Review July 2018</p>
		<p>All staff will be reminded of the process for accessing medical care when required.</p>	<p>Ward Sister</p>	<p>June 2018.</p>
		<p>The Medical Clinical Board will review the current arrangements for medical cover.</p>	<p>Clinical Director Directorate Manager</p>	<p>Sept 2018</p>
		<p>Work is being undertaken to review discharge processes including length of stay within Elizabeth ward; social work provision and input will form part of this review.</p>	<p>Senior Nurse and Deputy Director of Nursing</p>	<p>Sept 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to provide HIW with details of how it will ensure that patients receive an assessment from a speech and language therapist in a timely way. This is, in response to identified individual patient need.</p> <p>The health board is required to describe the action to be taken to ensure that patients are able to receive support from occupational therapists during their in-patient stay. This is, in response to identified need and in preparation for safe discharge.</p>		<p>Speech and Language services have identified a deficit in provision to Elizabeth ward and in discussions with Medicine Clinical Board and Directorate, have agreed to review the current provision with their Clinical Board.</p> <p>Work is being undertaken to review discharge processes including length of stay within Elizabeth ward. Occupational Therapy provision will form part of this review.</p>	<p>Lead Nurse</p> <p>Senior Nurse and Deputy Director of Nursing</p>	<p>30 June 2018</p> <p>Sept 2018</p>
Delivery of safe and effective care				
<p>The health board is required to inform HIW of the action taken/to be taken to ensure that all instances of pressure/tissue damage are</p>	<p>2.2 Preventing pressure and tissue damage</p>	<p>All staff have been reminded of the need for clear documentation and completion of Datix reporting to accurately capture correct pressure damage and grading.</p>	<p>Ward Sister</p>	<p>Immediate and embedded as part of routine</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>correctly defined and recorded by staff. This particularly applies to skin damage caused by friction.</p>		<p>The UHB central datix team are currently developing Help sheets to support staff in accurately reporting pressure damage.</p>	<p>Head of Patient Safety</p>	<p>practice</p> <p>September 2018</p>
		<p>Tissue Viability nurses have revised the UHB guidance for assessing pressure damage and this will be issued once awaited WG Guidance on prevention and management of pressure damage, has been issued.</p>	<p>Tissue Viability team</p>	<p>Review end June 2018</p>
		<p>Datix stickers are used within the multi-disciplinary notes highlighting to all staff that a Datix form has been submitted.</p>	<p>Ward Sister</p>	<p>Immediate and is part of routine practice</p>
		<p>Cascading of information in terms of learning from best practice will be undertaken, via the UHB Tissue Viability Task and Finish Group.</p>	<p>Quality and Governance Lead</p>	<p>Immediate</p>
		<p>Education Board for all</p>	<p>Ward Sister</p>	<p>immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must provide HIW with details of the action taken to ensure that there are suitable, sufficient stocks of bed linen for use in Elizabeth Ward, particularly in instances when pressure relieving mattresses are in use during</p>		<p>staff/patients/carers</p>		
		<p>The Medicine Clinical Board are holding a pressure damage workshop in June which will include correct grading, including skin damage caused by friction, moisture lesions and correct grading.</p>	<p>Director of Nursing Medicine Clinical Board</p>	<p>11th June 2018</p>
		<p>Revised UHB Pressure Damage Prevention leaflet shared with all areas</p>	<p>Ward Sister</p>	<p>Immediate</p>
		<p>Documentation within patients body map and evidence of regular reviews and the completion of Skin Bundles in line with UHB best practice</p>	<p>Ward Sister</p>	<p>Immediate</p>
		<p>The provision of appropriate bed linen has been escalated via the UHB Tissue Viability Task and Finish Group and UHB Linen department.</p>	<p>Quality and Governance Lead</p>	<p>Review following next Tissue Viability Task and Finish Group on 18th June 2018</p>
		<p>Procurement ongoing for the supply of new sheets which will fit all mattresses. Monitored via the UHB</p>	<p>Quality and Governance Lead</p>	

Improvement needed	Standard	Service action	Responsible officer	Timescale
the course of patients' care.		Tissue Viability Task and Finish Group		
<p>The health board is required to provide HIW with details of how it will ensure that:</p> <p>Commodes are promptly cleaned after every use</p> <p>Labels are applied to all relevant forms of ward equipment used, to indicate that they are clean and ready for use.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>There have been weekly commode audits for the month of May. Audit data available upon request.</p> <p>'I am clean' stickers have now been introduced on the ward and this is being monitored through auditing.</p> <p>Commode cleaning has been discussed at safety briefings with all ward staff reminding staff of Infection prevention and control.</p> <p>Commodes are stripped down once a day and cleaned. This is recorded on the wards cleaning schedule and countersigned by a qualified nurse.</p>	Ward Sister	<p>28th May 2018</p> <p>Immediate effect.</p>
The health board is required to inform HIW of the action taken to promote the safe management of medicines within Elizabeth	2.6 Medicines Management	<ul style="list-style-type: none"> Incomplete medication charts <p>Ward sister to complete medication chart audits monthly and will link in with Professional</p>	Ward sister/PPDN	

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ward.		<p>and Practice Development Nurse (PPDN) if there are themes. Re - education of staff will be undertaken if audits dictate.</p>	Ward sister	11th July 2018
		<ul style="list-style-type: none"> • Fridge temperature Guidelines for fridge temperatures will be printed off and displayed in treatment room and raised at safety briefing. 	Ward Sister	13 th June 2018
		<ul style="list-style-type: none"> • Out of date CD medication Request made to pharmacy to collect out of date medication. Senior nurse will escalate this with pharmacy leads. 	Senior Nurse	10 th June 2018
		<ul style="list-style-type: none"> • Inappropriate storage in CD cupboard Patient valuables have been removed from the CD cupboard. 	Ward Sister	Immediate effect. COMPLETE

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Ward staff have been reminded to use the patient's valuables safe and not the CD cupboard. Senior nurse has done a spot check to ensure this has continued. A sign has also been placed on CD cupboard to ensure that this does not reoccur</p> <ul style="list-style-type: none"> • Medications left unlocked in treatment room <p>All staff have been reminded of their responsibility in relation medication storage at safety briefings. Ward sister to continue to audit medication storage. Senior nurse to complete spot checks of treatment room weekly when visiting the ward.</p>	Ward Sister/Senior Nurse	Immediate Effect
<p>The health board is required to provide HIW with details of the action taken to ensure that:</p> <p>Relevant DoLS paperwork is complete and readily available</p>	2.7 Safeguarding children and adults at risk	<p>All staff have been reminded on safety briefing to ensure the referrals are kept in the front patients' notes for easy access.</p> <p>Ward Sister looking at ideas to record</p>	Ward Sister	Immediate Effect

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Timescales for assessments and authorisation are adhered to in relation to DoLS.</p>		<p>when referrals are completed and if the assessments have been done so that it can be monitored more closely. The ward will DATIX, if timescales for assessments and authorisations aren't adhered to.</p> <p>The numbers of patients requiring a DOLS assessment remains a challenge for the UHB, although the Medical Director is reviewing the DOLS process of sign off and numbers of individuals designated as Statutory signatories.</p>	<p>Medical Director</p>	<p>Oct 2018</p>
<p>The health board must demonstrate to HIW how it will ensure that patients' level of discomfort or pain is regularly assessed and recorded; using an assessment tool appropriate to individual patients' needs.</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>The Professional Practice Development Nurses (PPDN), in conjunction with the Senior Nurse, will ensure Elizabeth Ward is using the approved pain tool as by Medicine Clinical Board, and the trigger for the use of tool is via the intentional rounding.</p> <p>The Senior/PPDN will audit compliance for a period of 3 months.</p>	<p>Senior Nurse/PPDN</p>	<p>30th August 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to describe the action taken/to be taken to ensure that improvements are made to record keeping within Elizabeth Ward in accordance with clinical/professional guidance. This is because robust record keeping is essential in ensuring that people receive safe and effective care.</p>	<p>3.5 Record keeping</p>	<ul style="list-style-type: none"> Integrated Assessment Senior nurse and PPDN will complete 2 spot audits of the integrated assessment chart on Elizabeth Ward. The audit process will be continued monthly by the ward sister as per the Medicine Clinical Board's audit plan. Discussed at safety briefing the importance of completing this assessment. Oral Bundle The Medicine Clinical Board is in the process of rolling out the All Wales Oral Bundle. Ward to complete an information board for staff to understand how to complete the assessments. 	<p>Ward Sister/PPDN/Senior Nurse</p> <p>Ward Sister</p> <p>Senior Nurse/Ward Sister</p>	<p>30th July 2018</p> <p>30th June 2018</p>
Quality of management and leadership				
<p>There were no improvements identified at this inspection in relation to the above theme.</p>				

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): Rebecca Aylward

Job role: Director of Nursing

Date: 7th June 2018