

Hospital Inspection (Unannounced)

Ysbyty Alltwn, Betsi Cadwaladr
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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Ysbyty Alltwen within Betsi Cadwaladr University Health Board, on 01 and 02 May 2019. The following ward was visited during this inspection:

- Morfa Ward

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

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

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

2. Summary of our inspection

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

This is what we found the service did well:

- Person centred care and good staff engagement with patients
- Risk assessment, auditing and reporting
- Cleanliness of the ward environment
- Quality of food
- Communication and information
- Staff support, supervision and training
- Record keeping
- Management overview

This is what we recommend the service could improve:

- Recording of mental capacity assessments
- Designated lounge and dining space
- Storage
- Patient weight on Medication Administration Record (MAR) charts
- Some aspects of infection control

3. What we found

Background of the service

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

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

Ysbyty Alltwn is located on the outskirts of Tremadog and was opened in April 2009. There is one inpatient ward at the hospital (Morfa ward). This is an 18 bed ward for care of the elderly, with medical services being provided by general practitioners based at a local practice. The number of inpatient beds can be increased to 24 during times of high demand. There were 22 patients accommodated at the time of the inspection.

Patient accommodation was set out in four bays with four beds in each bay, and eight single bed cubicles. There were toilet facilities within the bays and en-suite facilities within the cubicles. In addition, there were two well equipped bathrooms for patients' use. Additional facilities included a relatives' room, infusion room, which was used as a day care facility for patients requiring blood transfusion or intravenous medication, sluice, staff room, staff kitchen and a multidisciplinary office space with computer access. Store cupboards and worktops were located within recesses on the corridor.

Other services provided at Ysbyty Alltwn include:

- Outpatient Department
- X-ray Department
- Minor Injuries Department
- Day Investigation Unit

- Physiotherapy
- Occupational Therapy
- Podiatry (Chiropody)
- Speech and Language Therapy
- Child Development Team
- Mental Health Team

Quality of patient experience

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

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring.

We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

Patients were being encouraged and assisted to change out of their nightwear and into day clothes to maintain dignity and promote independence.

We found that patients were able to move freely around the ward area.

We saw staff attending to patients in a calm and reassuring manner.

The ward environment was clean and tidy.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the standard of care provided to patients at the hospital. A total of eight questionnaires were completed. We also spoke with patients during the inspection.

All of the patients who completed a questionnaire had been on the ward for at least one to two weeks. One patient commented:

"Feel the ward is very good"

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

Staying healthy

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

We saw good interactions between staff and patients, with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging them to do things for themselves, thus maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities. Volunteers visit the ward on a regular basis and engage patients in one to one activities.

The Butterfly¹ scheme was in operation on the ward, whereby butterfly symbols were used to identify patients with a diagnosis of dementia or cognitive impairment, and who required additional support or a different approach to the provision of care. Other symbols were also in use to identify patients who required additional support such as assistance with eating and drinking.

There was no designated patient lounge or dining area on the ward, and some of the patients spoken with stated that they would benefit from such facilities. We recommend that the provision of such facilities be given consideration during any future refurbishment of the ward, to enhance the quality of patients' experience, encourage mobility and maintain independence.

Improvement needed

Consideration should be given to providing designated lounge/dining space, during any future refurbishment of the ward.

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

Dignified care

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

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

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

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

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. Where applicable, 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.

Patient information

Bilingual health promotion information for patients and their families/carers was displayed and available on the ward.

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

A Patient Status at a Glance board (PSAG)² was located in the multidisciplinary meeting room near the nurses' station. The board was positioned in such a way that patients' information was kept confidential.

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

Communicating effectively

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

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

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

All but one of the patients told us, in the questionnaires, that staff had always talked to them about their medical conditions and helped them to understand them.

Timely care

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

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

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

The Community Resource Team³ met on the ward once a week, to discuss discharge arrangements and complex cases, to ensure that adequate support was put in place for patients returning home.

Some healthcare support workers work out in the community as well as on the ward, depending on demand. This enables patients to be cared for in their own homes to prevent unnecessary hospital admission and also facilitates early discharge.

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wished to be cared. Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients also told us that staff assisted them and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk, and assisting them to eat and drink independently.

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

All of the patients who completed the questionnaire confirmed that they had access to a call bell, and patients agreed that staff would come to them when they used the call bell.

³ The Community Resource Team (CRT) is a joint service provided by the health board and social services. The CRT provides help to people who need support to stay independent, within their own homes. The CRT ensures that patients receive the right intervention, at the right time, from the right professional. It simplifies the process by coordinating both health and social care needs.

People's rights

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

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

We found that Deprivation of Liberty Safeguards (DoLS)⁴ assessments were being conducted as required. However, we found the recording of mental capacity assessments to be inconsistent.

We found that Do Not Attempt Resuscitation (DNAR)⁵ forms had been completed appropriately where required.

Improvement needed

Review the process and address issues around recording of mental capacity assessments.

Listening and learning from feedback

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

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

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

⁵ A Do Not Attempt Resuscitation assessment is conducted by a doctor, and tells the medical team not to attempt cardiopulmonary resuscitation (CPR). The assessment form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat a patient.

There was a formal complaints procedure in place which was compliant with Putting Things Right⁶. There was information available, in the form of posters and leaflets, advising patients and/or relatives on how to make a complaint.

⁶ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Delivery of safe and effective care

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

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

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

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

There were formal medication management processes in place.

Patients' care needs had been assessed by staff, and staff monitored patients to promote their well-being and safety.

Safe care

Managing risk and promoting health and safety

We found the ward to be well maintained and systems were in place to report environmental hazards that required attention and repair.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients and staff.

The ward environment was generally free from any hazards to patient, visitors and staff safety. However, we noted that some equipment, such as hoists and chair weighing scales, was being stored on the corridor, at times, which could present a trip hazard.

Improvement needed

Review storage arrangements to eliminate risk of injury to patients, staff and visitors.

Preventing pressure and tissue damage

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

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

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

Falls prevention

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

Infection prevention and control

There was a comprehensive infection control policy in place and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

Infection control audit outcomes were displayed on a notice board within the ward.

Staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection. The ward manager had set measures in place to address issues highlighted with regards staff non-compliance with the hand washing procedure. This had resulted in some improvement. However, during the inspection, we noted that not all staff were adhering to the hand washing policy and procedure. This aspect of the service requires further monitoring.

Without exception, all of the patients who completed a questionnaire felt that the ward was clean and tidy.

Improvement needed

Continue to monitor staff compliance with the hand washing procedure.

Nutrition and hydration

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

Patients had access to fluids, with water jugs available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

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

We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently. Every patient who completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible.

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

Staff were seen to offer patients the opportunity to wash their hands after eating their meal. However, patients were not given the opportunity to wash their hands before eating. This should be encouraged as a means of promoting hygiene and reducing cross infection.

Improvement needed

Offer patients the opportunity to wash their hands before eating.

Medicines management

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

For completeness, we recommended that the patient's weight be entered on the medication administration chart. It was, however, noted that patients' weights were recorded on individual care files.

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

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

We found that staff were not always locking the door to medication storage room on exit, despite there being posters near the door reminding staff to do so. This was brought to the attention of the ward manager who took immediate steps to remind staff of the need to lock the medication storage room on exit. We subsequently checked the door to the medication storage room on a number of occasions throughout the course of the inspection and found it to be locked. We were told that there were plans to fit a key pad type lock to the door leading into the medication storage room.

We found that the content of the cardiac arrest trolley was checked on a regular basis and any items past their expiry date replaced.

Improvement needed

Record patients' weight on medication administration charts.

Continue to monitor and ensure that staff lock the door to medication storage room on exit.

Safeguarding children and adults at risk

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

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

Medical devices, equipment and diagnostic systems

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

Effective care

Safe and clinically effective care

There was evidence of very good multidisciplinary working between the nursing and medical staff. General Practitioner 'ward rounds' were held on the ward twice a week, with GPs visiting as and when required on all other days. We were told that there was good access to GP services at night and during the weekends, as the GP out of hours service was located in the hospital.

We found that the Adult Nursing Assessment documentation had been fully completed on admission to the ward. Pain assessments were also being undertaken as required.

We found that care bundles, linked to the National Early Warning Scores (NEWS)⁷ system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness or sepsis.

⁷ NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

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

Information governance and communications technology

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

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

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

Record keeping

Patient care notes were found to be generally well maintained. Care files were, in the main, organised and easy to navigate.

Quality of management and leadership

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

We found very good management and leadership at ward level, with staff commenting positively on the support that they received from the ward manager.

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

Governance, leadership and accountability

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

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on the ward with regular, formal, recorded staff meetings taking place on a regular basis.

We found very good internal communication between the multidisciplinary team. A telephone conference 'huddle' meeting is conducted every morning involving managers from other community hospitals and community nursing teams covering the health board's Western area. This enables the management team to have an overview of what is happening across all the services and enables them to plan resources to meet fluctuating demand.

The deputy head of nursing is based on the ward. This enables her to have daily oversight of the service provided and means that she is visible and accessible to staff, patients and visitors.

Staff and resources

Workforce

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

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

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

In total, we received 14 completed questionnaires from staff undertaking a range of roles at the hospital. Staff completing the questionnaires had worked at the hospital ranging from around a couple of months to more than 10 years.

All staff indicated in the questionnaires that they had undertaken a wide range of training, or learning and development, in areas such as health and safety and in the privacy and dignity of older people, while 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.

We inspected a sample of staff files and confirmed that staff had access to mandatory and other service specific training. Figures presented to us during the inspection showed that the ward staff mandatory training completion rate was 88.45%. We saw evidence on individual files of staff being formally reminded of the need to complete all mandatory training.

All but two of the 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 that did take place, all but one of the staff who completed a

questionnaire told us that their manager always supported them to achieve these needs.

We requested information relating performance appraisals and were able to confirm that 97.14% of staff had received an annual appraisal within the previous twelve months.

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 that completed a questionnaire all agreed that in the department, the privacy and dignity of patients is maintained, that patient independence is promoted, and that patients and/or their relatives are involved in decisions about their care.

Staff indicated in the questionnaires that they are not always able to meet all the conflicting demands on their time at work, and half of the staff felt that there are only 'sometimes' enough staff at the organisation to enable them to do their job properly. Staff comments on the questionnaires included:

"Amazing place to work"

"During my placement at Alltwen I have experienced/seen some great care for the patients here. All staff are friendly and work hard and all work well as a team to ensure the best care possible for their patients"

We inspected staff rotas and found that there were normally two registered nurses and three healthcare assistants on duty during day time hours. This figure fluctuated depending on the number of patients accommodated and the dependency levels. We were told that staff from minor injuries unit and community based healthcare assistants would help out on the ward, when their area was not busy.

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

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

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. Most staff members who answered these questions felt that the organisation was 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 and take swift action when there are shortcomings, and said that there was generally a culture of openness and learning with the health board that supports staff to identify and solve problems.

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

All staff members who completed a questionnaire agreed that the care of patients is the organisation's top priority, and that the organisation acts on concerns raised by patients. All 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.

All but one of the staff members who completed a questionnaire told us that patient experience feedback (e.g. patient surveys) was collected within their directorate or department. Those staff that knew that patient experience feedback was being collected told us that they received regular updates on the patient experience feedback and felt that patient experience feedback is used to make informed decisions within their directorate or department.

Staff were asked questions in the questionnaire about their immediate manager, and the feedback received was positive. Staff members provided the following comments:

"Has been supportive in my progression from student to qualified nurse. Always approachable to ask for advice or guidance"

"Great manager, always ready to help"

All 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.

Where applicable, 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.

Where applicable, all of the staff members who completed a questionnaire reported that they always knew who the senior managers were in the organisation. Just under a third of staff members who completed a questionnaire felt that, on the whole, senior managers were not committed to patient care. All but one staff member also told us that there is generally effective communication between senior management and staff and said that

senior managers regularly involve staff in important decisions and act on staff feedback; one staff member provided the following comment:

“My Matron and Manager are very supportive and always approachable”

Ten out of the fourteen 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.

The majority of staff members neither agreed nor disagreed when asked in the questionnaires whether, in general, their job was good for their health.

Staff members agreed that their immediate manager takes a positive interest in their health and well-being and that their organisation takes positive action on health and well-being.

More than three quarters of the staff told us in the questionnaires that they had seen errors, near misses or incidents in the last month that could have hurt staff or patients.

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. All staff who answered this particular question in the 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 and also felt that the organisation would not 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. Every staff member 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.

All but one of the staff members 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 management team should reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.

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

| Immediate concerns identified | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|--|--|--|---|
| We found that staff were not always locking the door to medication storage room on exit, despite there being posters near the door reminding staff to do so. | This meant that patients were not protected from the risks associated with unauthorised access to medicines. (Standard 2.6). | This was brought to the attention of the ward manager. | <p>The ward manager took immediate steps by reminding staff of the need to lock the medication storage room on exit.</p> <p>We were told that there were plans to fit a key pad type lock to the door leading into the medication storage room.</p> |

Appendix B – Immediate improvement plan

Hospital: Ysbyty Alltwen

Ward/department: Morfa

Date of inspection: 01 and 02 May 2019

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

| Immediate improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|----------|----------------|---------------------|-----------|
| No immediate assurance issues were identified during this inspection. | | | | |

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Ysbyty Alltwen

Ward/department: Morfa

Date of inspection: 01 and 02 May 2019

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 | | | | |
| Consideration should be given to providing designated lounge/dining space, during any future refurbishment of the ward. | 1.1 Health promotion, protection and improvement | Quiet areas and small social area by nursing station to be utilised in the meantime, to be considered in future refurbishment of the ward for more appropriate area. | Matron Rhona Jones | This will be incorporated into the next refurbishment review |
| Review process and address issues around recording of mental capacity assessments. | 6.2 Peoples rights | Referral section to be added to nursing cardex folder to ensure that any referrals in regard to mental capacity is easily identified. All patient will have mental capacity status documented, all assessments to be filed in nursing cardex. | Ward Manager Emma Owen | Will be completed by the end of July 2019, and subject to ongoing audit by the |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--|---|---------------------------|--|
| | | | | Ward Manager |
| Delivery of safe and effective care | | | | |
| Review storage arrangements to eliminate risk of injury to patients, staff and visitors. | 2.1 Managing risk and promoting health and safety | No equipment to be kept on corridors, all unused equipment to be kept off ward. Equipment used on daily basis to be kept in a dedicated area(s) away from corridor. | Ward Manager Emma Owen | Completed and ongoing as part of the well organised ward work. To be monitored |
| Continue to monitor staff compliance with the hand washing procedure. | 2.4 Infection Prevention and Control (IPC) and Decontamination | Weekly hand hygiene audits continued. Staff challenged on missed opportunities. Un announced visit by infection control team following HIW visit audit achieved 100%. | Ward Manager Emma Owen | Completed and ongoing assessments with Infection Prevention Control |
| Offer patients the opportunity to wash their hands before eating. | 2.5 Nutrition and Hydration | Individual wrapped hand wipes now provided on patient meal trays, patients encouraged to use. | Ward Manager Emma Owen | Completed and subject to spot audit checks by Ward |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|--------------------------|---|---|---|
| | | | | Manager |
| Record patients' weight on medication administration charts. | 2.6 Medicines Management | Staff encouraged to record weight on medication charts, pharmacy staff to monitor as well as WM. | Ward Manager Emma Owen | Completed and subject to monthly audits |
| Continue to monitor and ensure that staff lock the door to medication storage room on exit. | | Awaiting date for swipe lock access. Funding secured. Access to the medication room is monitored as part of the monthly senior walkabout visits. | Matron Rhona Jones | End of July 2019 |
| Quality of management and leadership | | | | |
| Reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted. | 7.1 Workforce | In relation to the near misses and errors/incidents, we will raise attention/focus on patient incidents with staff at regular huddles. In terms of staffing levels and pressure of work, we will ensure that there is a clear escalation plan in place to support staff. In terms of the feedback from the questionnaire completed by staff in relation to staff being treated equal and fairly, the HIW report will be shared with the workforce team for further advice | Workforce team, Ward Manager Emma Owen & Matron Rhona Jones | End of September 2019 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--------------------|----------|----------------|---------------------|-----------|
| | | and guidance. | | |

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): Rhona Wyn Jones

Job role: Locality Matron

Date: 18/6/2019