Follow-up Inspection (Unannounced)

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

Inspection date: 13, 14 May 2019

Publication date: 15 August 2019

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Digital ISBN 978-1-83933-049-0

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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 follow-up inspection of Sunderland Ward, South Pembrokeshire Hospital within Hywel Dda University Health Board on the 13 and 14 May 2019. During the inspection HIW looked at the improvements identified in the previous inspection report. These are outlined at the start of each section.

Our team, for the inspection comprised of two HIW inspectors, two clinical peer reviewers and one lay reviewer(s). The inspection was led by a HIW inspection manager.

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

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care.

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

Whilst the ward was generally well maintained, the health board must take action to address some issues around the cleanliness of some equipment on the ward. The Health board must also take action to address some environmental issues to promote a safe environment.

We identified that immediate improvement was needed around aspects of medicines management, infection prevention and control, and VTE assessments in accordance with NICE guidelines. The health board provided a detailed immediate improvement plan within the agreed timescales.

This is what we found the service did well:

- We saw staff treating patients with dignity, respect and kindness
- Staff were committed to providing high quality care to patients
- The reminiscence room had been completed and was used regularly to enhance the care provided for patients with dementia.

This is what we recommend the service could improve:

- Aspects of medicines management
- Signage on the ward did not always reflect the correct use of rooms
- VTE assessments in accordance with NICE guidelines
- Recruit to vacant ward manager post

3. What we found

Background of the service

HIW last inspected South Pembrokeshire Hospital on 23 and 24 August 2017.

The key areas for improvement we identified included the following:

- The amount of clutter on the ward to promote safety and effective cleaning
- Aspects of medicines management including safe storage and administration
- The information provided to patients including how they may provide feedback and make a complaint
- Aspects of the care planning process and the system for written care plans

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

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 we spoke with provided positive feedback about the treatment they received from staff. We saw staff being kind to patients, and treating them with dignity and respect.

There were processes in place for patients and visitors to provide feedback. The health board should make arrangements to promote this, and also to report what they have done to improve as a result of feedback.

What improvements we identified

Areas for improvement identified at last inspection included the following:

The health board must make:

- Arrangements to promote the use of evidence based practice in relation to continence care
- Suitable arrangements to promote the timely response to patients' requests for assistance whilst on the ward
- Arrangements to promote awareness amongst patients and their families of how they may provide feedback about their experience and make a complaint
- Arrangements to provide relevant patient feedback to ward staff to promote learning and making improvements as appropriate.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 3 July 2017:

- The continence advisory team will develop a training module to support the use of the continence assessment within the ward environment. A schedule of training dates will be developed by the continence advisory team. The impact of training will be monitored

through audit. This will support the use of evidence based practice in relation to patient care once a continence issue has been identified

- A review of current call response times will be undertaken. A review will be taken of current call bell arrangements that are in place for patients. Review the existing task allocation between health care support workers and hotel facilities staff. Identify any actions from review of tasks and arrange meeting with managers in hotel Facilities to consider alternative working practice

- Install a patient suggestion box within the ward with 'we care about what you think' cards, provided to patients to provide feedback on their experience

- Provide feedback to staff in monthly team meetings. Provide key feedback from HIW staff meetings. Implement staff notice boards to demonstrate numbers of compliments, complaints. Develop notice boards within the ward environment to promote how patients and relatives can provide feedback.

What we found on follow-up

We found a good level of continence care evidenced in the care plans and saw this in practice with staff assisting patients in a sensitive manner so they didn't feel embarrassed.

A range of health promotion information was available for patients.

The NHS (Wales) Putting Things right[1] complaints process information was displayed throughout the ward. Feedback was encouraged from patients, a suggestion box was placed at the entrance to the ward.

[1] http://www.wales.nhs.uk/sites3/home.cfm?orgid=932

Additional findings

Dignified care

We saw patients being treated with dignity and respect.

Patients were very complimentary of staff, and told us that staff had treated them with respect and kindness.

We saw rooms on the ward that had incorrect signage which did not reflect the function of that particular room. For example, the dining room was being used as a large store room, and the quiet room was being used as the occupational therapy office.

The ward catered for both male and female patients. There were twenty single bedrooms and five bays of four beds. Male and female patients were both catered for at the hospital. The bays were designated either male or female depending on the requirement. There were dignity curtains around beds and doors on individual bedrooms could be closed. These arrangements helped to promote patients' privacy and dignity.

We found that communal toilets were not all single gender, and did not have engaged signs on them. Also the signage for the toilets was not bi-lingual or dementia friendly.

Improvement needed

The health board must correct the signage on the ward so that it reflects the actual use of the room.

Timely care

We found that the staff team were very busy, spending a vast majority of their time out on the ward treating and responding to patients.

Some patients that we spoke with commented on there being a delay in staff responding to call bells. At mid-morning on both days of the inspection we found that the call bell system had not been turned over from night to day mode. This meant that the patients' call bells could not be heard over the ambient noise of the ward. When it was switched to day mode the alert could be clearly heard and the amount it sounded illustrated the level of demand placed on the staff in responding to these.

Improvement needed

The health board must ensure that there is a robust process in place around the call bell system on the ward to maintain patient safety.

Individual care

Listening and learning from feedback

Patients, their families and carers had opportunities to provide feedback on their experience. There was information available throughout the ward, including the NHS (Wales) Putting Things Right posters and HIW contact details

The health board had arrangements in place for handling concerns and complaints. Staff of all levels demonstrated an understanding of this process.

We saw a post box at the entrance to the ward with comments cards. These could be completed by patients and visitors, and left in this box to provide feedback to the hospital.

There was no evidence displayed on the ward to show learning or actions carried out as a result of feedback.

Improvement needed

The health board must make arrangements to share feedback with patients and visitors on the ward.

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 patients were well cared for by staff on the ward, and patients were appropriately assessed to identify their care needs.

We identified immediate improvement was needed around aspects of infection prevention and control, storage of harmful substances and medicines management. The health board provided a detailed immediate improvement plan with timescales agreed.

What improvements we identified

Areas for improvement identified at last inspection included the following:

The health board must:

- Make arrangements to address the clutter on the ward to promote a safe environment for patients, staff and visitors. Ensure that cleaning materials are safely and securely stored. Replace or repair (as appropriate) the window blinds to promote patients' comfort and privacy
- Make arrangements to ensure that written care plans for preventing pressure and tissue damage are sufficiently detailed
- Make arrangements to promote effective infection prevention and control within the ward. Consideration must be given to relevant national initiatives in this regard
- Make arrangements to ensure that oxygen therapy is prescribed on drug charts and that thromboembolism risk assessments are completed as appropriate
- Implement a suitable system for routinely checking that medication is being stored at the temperature recommended by the manufacturer.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Develop an environmental audit rota to address stock rooms, stock control and equipment storage. Implement standards for room cleanliness in patient rooms, toilets, store rooms and other relevant areas. This will ensure daily compliance. Ensure that Hotel Facilities cleaning stores are securely locked to ensure safe storage of cleaning materials

- Reinforce to staff the importance of individualised patient care plans and relevance of individual care delivery in the prescribing of nursing care. The documentation audit will be enhanced to include individualised care planning for wound assessment and review

- Labelling of cleaned equipment to be implemented on the ward. Declutter the sluice room and develop designated clean / dirty areas

- Provide training on Venous Thromboembolism [2](VTE) assessments for nursing staff and medical staff. Incorporate audit of temperature checks into ward environmental spot checks.

What we found on follow-up

The clutter on the ward had been addressed to a degree. However, areas that are used for storage are very full and disorganised. Cleaning materials were not safely stored. On both days of our inspection, we found the cupboard to store hazardous substances was unlocked and was open when not in use. This did not comply with the Control of Substances Hazardous to Health (COSHH)[3] Regulation 2002.

[2] https://www.nhs.uk/Tools/Pages/VTE-self-assessment.aspx

[3] http://www.hse.gov.uk/coshh/

We found patient notes contained details of a pressure ulcer risk assessment tool was being utilised.

We could not be assured that infection prevention and control arrangements on the ward were effective. We found commodes in a poor state of repair with urine stains. In addition, we found arrangements were in place to follow the National Patient Safety Agency (NPSA) guidelines on colour coded cleaning systems[4]. However, we found that the system was not being followed. These issues are highlighted further under the heading Infection, Prevention and Control.

We found that there were two patients at the hospital being administered oxygen. One had been prescribed oxygen on the first day of our inspection, despite it having been administered for a number of weeks before hand. The second had been prescribed but no date documented. There was also no evidence of VTE assessments being completed in accordance with NICE[5] guidelines.

Additional findings

Safe care

NOTE: IMMEDIATE ASSURANCE ISSUES

Our concerns regarding the cleanliness of commodes, NPSA compliance, prescribing of oxygen to patients, medication fridge temperature checks and the carrying out of VTE assessments in accordance with NICE guidelines were dealt with under our immediate assurance process. This meant that we wrote to the hospital immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

[4] http://www.wales.nhs.uk/news/5981

[5] https://www.nice.org.uk/

Managing risk and promoting health and safety

As with the previous inspection we found that improvements were required to promote a safe environment for staff and patients.

Generally, the ward appeared well maintained with expected wear and tear of a busy ward. We found that the staircase at the back of the ward' which was identified as one of the fire escapes, had two chairs and a table situated on the landing halfway down the flight of stairs. These could cause an obstruction, and could significantly restrict patient and staff evacuation in the case of an emergency.

The ward was again cluttered with trolleys and equipment during busy periods. On our arrival at the ward, there were patient notes trolleys, medicines trolleys and patient food trolleys on the ward. This made moving around quite difficult, with significant trip hazards for staff and patients.

There were rooms on the ward being used for storage. We found that these were untidy and disorganised. There was also many equipment items marked as 'not working' and 'awaiting repair or replacement'. One store room had a large number of pressure relief mattresses that were awaiting replacement, and had been for some time.

As highlighted earlier, we found the COSHH storage cupboard open and unlocked on both days of the inspection despite this being reported to senior staff on the first day. As mentioned earlier in this reports there were other matters that were dealt with under our immediate assurance procedures.

Improvement needed

The health board must ensure that:

- All staircases are clear of obstruction at all times
- Clutter on the ward is kept to a minimum, particularly at busy periods to promote a safe environment for patients, staff and visitors
- All hazardous materials are safely and securely stored
- Items that are damaged and awaiting repair are replaced to ensure there is sufficient equipment available to provide continuity of care for patients.

Preventing pressure and tissue damage

We reviewed a number of patient notes. We saw that staff utilised an appropriate pressure ulcer risk assessment tool. The frequency for skin integrity checks and for moving patients was clearly documented in the care plans. However, we found some gaps where it was not recorded that a patient had not been repositioned for six hours, when the care plan clearly stated every two to four hours.

Body maps were used to record if pressure damage was evident, including the size of the wound. This was also used for monitoring any changes in the wounds if any.

A tissue viability nurse was available within the health board for advice and guidance should this be required by staff on the ward.

Improvement needed

The health board must ensure that staff adhere to individual patients' care plans, particularly in relation to repositioning of patients, and that this is recorded appropriately.

Infection prevention and control

On day one of the inspection, we saw commodes in use on the ward which were in a poor state of repair. Tape on the arms was falling away, there was rust around the hinges under the seat along with cracks and holes in the structure. The same commodes were also stained with what appeared to be drying urine. This was brought to the attention of senior staff who agreed to remove the commodes. On day two the same commodes were back on the ward, still stained and not repaired from the previous day. This poses a significant risk to patient safety in relation to the high risk of cross contamination of infection.

We found that National Patient Safety Agency (NPSA) guidance was not being followed in relation to the use of colour coded cleaning equipment to prevent cross contamination of infection. In the sluice we found a yellow bucket (clinical) containing a red mop head (sluice, toilet, bathroom areas) and a blue mop handle (general areas such as wards) all being used together. We cannot be assured that cleaning of areas such as, the sluice and toilet, will not transfer into clinical areas with the same items of cleaning equipment.

These issues were addressed under our immediate assurance process, details of which can be found in appendix B.

Medicines management

We examined the records of two patients who were being administered oxygen as part of their medical treatment. One patient had a prescription which was not dated. The other patient had a prescription dated 13 May 2019. However, this patient had been administered oxygen since the 1 May 2019, previous drugs charts showed that this had not been prescribed.

We found that there were a number of days where no temperature checks had been recorded for the medication refrigerator. During this period the fridge had been accessed numerous times in order to administer medication stored inside. On discussion with staff regarding our findings, we could not be assured that the correct protocols were understood and would be implemented if the temperatures were found to be outside acceptable parameters.

These issues were addressed under our immediate assurance process, details of which can be found in appendix B.

Effective care

Safe and clinically effective care

The previous inspection report highlighted the need for staff to be made aware of the Health and Care Standards (2015), and best practice initiatives relevant to the care provided on the ward. We found that there was a far greater knowledge and understanding of these standards by the staff.

Nurse led risk assessments of individual patients and their needs, were of a good standard. Patients appeared well cared for, and staff were constantly visible on the ward tending to the needs of patients.

The ward had Patient Status at a Glance (PSAG) boards. These contained information about individual patients and personal information was protected maintaining confidentiality and dignity. However, we found that the boards were inconsistent and not always up to date.

We examined a number of patients' clinical notes. Some of the patients' conditions increased their risk of acquiring Thrombosis (blood clot). We found no evidence of VTE assessments being carried out. We were shown an acute medical admission risk tool that was in use at the hospital. We found no evidence of this being utilised in the records we examined.

We found that the Health Board does not currently have a policy covering VTE assessments, as the draft is currently awaiting final approval.

These issues were addressed under our immediate assurance process, details of which can be found in appendix B.

Improvement needed

The health board must ensure that PSAG boards are maintained and up to date, to ensure staff are fully aware of a patients' status.

Record keeping

We looked at a sample of nine care records. The records showed that patients had been assessed to identify their care needs, and we saw written care plans had been developed to help direct staff in providing care. The nurse documentation was of a good standard and easy to understand and navigate. However, the doctor's notes within files were often illegible, making it difficult to read and understand what had been written.

We found that multidisciplinary team notes and medical notes were all filed together, which made the files very detailed but also bulky and cumbersome. Notes trolleys were locked appropriately maintaining the confidentiality of patients' details.

Improvement needed

The health board must ensure that entries made within patient records are legible and maintained in accordance with professional standards for record keeping.

Quality of management and leadership

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

We found a management structure with clear lines of accountability, although the vacant ward manager post has had an impact on the day to day running of the ward, and the workload of other ward staff.

Staff were very attentive to patients and spent a vast majority of their time out on the ward tending to patients' needs.

The health board is actively recruiting to the vacant ward manager post.

Required improvements we identified

Areas for improvement identified at last inspection included the following:

The health board must make:

- Arrangements to review its approach to aspects of audit activity on the ward to promote patient safety and service improvement
- Arrangements to review senior management oversight, and support to the ward team to ensure that quality and safety issues are identified and addressed in an effective and timely manner
- Suitable arrangements to ensure that staffing levels and skill mix is appropriate, to promote high quality and timely care to patients
- Suitable arrangements to support staff to attend mandatory training.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Senior management support has been implemented to support the ward manager and nursing team. An additional Band 6 junior sister has been recruited to the establishment of the ward. Audit activity has been clarified within the ward with Sisters taking lead areas of responsibility. Audit results will be displayed on staff boards to involve and engage the workforce on performance, standards and feedback

- A full review of nurse staff establishment has been undertaken. The Health Board have supported the additional nursing hours required to support safe staffing levels and skill mix is appropriate in support of patient care. Additional hours of qualified and HCSW have been approved by the Health Board. Recruitment to these additional hours is underway. Mandatory training sessions have been booked with staff development to support staff in achieving compliance. This is being closely monitored by the Ward Manager.

What we found on follow-up

The ward is currently running without a full time ward manager. This meant that staff at lower bands are required to undertake some of the workload of this vacant post. The health board have managed this vacancy in the short term by seconding a ward manager from a nearby hospital. However, this nurse is still conducting ward manager duties at her usual post. Staff told us this is having a negative impact on the current staffing structure. The health board is actively recruiting to this vacant role. When the post is filled, senior staff told us the workload placed on the lower bands will decrease allowing them to be more available for their ward responsibilities.

We found the health board had completed an uplift in staffing levels including qualified nurses and health care support workers. We found the skill mix on the ward to be appropriate in support of the patient care and safety. The locality manager who was a senior registered nurse, was based on site. This provided ward staff with additional senior management support.

We saw a range of audit records held in files on the ward. However, these files had not been kept up to date due to it being part of a full time ward manager's role. We were provided with evidence that the audits had been conducted and the master copies of these were held centrally within the health board directorate. All audits were up to date.

We saw evidence of a much improved compliance with mandatory training, with a high percentage of staff having completed the relevant training, within the required timescales.

Additional findings

Governance, leadership and accountability

As highlighted earlier, we found that the ward manager post was vacant. We were told by senior managers that the health board is actively recruiting to this post. As an interim measure the health board has seconded a ward manager from a nearby hospital to cover some ward manager duties on Sunderland Ward.

It was evident that day to day governance of the ward was being affected by the lack of a full time ward manager. Specifically we found that the audit records held on site were incomplete and out of date. We were told by senior managers that this was part of the ward manager's duties and was one of the pieces of work that couldn't be fulfilled with the current arrangements.

Improvement needed

The health board must ensure that records held on site, specifically audit activity are thorough and kept up to date.

Staff and resources

Workforce

As mentioned previously in this report. The health board has fulfilled its plan to increase the staffing levels including qualified nurses and health care support workers. However, the ward manager post has become vacant. Senior managers told us that they are actively recruiting to this post.

Improvement needed

The health board must make every effort to recruit to the vacant ward manager post as soon as possible.

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 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
There were no immediate issues resolved during the inspection.			

Appendix B – Immediate improvement plan

Service: Sunderland Ward, South Pembrokeshire Hospital

Date of inspection: 13 & 14 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
The health board is required to provide HIW with details of action taken to ensure that: • All equipment including commodes, used on the wards is safe and maintained to an acceptable standard of repair and cleanliness. • Consideration is given to the guidance offered by the National Patient Safety Agency (NPSA) when using cleaning equipment in all clinical and non-clinical areas	Infection Prevention and Control	An immediate review of all patient equipment including commodes to be undertaken. All equipment found to be unsafe or not maintained to an acceptable standard to be removed from the ward and replacements ordered. A process for ongoing scrutiny and monitoring of equipment and a schedule for replacement to be implemented.	Locality Manager and Senior Ward Sisters Resource Centre Manager /Locality Manager Locality Nurse/Ward Sister	Completed Completed Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Daily cleaning schedules and rota for all patient and clinical equipment to be established.	Ward Sister	Completed
		Commode cleaning posters to be obtained from IP&C and distributed on the ward.	Ward Sister / Senior IP&C Nurse	Completed
		Spot checks of cleanliness and repair to be undertaken on a monthly basis and to commence June 2019.	Ward Sister / Locality Nurse	30/06/19
		Hotel Facilities cleaning products and equipment \ to be securely locked to ensure safe storage of cleaning materials.	Hotel Facilities Lead	Completed
		All staff to receive guidance on the correct colour coding and use of all cleaning equipment.	Hotel Facilities Lead	Completed
		Hotel Facilities to ensure that the correct National Patient Safety Agency (NPSA) Posters are displayed clearly for staff to see and that associated standards and guidance is easily accessible for	Hotel Facilities Lead	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		staff on the ward. The Senior Management Team to commence bi-monthly ward reviews with representation from Estates, Hotel Facilities and Infection Prevention and Control Teams from July 2019. Infection, Prevention and Control Audits to be shared with the Senior Management Team with immediate effect and areas for improvement to be shared with the ward staff at monthly team meetings.	Head of Community Nursing Senior Nurse – IP&C	31/07/19 Completed
The health board is required to provide HIW with details of the action taken to ensure that: All medicines, including oxygen are appropriately prescribed for patients.	Medicines Management	The Medications Management Policy (268) to be shared with all appropriate staff. The Oxygen Prescribing Policy to be shared with all appropriate staff. Guidance on the correct use of the All Wales Medication Chart to be provided to the medical staff covering the ward.	Head of Community Nursing Head of Community Nursing Head of Community Nursing	Completed Completed Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Medical GP's to be reminded of the importance of ensuring that all medical entries being legible and include the name and GMC number. The medical staff covering the ward to be provided with a stamp, showing name and GMC number, to use on all medical entries and medication charts. A signatory sheet to confirm the policies to be put into place. Medicines Audit template to be established to monitor legibility, dates, times, VTE assessments and Oxygen prescribing on the ward with support from Pharmacy and Medicines Management.	Locality Manager Locality Manager Locality Nurse Locality Nurse/ Senior Nurse Medicines Management	Completed 30/06/19 Completed 30/06/19
The health board is required to provide HIW with details of the action taken to ensure that: • Medicine refrigerator temperature checks are conducted and recorded	Medicines Management	A process for daily Medicine Refrigerator Temperature Checks to be implemented on the ward with immediate effect.	Head of Community Nursing	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
daily. And that staff are fully aware of the appropriate action to be taken should these temperatures be found to be outside the acceptable range. • Consideration must be given to Patient Safety Notice PSN 015 / July 2015 The storage of medicines refrigerators.		To incorporate the audit of temperature checks into ward environmental spot checks. Guidance on the appropriate actions to be taken in the event of temperature checks outside of acceptable ranges to be revised and included in an updated version of the Medicines Management Policy and shared with staff. Staff to be informed of the escalation process for notifying senior staff in the event of temperatures outside of normal ranges. Relevant Patient Safety Notices in relation to The Storage of Medicines: Refrigerators and Guidance on the Storage and Recording of Fridge Temperatures to be clearly displayed near medicine fridges.	Locality Nurse Senior Nurse – Medicines Management Ward Sister Ward Sister/ Pharmacy Ward Sisters	30/06/19 30/09/19 Completed Completed
The health board is required to provide HIW	Safe and Clinically	Guidance on the correct use of the	Head of	30/06/19

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
with details of the action taken to ensure that: • VTE assessments are carried out in accordance with NICE guidelines. • The health board policy for the management and prevention of VTE finalised and disseminated to all appropriate staff.	Effective Care	All Wales Medication Chart, including the prescribing and assessment of VTE to be provided to the medical staff covering the ward. The Health Board VTE policy to be completed and distributed to all appropriate staff.	Community Nursing Senior Nurse – Medicines Management	30/09/19

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

Service representative

Name (print): Mandy Rayani

Job role: Director of Nursing, Quality and Patient Experience

Date: 23 May 2019

Appendix C – Improvement plan

Service: Sunderland Ward, South Pembrokeshire Hospital.

Date of inspection: 13 & 14 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				
The health board must correct the signage on the ward so that it reflects the actual use of the room.	4.1 Dignified Care	All incorrect or inappropriate signage to be removed from the ward. Local Project group to be established to continually review correct signage for clinical and in-patient ward areas.	Resource Centre Manager for South Pembrokeshire Hospital Resource Centre Manager for South Pembrokeshire Hospital	Completed July 2019 October 2019
The health board must ensure that there is a	5.1 Timely access	Review the call bell system on ward	Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
robust process in place around the call bell system on the ward to maintain patient safety.		area Staff in ward area to be informed that the call bell system is switched to Day mode between the hours of 7am and 11pm. Posters to remind staff to be developed and shared at team meeting and also displayed by the call bell system.	Resource Centre Manager for South Pembrokeshire Hospital Ward Manager	June 2019 Completed May 2019 August 2019
The health board must make arrangements to share feedback with patients and visitors on the ward.	6.3 Listening and Learning from feedback	Purchase of Know how you're doing Boards, which includes key quality data on pressure damage, Health Acquired Infections	Professional and Practice Development Nurse	October 2019
Delivery of safe and effective care				
The health board must ensure that:	2.1 Managing risk and promoting	All ward staff made aware of the importance of keeping clinical and	Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
• All staircases are clear of obstruction at all times • Clutter on the ward is kept to a minimum, particularly at busy periods to promote a safe environment for patients, staff and visitors	health and safety	patient areas including staircases and corridors free from Clutter and obstructions at all times. Agenda item on team meeting.	Ward Manager	May 2019 August 2019
• All hazardous materials are safely and securely stored		Clinical and hotel facilities staff based on ward area to be advised that all hazardous materials are to be safety stored and the cupboards kept locked at all times. Environmental, Infection prevention and Control and ward 'health checks' / audits to be implemented. Relevant safety notices to be displayed	Head of Community Nursing and Locality Nurse Ward Manager and Head of Hotel Facilities	Completed May 2019 Completed July 2019 Completed July 2019
• Items that are damaged and awaiting repair are replaced to ensure there is		All Damaged equipment removed from ward area	Resource Centre Manager for	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
sufficient equipment available to provide continuity of care for patients.			South Pembrokeshire Hospital	May 2019
		Replace equipment which is worn / damaged or broken	Resource Centre Manager	August 2019
		Routine spot checks to include inspection of equipment to be implemented.	Ward Manager	Completed July 2019
The health board must ensure that staff adhere to individual patients' care plans particularly in relation to repositioning of patients, and that this is recorded appropriately.	2.2 Preventing pressure and tissue damage	Individualised care plans to be used by ward staff	Head of Community Nursing	Completed June 2019
		Staff advised of importance of record Keeping to be contemporaneous and clear. To include repositioning of patients.	Ward Manager and Locality Nurse	Completed June 2019
		Record keeping audits undertaken bi-	Ward Manager /	Commenced

Improvement needed	Standard	Service action	Responsible officer	Timescale
		monthly to review compliance against individual care plans	Practice Development nurse	June 2019
		Skin bundles and intentional rounding training to be provided to identified staff.	Professional and Practice Development Nurse	Completed July 2019
		Training on completion of care plans to be given to identified staff	Professional Development Nurse	September 2019
		Nominated staff to be allocated to Record Keeping Training Sessions	Ward Manager/ Community professional Development Nurse	September 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that PSAG boards are maintained and up to date, to ensure staff are fully aware of a patients' status.	3.1 Safe and Clinically Effective care	PSAG boards to be updated in line with relevant and in date patient information Spot check audits to ensure continued compliance	Ward Manager Ward manager	Completed July 2019 September 2019
The health board must ensure that entries made within patient records are legible and maintained in accordance with professional standards for record keeping.	3.5 Record keeping	Audits on record keeping to be undertaken on a bi-monthly basis Feedback on findings of record keeping audit to be given in • team meetings Medical staff to be provided with a stamp for their names and GMC numbers to be easily recorded on patient entries	Head of Community Nursing Resource Centre Manager for South Pembrokeshire Hospital Locality Manager	August 2019 August 2019 August 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The health board must ensure that records held on site, specifically audit activity are thorough and kept up to date.	Governance, Leadership and Accountability	Records to be maintained in ward area of all audit activity undertaken Spot checks on records kept in ward area to ensure records are up to date in an accessible location	Locality Nurse Senior Locality Nurse	Completed July 2019 August 2019
The health board must make every effort to recruit to the vacant ward manager post as soon as possible.	7.1 Workforce	Interim Band 7 Sister to be formally appointed on a full time basis until suitable recruitment can be achieved.	Head of Community Nursing	Completed July 2019

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): Ceri Griffiths

Job role: Head of Community Nursing

Date: 29th July 2019