Hospital Inspection (Unannounced)

Bronglais Hospital, Hywel Dda University Health Board, Stroke Services, Ystwyth 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 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 Ystwyth Ward, Bronglais Hospital, within Hywel Dda University Health Board, on 03 and 04 September 2019.

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

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

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

2. Summary of our inspection

We found evidence of good multidisciplinary working between the nursing, therapy and medical staff, with good application of the stroke care pathway.

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

We did however, find some evidence that the health board was not fully compliant with all Health and Care Standards in all areas. This included a significant weakness in the completion of patient records and documentation.

We also had immediate concerns for the delivery of safe and effective care for patients, as initial admission documentation, care plans and associated risk assessments were not completed consistently for all patients on the ward.

This is what we found the service did well:

- Good staff interactions
- Application and implementation of the stroke pathway
- Multidisciplinary working
- Leadership by substantive ward staff and specialist nurse
- Visibility and accessibility of Head of Nursing.

This is what we recommend the service could improve:

- Repair lift
- Provision of designated lounge and dining space
- Care planning and assessment
- General risk assessment

- Staffing
- Medication management
- Rehabilitation space on ward and location of therapy suite
- Location of dependant patients on ward
- Audit and review of documentation
- Formal staff supervision and support.

3. What we found

Background of the service

Bronglais Hospital is an acute district general hospital in Aberystwyth, with approximately 160 beds. It is managed by Hywel Dda University Health Board, and is the only acute hospital serving the population of mid Wales. It is also one of the smallest acute district general hospitals in the UK.

The hospital serves a core population of 125,000, in a geographically large and sparsely populated area. The summertime population doubles due to the influx of tourists, and there are also a large number of university students based in Aberystwyth. As well as serving the population of Ceredigion, it also serves the neighbouring counties of Powys and Gwynedd with regular outreach clinics.

The acute stroke unit is based on Ystwyth Ward, which has 17 beds, and provides multidisciplinary team hyper acute, acute and stroke rehabilitation care. The stroke team is led by the National Clinical Lead for Stroke in Wales. It is one of the smallest units in the UK, with approximately 140 confirmed stroke admissions per annum.

The stroke pathway in operation within the hospital, enables direct access to Computerised Tomography (CT) scanning. The nursing team receive and act upon stroke pre-alert calls, and meet the patient in the CT suite with the medical emergency team, and together assess patients on arrival at the hospital. The hospital initiates thrombolysis[1] for eligible patients in the CT suite and transfer patients directly to the acute stroke unit. The hospital states that the pathway enables them to deliver a high performing service, with the ability to benchmark services in line with larger, better resourced units across the UK.

[1] Thrombolysis, also known as thrombolytic therapy, is a treatment to dissolve dangerous clots in blood vessels, improve blood flow, and prevent damage to tissues and organs.

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 involved in the planning and provision of their own care, as far as was possible.

We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. However, there was inadequate space around beds which meant that staff found it difficult to maintain patients' privacy and dignity at all times, when attending to their patient care needs.

We viewed staff communicating with patients in a generally calm and dignified manner. However, there was limited use of alternative communication methods for patients with communication difficulties, and limited space for staff to speak with patients and their relatives in private.

We found that the care planning process took account of patients' views on how they wished to be cared. However, the completion of documentation on the ward was poor. This included care plans that were generic in format and not person centred and risk assessments that were absent or not completed. In addition, Do Not Attempt resuscitation forms were not completed consistently, and Deprivation of Liberty Safeguards, metal capacity and best interest assessments were not routinely conducted.

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 the effects of a stroke or memory problems, we found that relatives were consulted and encouraged to help make decisions around care provision, in accordance with the Health and Care Standards (2015).

We saw generally 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.

Some of the walls on the ward were painted in different colours, which has been shown to improve the experience of patients living with dementia. In addition, the Butterfly[2] 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.

There was no designated patient lounge or dining area on the ward. The staff who we spoke with stated that patients would benefit from such facilities, to aid social integration and rehabilitation. 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.

Dignified care

We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Although there was sufficient space within the bed bays for patients to move about, space became very cramped when privacy curtains were closed and staff were attending to patients. Consequently, staff had to reposition beds to gain appropriate access to patients in order to provide care. On two occasions, we observed that privacy curtains were not fully closed, as staff had accidentally moved the curtains when attending to patients. This meant that patients' dignity was sometimes compromised.

[2] 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.

Patients appeared well cared for with staff paying specific attention to patients' personal hygiene and general appearance.

Improvement needed

The health board must take steps to ensure that there is adequate space around beds, so that patients' privacy and dignity is maintained at all times when staff are attending to their care needs.

Patient information

Notice boards were widely distributed around the ward and contained information specifically about strokes, as well as information about the ward team and other background information. However, not all the information on the boards was up to date, and some presented a confusing picture with regards audit results.

A Patient Status at a Glance board (PSAG)[3] was located near the nurses' station. The board was designed in such a way that patients' information was kept confidential.

Improvement needed

The health board must ensure that all information, such as audit results posted on notice boards on the ward, are up to date.

Communicating effectively

We viewed staff communicating with patients in a generally 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. However, one staff member was seen to be approaching and responding to a patient in an abrupt manner. This was brought to the attention of the Head of Nursing who agreed to address the matter with the member of staff concerned.

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

Some 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. However, there was limited use of alternative communication methods for patients with communication difficulties, for example, the use of picture books or word charts to assist in the communication with patients with speech problems and aphasia[4].

In all five care records we reviewed, the communication care plan was either not completed or absent. The communication section of the adult inpatient assessment documentation was not fully completed for three out of five patients case tracked. In all five cases, there was no person centred and tailored local care plan to address communication difficulties, and we saw that, in some cases, this impacted on patient care and experience.

There was limited space available for staff to speak with patients and their relatives in private. The only area available for this was in small meeting room, which was also a thoroughfare leading to the staff room. Staff told us that sensitive conversations taking place within this room were often interrupted by staff walking in and out of the staff room.

Improvement needed

The health board must ensure that:

- Staff have access to alternative communication methods to assist in communicating with patients experiencing speech problems and/or aphasia
- Communication care plans are routinely completed
- The adult inpatient assessment documentation is fully completed for all patients admitted on to the ward
- Person centred and tailored local care plans are drawn reflecting communication difficulties

[4] Aphasia is condition characterized by either partial or total loss of the ability to communicate verbally or using written words. A person with aphasia may have difficulty speaking, reading, writing, recognizing the names of objects, or understanding what other people have said.

- There is space available for staff to speak with patients and their relatives in private, without being disturbed.

Timely care

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

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

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wished to be cared for. 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.

We found that care plans were generic in format and not person centred. In all five patients' care files we reviewed, risk assessments were either absent or incomplete with numerous missing staff signatures, and lack of review dates on care plans and risk assessments.

There was generally, sufficient moving and handling equipment available on the ward. This included sliding sheets and hoists to assist with the moving and positioning of patients who had limited mobility. However, we were informed that the hoist is sometimes taken down to the physiotherapy room with the patient, leaving the ward short of a hoist.

Therapy was available on five out of seven days a week. Therapies included occupational and physiotherapy, dietetics and speech and language therapy. This was in line with the National Institute for Health and Care Excellence (NICE)[5] guideline on managing strokes (2019)[6], which state that patients should receive 45 minutes of therapy per day as a minimum. However, given the size of the therapy team, it was unlikely that they would be able to provide the amount of time required. This is another standard set out in the NICE guideline which states that there should be additional therapy support available for patients who required this.

On call therapy staff were available at weekends, but this service was limited to chest physiotherapy for urgent cases.

We were informed that the health board was in the process of improving the therapy provision by employing three therapy assistants who would be able to work weekends, and bridge the current gap in service. Staff felt this would be a significant improvement, as they reported that patients did regress in their therapy journey when not having therapy over the weekend periods.

There were also environmental issues which hindered the effective delivery of therapy. This included the therapy suite being located on another floor of the hospital. This meant that only patients who were able to tolerate the use of a lift in their journey could access the suite. In addition, the suite was some distance from the ward, and accessed through the chemotherapy ward. This was also infringing on the privacy and dignity of patients in the chemotherapy ward.

The therapy suite was fully equipped for various types of therapy and assessments such as mobility, arm exercises and kitchen assessments. There was a full working kitchen in the therapy suite which allowed patients to utilise this prior to discharge. These facilities and availability of equipment met the Royal College of Physicians' guidelines on stroke management (2016)[7].

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

[6] https://www.nice.org.uk/guidance/NG128

[7] https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines

Other therapy sessions were also held in this suite, which meant that some patients could not access these additional rehabilitation services. Also, some equipment was only available in the therapy suite and not on the ward. This meant that some patients were not able to easily access this equipment, due to the location of the suite.

To further compromise access, the lift located by the main entrance to the ward was out of service. This meant that patients and visitors were having to use another lift, located in another area of the hospital, some distance away from the ward. We were informed that this was a longstanding issue, and that the matter had been reported to the maintenance team who were awaiting an engineer to attend to repair the lift.

Improvement needed

The health board must ensure that :

- All care plans are person centred in format
- All risk assessments are fully completed
- Staff sign and date care plans and risk assessments
- There are sufficient hoists on the ward
- The location of the therapy suite is reviewed to make it more accessible to patients, and to minimise the risk of cross infection in an area that cared for immunocompromised patients
- The lift is repaired.

People's rights

We found that Deprivation of Liberty Safeguards (DoLS)[8], mental capacity and best interest assessments were not being routinely conducted, despite these being indicated by patients' condition.

We also found the completion of Do Not Attempt Resuscitation (DNAR)[9] forms to be inconsistent.

Improvement needed

The health board must ensure that:

- Deprivation of Liberty Safeguards, metal capacity and best interest assessments are routinely conducted
- Do Not Attempt Resuscitation (DNAR) forms are completed consistently.

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.

There was a formal complaints procedure in place which was compliant with the NHS Wales Putting Things Right[10] process. There was information available, in

[8] 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.

[9] 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.

[10] 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

the form of leaflets, advising patients and/or relatives on how to make a complaint. However, there were no Putting Things Right posters on display on the ward.

Improvement needed

The health board must ensure that Putting Things Right posters are display in a prominent position on the ward.

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. However, action is required to ensure that supporting documentation is being completed consistently.

Suitable equipment was available and being used to help prevent patients developing pressure ulcers, and to prevent patient falls. However, associated risk assessments were not being completed consistently.

The ward was generally clean and well maintained and arrangements were in place to reduce cross infection.

There were formal medication management processes in place. However, there were some gaps in medication administration records.

Safe care

During the inspection, we found that initial admission documentation, care plans and associated risk assessments, were not completed consistently for all patients on the ward. This meant that there was no accurate baseline information regarding the patients' physical state for staff to refer to when providing care, which resulted in staff not responding appropriately and effectively to changes in patients' condition. Members of the inspection team had to intervene on two occasions, where patients' condition had changed and staff had not responded to the changes in a timely and appropriate way. Both incidents were immediately escalated to the Head of Nursing who took steps to address the issues.

We consider the above practice to be unsafe and increases the risk of harm to patients and the matter was dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B.

Another patient was admitted during the inspection, following an overdose of medication, and the patient was acutely mentally ill at the time of admission. The

Initial assessment documentation was incomplete, and the handover from the emergency department did not contain sufficient detail around the patient's mental health needs. The patient was admitted to one of the four bed bays on the ward, within line of sight of the nurses' station. However, the patient being vulnerable themselves, was accommodated with three other patients who were vulnerable due to their medical care needs.

A member of staff raised concerns with the inspection team that the above patient was very confused, wandering around the ward and was a potential risk to themselves and others. We discussed the concerns with the nurse in charge who stated that they were waiting for the patient to be assessed by the psychiatric team. We then escalated the matter to the Head of Nursing, who subsequently arranged one to one support for the patient, and an urgent psychiatric assessment. Members of the psychiatric team subsequently attended to assess the patient with the view to transferring them to the mental health unit for further assessment and treatment.

Managing risk and promoting health and safety

We found the ward to be generally well maintained. However, there was an area of flooring by the nurses station that required repair. We were informed that this had been reported to the maintenance department.

On the first day of the inspection, the environment on the ward was cluttered, with trolleys and other equipment stored within corridor areas. Unused chairs and empty cardboard boxes were stored by the main entrance to the ward, which was unsightly and presented a fire risk and potential trip hazard. Domestic/cleaning staff also told us that they were concerned about waste storage outside the ward entrance. They informed us that staff frequently stacked rubbish and boxes outside the ward entrance, and mixed infected waste with clinical waste and general rubbish.

We were taken to see where the waste should be disposed of, and this was some distance away from the ward and could only be accessed by going through another ward area. This was a concern to us from an infection, prevention and control perspective. Staff told us that, due to staffing levels and work pressures, they did not always have time to take the waste to the designated disposal area and that it was easier to leave it by the ward entrance. This matter was escalated to the Head of Nursing who arranged for the items to be removed. The situation had improved by the second day of the inspection. However, the situation requires ongoing monitoring.

The kitchen area on the ward was unlocked and easily accessible to patients. The kitchen area contained several items which could cause harm such as kettles

and toasters. In addition, fluids, which could be harmful to health, were also available in this area. Staff told us this was a major concern for them and they had frequently found patients who were confused in this area.

The sluice/dirty utility room was unlocked, and the cupboards within were also unlocked. Cupboards contained chemicals which could be harmful to patients if ingested.

The entrances to the ward were not secured. This presented a risk of patients leaving the ward without being seen. The main entrance led directly to steep stairs, which presented a risk of falls. The health care support workers told us that they frequently have to prevent patients from trying to leave the ward via the stairs. They also told us that patients frequently wander through to the adjoining ward.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis, in order to reduce the risk of harm to patients and staff. However, the most recent audit results were not displayed on the ward for patients and visitors to see.

Improvement needed

The health board must ensure that:

- The flooring by the nurses station is repaired
- The door to the kitchen area on the ward is locked when not in use
- The door to the sluice/dirty utility room is locked when not in use
- The entrances to the ward are secured, to reduce the risk of patients leaving the ward without being seen
- Domestic and clinical waste, and discarded furniture is not stored by the ward entrance
- The access to the current waste disposal area for the ward is reviewed due to the risk of cross infection.

Preventing pressure and tissue damage

Suitable pressure relieving equipment was available, and being used to help prevent patients developing pressure damage. However, we found that pressure area risk assessments were not being completed consistently. This meant that

there was an increased risk to developing a pressure ulcer, or any ulcer deterioration not appropriately monitored, and interventions to promote healing were not always in place.

Improvement needed

The health board must ensure that pressure ulcer and wound care assessments are completed consistently.

Falls prevention

From reviewing a sample of individual patient care files, we found that assessments were not being undertaken routinely for the risk of falls, and interventions were not always implemented as appropriate, to reduce the risk of falls.

Improvement needed

The health board must ensure that falls risk assessments are routinely completed and interventions are implemented to minimise the risk of falls where appropriate.

Infection prevention and control

We found the ward area to be generally clean, apart from some high level areas that were in need of dusting, such as curtain rails.

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.

Staff had access to, and were using, personal protective equipment, such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were also 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. Staff were seen to be washing their hands before and

after attending to patients' care needs in line with the Five Moments for Hand Hygiene guidance[11].

There were facilities to deal with clinical and general waste, including a macerator for the disposal of cardboard bed pans and urinals. Clinical waste was appropriately segregated and identified in correct waste bags, such as yellow for clinical and black for general waste. Staff adhered to this system and we observed them using the system well. However, as highlighted earlier, the issues with disposal from the ward must be addressed.

Bins to dispose of sharps were used correctly, labelled, dated and secured when full.

Single occupancy cubicles could be used in the event of a patient requiring isolation in order to reduce the risk of cross infection.

Improvement needed

The health board must ensure that high level areas, such as curtain rails on the ward are cleaned regularly.

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 reviewed 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, to ensure adequate nutritional and fluid

[11] Five Moments for Hand Hygiene has emerged from the WHO Guidelines on Hand Hygiene in Health Care to add value to any hand hygiene improvement strategy. It defines the key moments for hand hygiene, overcoming misleading language and complicated descriptions.

intake and their meals can be eaten when served. However, where 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.

The meals appeared well presented and appetising, and patients indicated that the food was very good.

Medicines management

We observed medication being administered to patients, and saw staff approaching the administration of medication activity in a generally unhurried way, taking time to ensure that patients were able to take their medication without becoming anxious or distressed. However, we witnessed one nurse administering medication to a patient whilst the patient was lying down. The patient was coughing profusely due to their positioning. Members of the inspection team intervened and advised the nurse to reposition the patient. This was then escalated to the Head of Nursing.

We found medication administration records to be generally well maintained. However, we found some gaps in some Medication Administration Record (MAR) charts. We found one chart, relating to a patient who was on Insulin, where the box indicating whether or not the patient was on Insulin had not been ticked.

We also saw some gaps in MAR charts where the nurse had omitted to sign following the administration of medication. We also noted that staff were not always adhering to the health board's policy for the administration of intravenous antibiotics, where it is indicated that two registered nurse medication checks and their signatures are required.

A pharmacist visited the ward on a regular basis 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.

Improvement needed

The health board must ensure that:

- Staff position patients correctly when administering medication
- MAR charts are fully completed and that staff sign the chart at the point of medication administration
- Staff adhere to the health board's medication management policy in respect of the administration of intravenous medication
- Patients are routinely assessed as to their ability to take responsibility for their own medication.

Safeguarding children and adults at risk

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

On the second day of the inspection, a member of staff alerted the inspection team to a recently admitted patient who was making allegations of possible domestic abuse. This was immediately escalated to the Head of Nursing by members of the inspection team. The Head of Nursing took action to refer the matter in line with the health board's safeguarding policy.

Medical devices, equipment and diagnostic systems

There was easy access to emergency equipment, with a resuscitation trolley in place which contained the standard equipment recommended by the Resuscitation Council UK[12] guidelines for acute hospitals. Equipment was checked regularly to ensure that all items were available and in date.

[12] https://www.resus.org.uk/

Effective care

Safe and clinically effective care

There was evidence of good multidisciplinary working between the nursing, therapy and medical staff, with good application of the stroke care pathway. However, pain assessments were not always being undertaken as required.

In addition, staff were unaware of the triggers for assessing for sepsis[13] and were not able to identify what level of National Early Warning Scores (NEWS)[14], required escalation and increased observation. We reviewed seven observation charts, and only one followed the NEWS guidelines for frequency of observations and escalation. In all seven cases reviewed, there were significant issues and deviation from the local system of escalation.

We found that the stroke care pathway was being implemented effectively, with the Welsh Ambulance Service NHS Trust (WAST) notifying the designated nurse practitioner when a patient with a suspected stroke is on the way in to the hospital. All necessary porter, medical and radiology staff are notified of the imminent arrival of the patient so that they are on hand. The patient is then transferred directly to the CT scanner before being transferred to the ward, if appropriate.

Discussions with the senior nurse on duty within the emergency department of the hospital confirmed that there was good awareness amongst staff of suspected stroke, in respect of those patients who access the department directly, such as self resenting, and not as a result of GP referral or WAST arrival. The senior nurse on duty felt that the stroke pathway worked well, and that staff were able to recognise when stroke symptoms were present.

[13] Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs.

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

There were posters in the emergency department reminding staff of the stroke pathway, symptoms and stroke team telephone numbers.

The senior nurse told us that difficulties are encountered, at times, when patients who have been assessed as not having sustained stroke are sent back to the department following a CT scan, and often end up having to wait on trolleys in corridor areas within the emergency department. Such patients can sometimes be quite unwell and at risk, as it cannot always be guaranteed that they can be adequately monitored or observed by staff.

At the time of our visit, the emergency department was very busy, and we noted several patients waiting on trolleys in corridor areas. This did not fully promote the maintenance of privacy and dignity. We also saw medication that was not securely stored. We brought this to the attention of the senior nurse who advised us that this was patients' own medication, which they had brought in to the department on admission, and that staff had not yet had the opportunity to check in and store.

Once admitted on to the ward, patients were cared for within the four bedded hyper acute bay. The bay was located near the nurses' station which enabled good overview of the patients. The beds in this bay were specifically designated for stroke patients, but could be used for general medical patients in extreme circumstances, and only with the authority of the site manager or senior nursing staff. Should no beds be available on the ward for hyper acute stroke patients, then they would be cared for on the intensive therapy unit.

Monitoring equipment within the hyper acute bay were fitted with an alarm system which would sound in the event of readings falling outside of set parameters. This ensured adequate oversight of patients' who are in an unstable haemodynamic[15] state. Patients normally remained in this area for a maximum of 72 hours. However, staff told us that this was exceeded, at times, dependent on the availability of beds in other areas of the ward. This was the case during the inspection, and we saw high risk patients, who required close monitoring, being cared for within the step down bay, which was not within line of sight of the nurses' station.

[15] Patients have hemodynamic instability when they suffer from blood circulation problems.

Improvement needed

The health board must ensure that:

- Pain assessments are routinely undertaken and recorded
- Staff are aware of the triggers for assessing for sepsis and are able to identify what level of NEWS require escalation and increased observation
- The flow of patients through the emergency department is reviewed, to ensure that those who are unwell and requiring enhanced observation and monitoring are appropriately cared for
- The privacy and dignity of patients waiting on trolleys within the emergency department is maintained at all times
- Patients who required close monitoring are not being accommodated within the step down bay.

Information governance and communications technology

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

Through our review of staff 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 organised and easy to navigate. However, as previously mentioned, the completion of care documentation was poor.

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

Staff told us that they were treated fairly at work and that an open and supportive culture existed.

Staff told us that they were not always aware of the senior management structure within the organisation. However, we were informed that communication between senior management and staff was effective.

Governance, leadership and accountability

We found good internal communication between the multidisciplinary team. The Head of Nursing is based within the hospital, and this enables her to have daily oversight of the service provided, and means that she is visible and accessible to staff, patients and visitors. However, we found that the Head of Nursing was also covering a vacant band eight senior nursing post, which meant that she did not have capacity to fully discharge her duties in both roles.

We found that there was good overview of the specialist stroke services provision within the hospital, with multidisciplinary meetings held on a weekly basis to discuss individual patients, with monthly stroke steering group meetings feeding into the higher level stroke improvement group meeting.

Medical cover was provided by a consultant physician, who is based at the hospital three days a week. As previously mentioned, the consultant is also the national clinical lead for stroke in Wales. In the absence of the consultant, staff grade doctors provide medical cover on the ward.

Improvement needed

The health board must ensure that there is sufficient staff resources in place to enable the Head of Nursing to fully discharge their duties.

Staff and resources

Workforce

We found a 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.

There were a number of nursing staff vacancies at the time of the inspection. There was a rolling programme of staff recruitment in place. However, the health board was experiencing difficulties in recruiting permanent staff. This was due, in the main, to the location of the hospital. Consequently, the service was heavily reliant on agency staff. The health board had developed partnership arrangements with selected agencies, setting up agreements to ensure that, where possible, the same staff members were allocated to work on the ward. This provided a level of continuity of care, and enabled staff to develop stronger working relationships. In return, the agency staff have more security in terms of working hours, and are able to access training opportunities facilitated and funded by the health board.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. However, staff told us that they did not always receive feedback and learning from incidents and lessons were not always shared. Staff were also frustrated with the staffing situation and were particularly concerned about the high use of agency staff, (referred to on the ward as partnership staff), and felt that this often impacted on patient care and safety.

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 the inspection, we distributed HIW questionnaires to staff to find out what the working conditions are like and to obtain their views on the standard of care.

We received nine completed questionnaires from a range of staff. The respondents had been working in their current positions for between eight months and 19 years.

The majority of staff who completed a questionnaire told us that they had received an appraisal, annual review or development review of their work in the last 12 months, during which their learning or development needs were identified. However, inspection of performance and development records showed that only 40% of all staff had received an appraisal or annual review in the past 12 months.

Most respondents said they were able to make suggestions to improve patient care and a majority said they felt involved in decisions which were made that affected them. Most staff also indicated that they are not always able to meet all the conflicting demands on their time at work.

Most told us they have adequate materials, supplies and equipment to do their work, and felt that there was generally enough staff at the organisation to enable them to do their job properly. Most staff said they were satisfied with the quality of care they are able to give to patients, and that patients and/or their relatives were involved in decisions about their care.

All staff stated that the privacy and dignity of patients is maintained and patient independence is promoted.

Most staff who completed a questionnaire thought the organisation encourages teamwork. Staff also felt there was a culture of openness and learning with the health board that supports staff to identify and solve problems. The staff also felt empowered to speak up and take action when issues arise, and this was in line with the requirements of their own professional conduct and competence.

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

Most staff agreed that the organisation acts on concerns raised by patients. All of the staff members who completed a questionnaire told us that patient experience feedback, such as patient surveys were collected. Most said they were updated on feedback that was being collected, and all felt that patient experience feedback was used to make informed decisions within their directorate or department.

Most staff members agreed that their manager encourages them to work as a team, and that their manager can be counted on to help them with a difficult task at work and gives them feedback. Comments include:

> *"Honest and open manager who promotes a culture of learning. She is always approachable and is not afraid to challenge me where she is unsure of my actions."*

Most staff members who completed a questionnaire reported that they did know who the senior managers were in the organisation, and a majority said that there is effective communication between senior management, and that senior managers regularly involve staff in important decisions.

Around half of the staff who responded to the questionnaire told us that they had seen errors, near misses or incidents in the last month which could have hurt staff or patients, and all agreed that their organisation encourages them to report errors, near misses or incidents. A majority of staff agreed the organisation treats staff who are involved in an error, near miss or incident, fairly. Half of those who responded said they were informed about errors, near misses and accidents within the organisation. Comments included:

> *"The incidents were reported and staff training ensured that the risk was reduced for the future."*

> *"We need to support a change in culture from 'blame' to 'how can we support you to improve."*

All those who completed a questionnaire said that, if they were concerned about unsafe clinical practice, they would know how to report it, and they would feel secure raising concerns about unsafe clinical practice. A majority of respondents felt confident that the organisation would address their concerns once reported.

All respondents felt the organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Most staff who completed a questionnaire said they had undertaken learning and development in mandatory subjects in the last 12 months. In addition, staff said that the training helped them to stay up to date with professional requirements, and ensures they deliver a better experience for patients and helped them to do their job more effectively. However, staff training records inspected showed that only 69% of staff had completed all mandatory training.

Staff training records showed that all ward nursing staff had undertaken specialised training in stroke thrombolysis and in specialist stroke care. This training was not accredited, but was comprehensive and provided by the nurse specialist and senior consultant.

Staff told us that the training was useful to their day to day role, and had improved their confidence in dealing with patients who have suffered acute strokes. In addition, all nurse practitioners were trained in thrombolysis. The training had also been provided to agency/partnership nurses who worked regularly on the ward. This helped increase their competence in this specialised area, and ensured that patients received a consistent level of care.

The ward facilitated nurse education and worked in partnership with the local university. They frequently had student nurses on the ward, and the health board also implemented the Open University program for newly qualified nurses. In addition, the health board had a scheme in place to support health care support workers to progress to undertake nurse training. This is s noteworthy scheme, as it helps in the health board's strategy to recruit and retain nursing staff.

There was just one nurse specialist for stroke services based on the ward. They had their own cohort of patients to manage and review. They had a very large workload, and provided cover from 9am to 5pm, Monday to Friday. However, due to staffing issues, they would sometimes have to work as a registered nurse on the ward taking them away from their specialist role.

We found that the stroke specialist nurse was very knowledgeable and committed to delivering a high standard of service and care, but was working under a great deal of pressure, and undertaking administrative tasks which took up a significant proportion of their time. This included large amounts of data entry and interpretation, which took away time from their clinical role and interaction with patients and staff. This also impacted on the amount of education and peer support that they could offer. The fact that there is only one stroke specialist nurse in the hospital is a significant risk to the sustainability, development and continued success of the stroke care pathway.

Improvement needed

The health board must ensure that:

- All staff have an appraisal or annual review
- All staff complete all mandatory training

- A review is undertaken of the stroke specialist nurse's workload to ensure that she is able to effectively and fully discharge her duties
- Consideration is given to the less favourable staff responses in the HIW questionnaire, particularly those 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 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
One staff member was seen to be approaching and responding to patients in an abrupt manner.	This meant that the patients were not always being treated with dignity and respect. (Standard3.2 Communicating Effectively and Standard 4.1 Dignified Care).	This was brought to the attention of the Head of Nursing.	The Head of Nursing agreed to address the matter with the member of staff concerned.
A patient was admitted during the inspection, following an overdose of medication. The patient was acutely mentally ill at the time of admission. The Initial assessment documentation was incomplete and the handover from the emergency department did not contain sufficient detail around the patient's mental health needs. The patient was	This meant that the patient was at risk of harm due to not receiving timely, safe and clinically effective care. (Standard 3.3 Safe and Clinically Effective Care).	Members of the inspection team discussed the concerns with the nurse in charge who stated that they were waiting for the patient to be assessed by the psychiatric team. Members of the inspection team then escalated the matter to the Head of Nursing.	The Head of Nursing arranged one to one support for the patient and an urgent psychiatric assessment. Members of the psychiatric team subsequently attended to assess the patient with view to transferring the patient to the mental health unit for further assessment and treatment.

admitted to one of the four bed bays on the ward, within line of sight of the nurses' station. However, the patient was accommodated with three other patients who were vulnerable due to their medical care needs. A member of staff raised concerns with the inspection team that the patient was very confused, wandering around the ward and was a risk to themselves and others.			
Unused chairs and empty cardboard boxes were stored by the main entrance to the ward.	This was unsightly and presented a fire risk. (Standard 2.1 Managing Risk and Promoting Health and Safety).	This was escalated to the Head of Nursing.	Arrangements were made for the items to be removed.
One nurse was seen administering medication to a patient whilst the patient was lying down. The patient was coughing profusely due to their positioning.	This presented a risk of the patient aspirating. (Standard 2.6 Medicines Management).	Members of the inspection team intervened and advised the nurse to reposition the patient as we were concerned for the safety of the patient. This was then escalated to the Head of Nursing.	The Head of Nursing agreed to address the matter with the member of staff concerned.

A member of staff alerted the inspection team to a recently admitted patient making allegations of possible domestic abuse.	This presented an on-going risk of harm to the patient. (Standard 2.7 Safeguarding Children and Adults at Risk).	This was immediately escalated to the Head of Nursing.	The Head of Nursing took action to refer the matter in line with the health board's safeguarding policy.

Appendix B – Immediate improvement plan

Hospital: Bronglais

Ward/department: Ystwyth Ward

Date of inspection: 03 and 04 September 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
During the inspection, we found that initial admission documentation, care plans and associated risk assessments were not completed consistently for all patients on the ward. This meant that there was no accurate baseline information regarding the patient's physical state, for staff to refer to when providing care, which resulted in staff not responding appropriately and effectively to changes in patients' condition. We consider the above practice to be unsafe and increases the risk of harm to patients.	2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 3.1, 3.5, 5.1 and 6.1	To provide training and education to staff, including partnership nurses, on admission documentation, care plans and relevant risk assessments; this will incorporate NEWs scoring and escalation processes. Nursing staff to attend BEACH and ALERT training. Dates for the ward based training have been agreed as:	Ward Sister Practice Development Nurse &	23/10/19

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must provide HIW with details of the action it will take, to ensure that admission documentation, care plans and associated risk assessments are completed consistently for all patients on the ward.		• Tuesday 10th September 2019 • Wednesday 18th September 2019 • Wednesday 2nd October 2019 • Monday 23rd October 2019 Training will be supported by practice development nurse and resuscitation officer. To undertake daily documentation audits, on all high risk patients. Audits will include: NEWS compliance, risk assessment completion and review of care plans. Patients with a high NEWS will be flagged and discussed at each handover. Spot check audits will be implemented during this period as evidence of improvements and	Resuscitation Officer Ward Sister Ward Sister Deputy Head of Nursing	Started and in place In place - for review over 3 months Started and in place

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		continued on an ad hoc basis to ensure that nursing documentation standards are adhered to.		

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): Dawn Jones

Job role: Hospital Head of Nursing (Bronglais Hospital)

Date: 11 September 2019

Appendix C – Improvement plan

Hospital: Bronglais

Ward/department: Ystwyth Ward

Date of inspection: 03 and 04 September 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 should give consideration to the provision of a patient lounge and dining area on the ward.	1.1 Health promotion, protection and improvement			
The health board must take steps to ensure that there is adequate space around beds so that patients' privacy and dignity is maintained at all times when staff are attending to their care needs.	4.1 Dignified Care			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all information, such as audit results posted on notice boards on the ward, are up to date.	4.2 Patient Information			
The health board must ensure that staff have access to alternative communication methods to assist in communicating with patients experiencing speech problems and/or aphasia.	3.2 Communicating effectively			
The health board must ensure that communication care plans are routinely completed.				
The health board must ensure that the adult inpatient assessment documentation is fully completed for all patients admitted on to the ward.				
The health board must ensure that person centred and tailored, local care plans are drawn reflecting patients' communication difficulties.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there is space available for staff to speak with patients and their relatives in private, without being disturbed.				
The health board must ensure that all care plans are person centred in format.	6.1 Planning Care to promote independence			
The health board must ensure that all risk assessments are fully completed.				
The health board must ensure that staff sign and date care plans and risk assessments.				
The health board must ensure that there are sufficient hoists on the ward.				
The location of the therapy suite is reviewed to make it more accessible to patients, and to minimise the risk of cross infection in an area that cared for immunocompromised patients.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the lift is repaired.				
The health board must ensure that Deprivation of Liberty Safeguards, metal capacity and best interest assessments are routinely conducted.	6.2 Peoples rights			
The health board must ensure that Do Not Attempt Resuscitation (DNAR) forms are completed consistently.				
The health board must ensure that Putting Things Right poster are display in a prominent position on the ward.	6.3 Listening and Learning from feedback			
Delivery of safe and effective care				
The health board must ensure that the flooring by the nurses' station is repaired.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the door to the kitchen area on the ward is locked when not in use.	2.1 Managing risk and promoting health and safety			
The health board must ensure that the door to the sluice/dirty utility room is locked when not in use.				
The health board must ensure that the entrances to the ward are secured, to reduce the risk of patients leaving the ward without being seen.				
The health board must ensure that domestic and clinical waste, and discarded furniture is not stored by the ward entrance.				
The access to the current waste disposal area for the ward is reviewed due to the risk of cross infection.				
The health board must ensure that pressure ulcer and wound care assessments are completed consistently.	2.2 Preventing pressure and tissue damage			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that falls risk assessments are routinely completed and interventions are implemented to minimise the risk of falls where appropriate.	2.3 Falls Prevention			
The health board must ensure that high level areas on the ward, such as curtain rails are cleaned regularly.	2.4 Infection Prevention and Control (IPC) and Decontamination			
The health board must ensure that staff position patients correctly when administering medication.	2.6 Medicines Management			
The health board must ensure that MAR charts are fully completed and that staff sign the chart at the point of medication administration.				
The health board must ensure that staff adhere to the health board's medication management policy in respect of the administration of intravenous medication.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that patients are routinely assessed as to their ability to take responsibility for their own medication.				
The health board must ensure that pain assessments are routinely undertaken and recorded.	3.1 Safe and Clinically Effective care			
The health board must ensure that staff are aware of the triggers for assessing for sepsis and are able to identify what level of NEWS require escalation and increased observation.				
The health board must ensure that the flow of patients through the emergency department is reviewed to ensure that those who are unwell and requiring enhanced observation and monitoring are appropriately cared for.				
The health board must ensure that the privacy and dignity of patients waiting on trolleys within				

Improvement needed	Standard	Service action	Responsible officer	Timescale
the emergency department is maintained at all times.				
The health board must ensure that patients who required close monitoring are not being accommodated within the step down bay.				
Quality of management and leadership				
The health board must ensure that there is sufficient staff resources in place to enable the Head of Nursing to fully discharge their duties.	Governance, Leadership and Accountability			
The health board must ensure that all staff have an appraisal or annual review of their performance.	7.1 Workforce			
The health board must ensure that all staff complete all mandatory training.				
The health board must ensure that a review is undertaken of the stroke specialist nurse's				

Improvement needed	Standard	Service action	Responsible officer	Timescale
workload to ensure that she is able to effectively and fully discharge her duties.				
The health board must ensure that consideration is given to the less favourable staff responses in the HIW questionnaire, particularly those noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.				

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: