

Abertawe Bro Morgannwg University Health Board

Unannounced Dignity and Essential Care Inspection

**Date of inspection:
25 and 26 November 2012**

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1. Introduction

1.1 On 25 and 26 November 2012, Healthcare Inspectorate Wales (HIW) undertook an unannounced Dignity and Essential Care inspection at Morriston Hospital in Swansea, part of Abertawe Bro Morgannwg University (ABMU) Health Board.

Dignity and Essential Care

1.2 Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way¹. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect.

1.3 Dignity is also one of the five United Nations Principles for Older People and is a key principle underpinning both the Welsh Government's Strategy for Older People and the National Service Framework for Older People in Wales. In 2007 the Welsh Government launched its '*Dignity in Care Programme for Wales*,' an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

1.4 Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 Healthcare Inspectorate Wales (HIW) commenced a programme of unannounced '*Dignity and Essential Care Inspections*' to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW's Dignity and Respect Spot Checks which took place during 2009 and 2010².

¹ '*Inhuman treatment*' means treatment causing severe mental or physical harm, and '*degrading treatment*' means treatment that is grossly humiliating and undignified.

² For more information on the 2009-2010 Dignity and Respect Spot Checks, please visit <http://www.hiw.org.uk/page.cfm?orgid=477&pid=47582>

Methodology of the Inspection

1.5 The *'Dignity and Essential Care Inspections'* review the way a patient's dignity is maintained on a hospital ward/unit and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations.

1.6 The inspections capture a *'snapshot'* of the care patients receive on hospital wards/units, which may point to wider issues about the quality and safety of essential care and dignity. More information on how the inspections are carried out is available at Appendix B of this report.

Morrison Hospital

1.7 Morrison hospital has around 750 beds and is part of ABMU Health Board. The hospital provides General Medical and Care of the Elderly services, a range of Surgical/Urological specialities and a range of specialist tertiary services to a wide catchment area. An accident and emergency (A&E) department is situated at the hospital site and this is the major trauma centre for South West Wales.

1.8 As part of this inspection we visited two wards Ward A (Trauma, Orthopaedic and Admissions) and Ward C (Vascular Unit).

2. Executive Summary

2.1 Our Dignity and Essential Care Inspection visit to Morriston Hospital highlighted a number of areas for improvement that need to be addressed by the Health Board.

2.2 The main issues highlighted related to the completion of documentation which forms a vital part of the care communication process. A number of concerns were identified, specifically:

- Patients' assessments were available; however the content of these was variable, which made it difficult to get a clear understanding of patients' needs.
- Care plans were in place; however they were not individualised detailing the specific patients' needs and progress.
- There was limited evidence of discussions having taken place with patients and where appropriate their relatives regarding care and treatment.
- Several examples of patient documentation being completed retrospectively by staff. The retrospective completion of records can result in records being incomplete or being completed incorrectly and hence nursing/medical staff not being fully informed of the care and treatment that has taken place.
- '*Do Not Attempt Resuscitation*' (DNAR) forms were available in some patients' files; however on both wards there were forms in patient files which were incomplete, with no evidence discussions had taken place with the patient and/or the patients relatives.

2.3 During our visit we also highlighted issues which required immediate attention from the Health Board:

- There was a large amount of clutter on the wards and we were particularly concerned that access to fire doors on both wards was restricted due to ward equipment blocking the exit.
- There was a risk that medication could be accessed by unauthorised personnel and patients as we identified some drugs cupboards on both wards and the drugs fridge on Ward C were unlocked. Also, during the medicine round on Ward C, we observed on several occasions, staff leaving patient medication on their bedside tables without observing them taking it.

2.4 Despite the above issues during our time on the wards, we observed numerous examples of staff interacting with patients in a caring and sensitive manner. Also, patients we spoke to were complimentary about staff attitude and behaviour towards them.

2.5 Healthcare Inspectorate Wales would like to thank Abertawe Bro Morgannwg especially members of staff on the wards visited, who were extremely helpful throughout our inspection.

3. Findings

3.1 We have structured our findings from the inspection around the key areas of Dignity and Essential Care for each unit visited. The recommendations arising from these findings are set out in Section 4 of this report.

Ward A (Trauma, Orthopaedic and Admissions)

Ward Environment

3.2 The ward was visibly clean and patient bay areas were free from clutter. However, there was a large amount of clutter in corridors and in front of all fire exits that presented a safety issue. The patients we spoke to were happy with the cleanliness of the bay areas; however they felt that clutter was an issue for the rest of the ward.

3.3 There was limited storage available on the ward; staff were using the equipment storage rooms to store their own personal belongings whilst on duty.

3.4 Toilets on the ward had appropriate locking mechanisms and were designated male or female, however we were informed by patients that toilets were used by both genders, despite the signs. We also identified an issue in relation to maintaining patient privacy and dignity when using the toilets on the ward. Specifically during our visit, one patient using the toilet called for assistance and when the nurse opened the door, it was possible to see the patient sitting on the toilet.

3.5 There were posters displayed promoting the dignity peg initiative³ and we observed the pegs being used to notify others of personal care and treatment taking place behind closed curtains.

³ The red peg initiative is aimed to ensure that bedside curtains are closed properly and also alerts staff that personal care is being provided behind the curtains.

3.6 The bays on the ward were single gender, however, during our visit a male patient was unexpectedly admitted to the female bay due to limited space on the ward. Staff informed us that this can, on occasion, be an issue.

3.7 There was no day room available for patients. We were informed by staff that the day room had been lost when the ward was recently expanded from 18 to 27 beds.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.8 We observed staff interacting with patients and providing care in a caring and sensitive manner and the patients we spoke to were positive about staff attitude. However, we did have concerns regarding leadership on the ward, as we were unable to identify who was giving the nursing team direction on the day of our visit.

3.9 We observed some staff frequently addressing patients as *'love'* and *'flower'* which even though it was meant in a kind manner could be offensive to some patients. Also, despite one patient's notes stating that she was a nun and preferred to be addressed as *'Sister'*, we observed staff addressing her by her first name.

3.10 Staff displayed a good awareness of the need for discretion in communications regarding patient information. However, during our visit, a telephone conversation held at the nurses' station could be clearly overheard despite it relating to sensitive patient information.

3.11 A number of staff we spoke informed us that they felt that most of the time they were too rushed and therefore did not have any time to spend with patients to address all of their personal care needs such as the cutting of toe nails.

3.12 During observations we identified that that not all staff on duty on the ward wore an identification badge as a means to identify themselves.

Management of Patients with Confusion or Dementia

3.13 We observed staff demonstrating a positive attitude towards patients with confusion or dementia. However, there were no initiatives in place on the ward to identify patients with confusion or dementia to assist staff caring for these patients, although we were informed that the Ward Sister is trained as a dementia champion. During the inspection feedback meeting, the Health Board informed us that the Butterfly Scheme ⁴ is due to be rolled out to wards in Morriston Hospital shortly.

3.14 Patient facilities did not have large pictorial signs to assist patients, especially those with dementia, in locating them.

Care Planning and Provision

3.15 Patient assessments were in place however the quality and quantity of the content was variable; the majority were completed superficially which made it difficult to understand the patients' needs. Also, it was not clear from the documentation available how assessments were informing the patients' care plan.

3.16 There were core care plans in place for patients. However these care plans were not individualised to detail the specific patient's status and progress. Also, the care plans that were in place did not provide a description of the level of intervention and support required.

3.17 At the end of the visiting period, we observed a number of relatives queuing at the nurses' station to speak to a nurse. We spoke to some of these relatives who were concerned that they had not been involved in discussions around care and treatment. There was limited evidence in the documentation we reviewed to evidence that any such discussions had taken place.

⁴ The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

Records Management

3.18 There was a good records management system in place which was easy to follow, however, as previously mentioned there were issues around the content of records i.e. limited information included in assessments and care plans. We noted examples of incomplete documentation and instances where documentation was completed retrospectively by staff, which could result in incomplete or inaccurate records and therefore the potential of other nursing/medical staff being misinformed of the care and treatment that has taken place.

3.19 On the day of our visit (Sunday) we were informed that there was no ward receptionist on duty. Staff informed us that this meant that they were responsible for carrying out the administrative tasks which they told us was an added pressure as it took them away from the bedside. This was a particular issue for the ward as it was an admission ward with a quick turnover of patients.

3.20 We reviewed one patient's record, who was identified as '*Do Not Attempt Resuscitation*' (DNAR), however as the form was incomplete it was unclear whether a discussion had taken place with the patient and/or the patient's family.

Fluid and Nutrition

3.21 Protected meal times were in place on the ward from 12:15 until 13:00. However, we were informed by staff that the meal trolley could arrive anytime between 12:00 and 13:00. On the day of our visit the meal trolley arrived at 12:35. The uncertainty around the arrival of food causes issues in the organisation of the meal time process. Also, the later lunch may result in patients having very little gap between their meals.

3.22 During the meal time period, there did not appear to be any staff taking leadership of the process, which meant that the system for preparation of patients and distribution of meals appeared disorganised. We did not observe staff assisting patients to reposition themselves into a more comfortable position to eat their meals nor did we observe patient tables being cleared of clutter which made it difficult for

some patients to reach their meals. We observed one patient in a neck brace, struggling to move items from her table so they could access their meal. The patient eventually asked the domestic who helped her to clear the table.

3.23 The red tray system was in place which was intended to assist staff to identify which patients required assistance to eat their meals; however, staff appeared to have differing understandings of the purpose of the system.

3.24 The majority of patients who required assistance to eat their meals were helped by staff. However, we did identify a patient who had to wait for 30 minutes to be assisted by a member of staff. Another patient we spoke to was not asked if she needed assistance, despite her arm being in plaster. We also observed that a few patients were not provided with the support they needed to cut their food, even though they could eat independently.

3.25 Following meal times domestic staff collect the patient trays. We noted that for patients the amount they had eaten was recorded on food charts; however the completion of food charts was inconsistent.

3.26 Water jugs and cups were in reach of patients; however we did not observe staff routinely encouraging patients to drink.

Pressure Sores

3.27 Safety crosses⁵ were in place on the ward; however they were not up to date.

3.28 Waterlow⁶ risk assessments were carried out for patients and the SKIN bundles⁷ had been incorporated into the ward SAFE⁸ round. However, our review of

⁵ Safety cross is a tool used to raise awareness within team regarding how many ulcers are acquired in care area and also to promote good practice.

⁶ The 'Waterlow' is a pressure ulcer risk assessment/prevention policy tool.

⁷ A simple holistic approach ensuring that all patients receive the appropriate care to prevent pressure damage.

⁸ SAFE Round is a structured system for checking each patient at a regular time interval to ensure their fundamental care needs are being met.

patient records highlighted that the Waterlow assessments were not all completed. It was also noted in the records of some patients who were at high risk of developing pressure sores, that they were not always turned during the night because they were asleep. The decision not to turn the patient at night times needs to be discussed and agreed with the patient based on risk. Also, rationale for any exceptions from full compliance with the SKIN bundle should then be documented.

3.29 We were informed by staff that there is good access to the appropriate mattresses/cushions when patients are assessed as at high risk of developing pressure sores. Also, we were informed that access to pressure mattresses was good.

Personal Care and Hygiene

3.30 Patients appeared clean and well cared for. For example, patients' hair and finger nails appeared clean and male patients were clean shaved. However, as previously stated some staff informed us that on occasions they felt too rushed to focus on patients' personal care needs.

3.31 We were informed that patients were asked in the morning what they would like to wear and when we visited the majority of patients were in their own clothing. Patient clothing appeared clean, however following the lunch time period we did notice a female patient wearing a neck brace which was soiled.

3.32 Prior to the meal time, we observed a member of staff offering hand wipes to patients. However, not all patients were offered wipes.

3.33 Following discussions with some patients on the ward, we were informed that they were not able to wash and clean their teeth as regularly as they wanted to. Documentation to evidence the provision of personal care was completed retrospectively by staff.

3.34 Linen supplies on the ward were adequate on the day we visited (Sunday). However, we were informed by some members of staff that on occasions there can be a shortage of linen, especially over weekends and Monday mornings.

Toilet Needs

3.35 Toileting procedures were carried out in a discreet and sensitive manner by staff. We observed patients being supported to and from the toilet promptly by staff using appropriate moving and handling aids. Also, commodes were provided to the patients with limited mobility.

3.36 The patients we spoke to informed us that staff support them to use the toilet method of their choice in a sensitive manner.

3.37 Commodes were available on the ward, however we identified that one of the commodes had not been appropriately cleaned.

Buzzers

3.38 All patients had access to a buzzer which was within their reach and we observed staff answering buzzers promptly when they were being used by patients. Also, there were emergency buzzers available in all patient toilets.

3.39 Patients we spoke to informed us that staff were prompt when answering buzzers on the ward.

Communication

3.40 Staff we spoke to were aware of how to access Language Line and explained that Welsh speaking staff were available to speak to patients. However, there were no other communication aids available on the ward such as Braille or a loop system to assist those patients with sensory impairments.

3.41 As previously noted, patients and relatives told us that there was limited involvement in care and treatment. Also, there was little documented in patient notes to evidence discussions taking place.

Medicines and Pain Management

3.42 The patients we spoke to on the ward did not raise any issues in relation to pain management; pain killers were provided when required. However, we identified that there were no pain assessment tools (measurements of pain intensity and effectiveness of pain killers) in use on the ward.

3.43 The drugs fridge was locked, however we were concerned to identify that some of the drugs cupboards were left unlocked. This was immediately escalated to the ward Sister who took action immediately.

Discharge Planning

3.44 As previously mentioned, there were concerns raised by both patients and relatives in relation to their limited involvement in discussions regarding plans of care. Several patients we spoke to told us that they had not been informed by staff about when they can expect to be discharged from the ward and what will happen when they do.

Activities

3.45 Recreational activity on hospital wards (including board games, cards and bingo) can provide patients with an opportunity to improve quality of life through an increased sense of control, social interaction, social support and the accomplishment of task-orientated goals. It can also help vulnerable people develop or re-establish social skills in a controlled environment. Research⁹ has shown that activities on hospital wards have a range of positive effects on inpatients, including:

⁹ British Medical Association, *'The psychological and social needs of patients,'* January 2011.

- Inducing positive physiological and psychological changes in clinical outcomes.
- Reducing drug consumption.
- Shortening length of hospital stay.
- Promoting better doctor-patient relationships.
- Improving mental health.

3.46 There were televisions available in each bay and also some books. However, there was no day room and no other stimulation or activities available to patients on the ward.

Ward C (Vascular Unit)

Ward Environment

3.47 The ward was visibly clean, however we identified a number of areas in need of refurbishment, including the shelving in the sluice room which needed to be replaced due to water damage and the shower room had a stained floor and mould on the grouting. The senior nurse on the ward informed us that she was aware of the issues identified and the areas are currently awaiting refurbishment.

3.48 The patient bays were relatively clutter free however as with Ward A we were concerned to identify that there was a large amount of clutter blocking the fire exits which would have delayed any emergency exit from the ward

3.49 The patients we spoke with raised no issues regarding the cleanliness of the ward.

3.50 All toilets were designated male or female and all toilet doors had the appropriate locking mechanisms available. However, the shower room and bathroom were shared by male and female patients.

3.51 We observed staff ensuring that curtains were fully closed around patients' beds and side room doors were closed before carrying out any care or treatment. However, there was no evidence of any signs being used to inform others that care and treatment was taking place.

3.52 There was no day room available for patients to use on the ward.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.53 We observed staff engaging with patients in a caring and polite manner. The patients we spoke with informed us that staff were always polite to them and their relatives.

3.54 Generally, staff had awareness for the need for discretion when discussing sensitive patient information. However, one patient told us that he first heard about the possibility of him requiring an amputation when he overheard a telephone conversation at the nurses' station.

3.55 On the day of our inspection the staffing levels were adequate and staff informed us that they felt staffing levels were usually sufficient on the ward.

3.56 During observations we identified that that not all staff on duty on the ward wore an identification badge as a means to identify themselves.

Management of Patients with Confusion or Dementia

3.57 There were no initiatives in place on the ward relating to the care needs of patients with confusion or dementia, although we did observe a patient with dementia being cared for in a sensitive manner. The patient, as part of her condition was exhibiting exploratory walking behaviour (commonly referred to as '*wandering*') and was treated in a polite and dignified manner. As previously stated, we were informed during the feedback meeting that the Butterfly Scheme is due to be implemented in Morriston Hospital shortly.

3.58 There were large pictorial signs available on the patients' toilets and bathrooms to assist them locating the facilities.

Care Planning and Provision

3.59 Patient assessments were available; however, the detail contained within the assessments was variable.

3.60 Patients appeared well cared for; however, the care provided was not consistently documented in patients' notes due to staff completing documentation retrospectively.

3.61 SAFE rounds were being undertaken on the ward; however, the SAFE round compliance charts were completed for each bay and not for each patient. We also identified that some of the charts had not been updated for a number of days.

3.62 Patient care plans were available; however the care plans were not individualised to include and address the individual patient's specific needs. Following discussions with patients, we were informed that staff involved them in discussions about their care and treatment; however, such discussions were not evident in documentation.

Records Management

3.63 Bedside charts were disorganised which made the patient record difficult to follow. Following discussions with the ward sister we were informed that she was aware of this issue and was in the process of addressing it.

3.64 On several occasions we highlighted instances where patient documentation was completed retrospectively by staff. This can result in incorrect and incomplete records and hence the potential for other nursing/medical staff being misinformed of the care and treatment that has taken place.

3.65 As with Ward A, we reviewed one patient's file who was identified as '*Do Not Attempt Resuscitation*' (DNAR); due to the form being incomplete it was unclear as to whether a discussion had taken place with the patient and/or the patient's family.

Fluid and Nutrition

3.66 As with Ward A, protected meal times were in place on the ward from 12:15 to 13:00. During the protected meal time period that we were on the ward for, there was a consultant ward round taking place. By chance, the meal trolley did not arrive on the ward until 13:00 so on this occasion the consultant round did not interrupt patients eating their meals.

3.67 During the meal time we observed, most of the patients were sitting in their bedside chairs. There was no preparation of patients prior to meals being served. The patients who were in bed were not repositioned to a more comfortable position until their meal was served, patient bedside tables were not cleaned/cleared and were still cluttered when meal trays were put on them.

3.68 Following discussions with both staff and patients on the ward we were informed that on occasions the food ordered is not always delivered and can on occasion be cold.

3.69 There was no system in place to identify the patients who required assistance to eat their meals or drink fluids. However, we observed patients who required help with their meals being given assistance. Also, patient relatives could access the ward during the meal time to assist with feeding.

3.70 Following meal time, patient trays were collected by the nursing assistants. However, fluid and nutrition charts were not consistently completed by staff.

3.71 Water jugs and cups were available for patients and set out within their reach. However, we did not routinely observe staff encouraging patients to drink.

3.72 The patient records we reviewed included completed nutritional assessments which were reviewed weekly.

Pressure Sores

3.73 Waterlow risk assessments were available; however they were not consistently completed by staff.

3.74 The SKIN bundle was in place and patients were receiving the necessary care to prevent pressure damage. However, the care being provided was not always documented and there were gaps in records due to staff completing notes retrospectively.

3.75 Patients assessed as requiring a pressure mattress had been provided with one.

Personal Care and Hygiene

3.76 Patients appeared well cared for and that their personal care and hygiene needs were being met. However, we did not observe oral care being provided by staff and we did identify one patient with a very dry mouth.

3.77 Many of the patients on the ward were wearing their own clothing which appeared clean. However, a number of patients were wearing gowns, while some were waiting to be taken to theatre, for others there was no apparent reason for them to be wearing a gown as opposed to their own clothing.

3.78 Patients informed us that they were able to wash and clean their teeth as regularly as they wanted to. However, we did not observe patients being provided with the opportunity to wash their hands prior to eating their meals.

3.79 Staff informed us that the availability of linen was an issue on Monday mornings as there was an inadequate supply. We saw evidence of the impact this had on patients on the morning of our visit as the ward was without clean linen for

four hours. Following a shower, one patient was unable to go back to bed as staff could not remake his bed due to there being no clean linen available.

Toilet Needs

3.80 We observed patients being supported to use the toilet method of their choice discretely and sensitively. Staff appeared to be aware of the assistance required by each patient.

3.81 Commodes were available on the ward, all been appropriately cleaned and there were visible signs to indicate to staff that they were clean and ready for use.

Buzzers

3.82 There were no issues raised by patients regarding buzzers. However, following our observations we identified that not all patients on the ward had their buzzers within their reach and on occasions there were prolonged staff responses to buzzers being used.

Communication

3.83 There were Welsh speakers available on the ward and staff we spoke to were aware of Language Line. However we were informed by staff that they involve family members in the interpretation of other languages due to the time it takes to access Language Line facility.

3.84 There were no communication aids available on the ward such as Braille or a loop system to assist those patients with a sensory impairment.

3.85 As previously mentioned, patients we spoke to informed us that staff involved them in discussions about their care and treatment.

Medicines and Pain Management

3.86 The patients we spoke with did not raise any issues regarding pain management and pain assessment scores were available on the NEWS¹⁰ charts; however the scores were not being completed consistently to enable the assessment of the effectiveness of the analgesia¹¹ despite patients being provided with regular medication.

3.87 During the medicine round, we observed staff leaving patient medication on their bedside tables and not waiting to supervise them taking it. We also noted that a drugs cupboard and the drugs fridge in the medication room were left unlocked. This was escalated immediately to ward staff.

Discharge Planning

3.88 The Blaylock system was in use on the ward. The purpose of the system was to ensure that discharge planning commences on the patients admission to the ward.

3.89 Several patients we spoke to informed us that staff had provided them with information on when they could expect to leave the ward or what would happen when they did leave the ward.

Activities

3.90 As previously stated there was no day room available for patients on the ward. There were televisions available in each bay and these were on constantly during our visit. Some of the patients stated that they found the constant noise of the televisions frustrating. We were informed that there was a volunteer paper round

¹⁰ National Early Warning Score (NEWS) provides national guidance in standardisation of critical signs for patients in the acute setting. For an acutely unwell patient, a fast, efficient and consistent response is essential to optimise clinical outcomes. The underlying rationale for NEWS is to encourage the adoption of this standardised approach across the NHS.

¹¹ Analgesia is any member of the group of drugs used to relieve pain.

which came to the ward each morning. However, there was no other stimulation or activities available for patients.

4. Recommendations

4.1 Findings and associated recommendations were provided through verbal feedback throughout the inspection and more formally at the feedback meeting held at the end of the second day of the visit. Any immediate concerns emerging from the inspection were also notified to the Health Board via a management letter, following the inspection, so that immediate action could be taken.

4.2 In view of the findings arising from this review we make the following recommendations:

Reference	Recommendation	Paragraph Reference
Ward Environment		
1.1	The Health Board should review storage arrangements on wards to ensure that equipment and patient and staff belongings can be stored appropriately.	3.2, 3.3
1.2	The Health Board should ensure that all fire exits on wards remain free from clutter to allow for a safe exit from the ward in the case of an emergency.	3.2, 3.48
1.3	The Health Board should ensure that measures to ensure that patient privacy and dignity is maintained when they use the toilets on wards.	3.4
1.4	The Health Board should review compliance with single sex bays to ensure that all attempts are made to avoid any breaches.	3.6
1.5	The Health Board should review the environment on Ward C and ensure that any refurbishment issues are addressed.	3.47
1.6	The Health Board should ensure that measures are put in place to inform others of personal care and treatment taking place behind closed curtains.	3.51
Staff Attitude, Behaviour and Ability to Carry out Dignified Care		
2.1	The Health Board should ensure that all staff are reminded that every face to face encounter with patient must be respectful, including addressing patients by their preferred name.	3.9
2.2	The Health Board should ensure that all staff are aware of the importance of discretion when discussing sensitive information.	3.10, 3.54
2.3	The Health Board should ensure that all staff are wearing identification badges as a means of identifying themselves whilst on duty.	3.12, 3.56

Reference	Recommendation	Paragraph Reference
Management of Patients with Confusion or Dementia		
3.1	The Health Board should ensure that there are large signs available on patient facilities such as bathrooms and toilets.	3.14
Care Planning and Provision		
4.1	The Health Board should ensure that patient assessments are fully completed and regularly updated by staff to inform the patients care plan.	3.15, 3.59
4.2	The Health Board should ensure that all in-patients have care plans which are adapted to specific patient needs and that these care plans are regularly reviewed and updated.	3.16, 3.62
4.3	The Health Board must ensure that all staff are aware that patients and where appropriate their relatives are fully informed and involved in discussions about their treatment and plan of care which are documented.	3.17, 3.41, 3.44, 3.62
4.4	The Health Board should ensure that safe round documentation is recorded in the individual patient records.	3.61
4.5	The Health Board should ensure that SAFE round charts are routinely completed by staff.	3.61
Records Management		
5.1	The Health Board should ensure that patients' notes are completed immediately by staff following care, treatment or meals etc.	3.18, 3.33, 3.64, 3.74
5.2	The Health Board should ensure that all DNAR forms are fully completed and evidence discussions with the patient and/or the patient's family.	3.20, 3.65
5.3	The Health Board should ensure that clear nursing documentation systems are in place on wards.	3.63
Fluid and Nutrition		
6.1	The Health Board should undertake a review of timings of food deliveries to ensure appropriate gaps between the three main meals.	3.21, 3.66
6.2	The Health Board should ensure that a registered nurse on each shift oversees the meal times and/or has accountability for the way meal times are carried out.	3.22
6.3	The Health Board should ensure that patients are appropriately prepared prior to meal times on the ward, including assisting them to sit in a more comfortable position and cleaning/clearing bedside tables for easier access to their meals.	3.22, 3.67
6.4	The Health Board should ensure that all staff are aware of the correct purpose of the red tray initiative in identifying patients who require assistance to eat.	3.23

Reference	Recommendation	Paragraph Reference
6.5	The Health Board should ensure that all patients who require assistance are provided with it as soon as their food is served to them.	3.24
6.6	The Health Board should ensure that all patients are supervised at meal times even if they are able to eat their meals independently.	3.24
6.7	The Health Board should ensure that appropriate members of staff collect patient trays following meal times to allow for assessment and recording of patient food intake.	3.25
6.8	The Health Board should ensure that methods are in place to ensure that all food ordered for patients is delivered to wards	3.68
6.9	The Health Board should ensure that all food provided to patients on wards is at an appropriate temperature.	3.68
6.10	The Health Board should ensure that food and fluid charts are routinely completed by staff.	3.25, 3.70
6.11	The Health Board should ensure that patients are routinely encouraged to drink by staff.	3.26, 3.71
6.12	The Health Board should ensure that all staff are aware of the importance of not disturbing patients during the protected meal time period.	3.66
6.13	The Health Board should consider implementing a system on Ward C to help staff identify which patients require assistance to eat.	3.69
Pressure Sores		
7.1	The Health Board should ensure that safety crosses are fully completed and regularly updated by staff.	3.27
7.2	The Health Board should ensure that all Waterlow assessments are fully completed and updated by staff for patients whose clinical condition alters.	3.28, 3.73
7.3	The Health Board should ensure that the balance between rest and risk of pressure damage is addressed to ensure that safe and appropriate care is provided to patients. Rationale for any exceptions from full compliance with the SKIN bundle should then be documented.	3.28
Personal Care and Hygiene		
8.1	The Health Board should ensure that all staff are aware of all aspects of patient personal care.	3.31, 3.76
8.2	The Health Board should ensure that all patients are provided with the opportunity to wash their hands prior to meal times.	3.32, 3.78
8.3	The Health Board should review the current process for providing clean linen to wards to ensure there is an adequate supply available at all times.	3.34, 3.79

Reference	Recommendation	Paragraph Reference
8.4	The Health Board should ensure that where possible patients are dressed in their own clothing.	3.77
Toilet Needs		
9.1	The Health Board should ensure that a consistent approach to the effective cleaning of commodes is put in place and there is a visible sign to indicate the commode is cleaned and ready for use.	3.37,3.82
Buzzers		
10.1	The Health Board should ensure that all patients have access to a functional buzzer which is within easy reach.	3.82
10.2	The Health Board should ensure that staff aim to answer buzzers promptly or provide an explanation and reassurance to patients if they are unable to do this because they are busy.	3.82
Communication		
11.1	The Health Board should ensure that communication aids are available on wards to assist patients with sensory impairments and staff are aware of them.	3.40, 3.84
Medicine and Pain Management		
12.1	The Health Board should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is regularly reviewed and evaluated.	3.42, 3.86
12.2	The Health Board should ensure that systems are in place to mitigate the risk of patients and unauthorised personnel having access to medication.	3.43, 3.87
12.3	The Health Board should ensure that methods are in place to ensure that staff supervise patients taking their medication and therefore it is not left unattended on patient bedside cabinets.	3.87
Discharge Planning		
13.1	The Health Board should ensure that patients and where appropriate their relatives are involved in the discharge planning process.	3.44
Activities		
14.1	The Health Board should consider ways to provide patients with appropriate activities and stimulation throughout their hospital stay.	3.46, 3.90

5. Next Steps

5.1 The Health Board is required to complete an action plan to address the key issues highlighted and submit it to HIW within two weeks of the report being published. The action plan should clearly state when and how the issues we identified on the two units we visited have been addressed as well as timescales for ensuring the issues are not repeated elsewhere across the Health Board

5.2 This action plan will then be published on HIW's website and monitored as part of HIW's regular monitoring process.

The Roles and Responsibilities of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative and employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality.

Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational

autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003.
- Care Standards Act 2000 and associated regulations.
- Mental Health Act 1983 and the Mental Health Act 2007.
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001.
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006.

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

Background and Methodology for the Dignity and Essential Care Inspections

Healthcare Inspectorate Wales' (HIW's) programme of Dignity and Essential Care Inspections (DECI) commenced in November 2011.

The inspection team comprises a HIW inspector, two practising and experienced nurses and a 'lay' reviewer.

The team uses a number of '*inspection tools*' to gather information about the hospital ward/unit. Visits include observations, speaking to patients, carers, relatives and staff and looking at health records. The inspection tools currently used for DECI inspections can be found on our website.

Once a hospital has been inspected a report of the findings is produced and presented to the Health Board who is then required to provide HIW with an action plan to address the key issues highlighted.

A number of external reports published by organisations such as The Patients Association, Public Services Ombudsman for Wales, Older People's Commissioner for Wales and Wales Audit Office were reviewed as well as information from the public and previous HIW inspections. This information led to us developing an inspection methodology which focuses on the following areas:

- Patient environment.
- Staff attitude/behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure sores.
- Fluid and nutrition.
- Personal care and hygiene.
- Toilet needs.

- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

These inspections have been designed to review the care and treatment that all patients receive in hospital, especially older patients which research has proven can be particularly vulnerable during their hospital stay.

Dignity and Essential Care themes, Human Rights and Standards for Health Services in Wales

This document illustrates how the themes reviewed during a Dignity and Essential Care inspection relate to both '*Doing Well, Doing Better - Standards for Health Services in Wales and the European Convention on Human Rights.*'

Dignity and Essential Care Theme	European Convention on Human Rights	Doing Well, Doing Better Standards for Health Services in Wales
Ward environment	<p>Right to liberty and security (Article 5).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>12. Environment</p> <p>Organisations and services comply with legislation and guidance to provide environments that are:</p> <p>d) Safe and Secure. e) Protect privacy.</p>
Staff attitude, behaviour and ability to carry out dignified care	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right not to be discriminated against (Article 14).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p>

		<p>26. Workforce training and organisational development</p> <p>Organisations and services ensure that their workforce is provided with appropriate support to enable them to:</p> <ul style="list-style-type: none"> a) Maintain and develop competencies in order to be developed to their full potential. b) Participate in induction and mandatory training programmes. c) Have an annual personal appraisal and a personal development plan enabling them to develop their role. d) Demonstrate continuing professional and occupational development. e) Access opportunities to develop collaborative practice and team working.
<p>Management of patients with confusion or dementia</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <ul style="list-style-type: none"> a) Needs of individuals whatever their identity and background, and uphold their human rights. <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.
<p>Care planning and provision</p>	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p>	<p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <ul style="list-style-type: none"> a) Based on agreed best practice and guidelines including those defined by National Service Frameworks, National

	<p>Right not to be discriminated against (Article 14).</p> <p>Right to freedom of expression (Article 10).</p>	<p>Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies.</p> <p>b) That complies with safety and clinical directives in a timely way.</p> <p>c) Which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement; and c) working in partnership with other services and organisations, including social services and the third sector.</p>
<p>Communication</p>	<p>Right to freedom of expression (Article 10).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>9. Patient information and consent</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing timely and accessible information on their condition, care, medication, treatment and support arrangements.</p> <p>b) Providing opportunities to discuss and agree options.</p>

		<p>c) Treating their information confidentially. d) Obtaining informed consent, in line with best practice guidance. e) Assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.</p> <p>18. Communicating effectively</p> <p>Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:</p> <p>b) With patients, service users, carers and staff using a range of media and formats. c) About patients, service users and their carers. e) Addressing all language and communication needs.</p>
Fluid & nutrition	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>14. Nutrition</p> <p>Organisations and services will comply with legislation and guidance to ensure that:</p> <p>a) Patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed. b) Any necessary support with eating, drinking or feeding and swallowing is identified and provided.</p> <p>Where food and drink are provided:</p> <p>d) A choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all. e) Is accessible 24 hours a day.</p>
Pressure sores	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way</p>

		consistent with any national timescales, pathways and best practice.
Personal care and hygiene	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect.</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>
Toilet needs	Right not to be tortured or treated in an inhuman or degrading way (Article 3).	<p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p>

		<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p>
Buzzers	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p>	<p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <p>b) That complies with safety and clinical directives in a timely way.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p>
Medicine and pain management	<p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p>

		<p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>15. Medicines management</p> <p>Organisations and services will ensure that:</p> <p>a) They comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs.</p> <p>b) Clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice.</p> <p>c) There is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.</p>
Records management	<p>Right to respect for private and family life (Article 8).</p>	<p>20. Records management</p> <p>Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:</p> <p>a) Designed, prepared, reviewed and accessible to meet the required needs.</p> <p>b) Stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately.</p> <p>c) Accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance.</p> <p>d) Shared as appropriate.</p>
Discharge planning	<p>Right to liberty and security (Article 5).</p> <p>Right to respect for private and family life (Article 8).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales,</p>

		<p>pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> <p>c) Working in partnership with other services and organisations, including social services and the third sector.</p>
Activities	<p>Right to freedom of expression (Article 10).</p> <p>Right to liberty and security (Article 5).</p>	<p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p>