

**Dignity and Essential Care  
Inspection (unannounced)  
Hywel Dda University  
Health Board –  
Amman Valley Hospital –  
Cysgod y Cwm**

**13 August 2014**

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## Contents

1. Introduction .....	2
2. Methodology .....	2
3. Context.....	3
4. Summary.....	4
5. Findings .....	5
Quality of the patient experience .....	5
Delivery of the fundamentals of care .....	7
Quality of staffing, management and leadership .....	15
Delivery of a Safe and Effective Service .....	17
6. Next Steps .....	21
Appendix A.....	22

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Cysgod y Cwm Ward, Amman Valley Hospital, part of the Hywel Dda University Health Board on 13 August 2014.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service

## 2. Methodology

HIW's dignity and essential care inspections, review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

### 3. Context

Hywel Dda University Health Board was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. The health board is responsible for the health and wellbeing of the population across Carmarthenshire, Ceredigion and Pembrokeshire; it also provides a range of services for the residents of south Gwynedd and Powys. The health board covers a quarter of the landmass in Wales, with a population of approximately 375,061 people.

The community and secondary care services are delivered through:

- Four hospitals; Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli and Witybush Hospital in Haverfordwest
- Eight community hospitals
- Eleven health centres

Amman Valley Community Hospital is situated in the rural area of Glanamman on the outskirts of Ammanford town. There is one in-patient ward, Cysgod y Cwm ward and many busy out-patient clinics operating from the site.

Cysgod y Cwm is a 28 bed ward comprising of both GP and Consultant led beds. There are two individual rooms used for palliative care.

At present beds are mostly Consultant led due to changes in local GP arrangements. On the day of inspection there were 26 patients on the ward.

## 4. Summary

Overall, we were met by a very friendly, approachable and well organised staff team working within a busy ward environment, striving at all times to ensure that the patient experience was as positive as possible. Feedback from patients and relatives indicated overwhelming support for the care given on Cysgod y Cwm.

Patients can be confident that the service, at the time of the inspection, was noted to be well run and there was attention to maintaining professional standards of care. We witnessed patients receiving information about their care in a manner which was sensitive to their needs. Staff were seen to be attentive to the patients' individual needs and the standard of cleanliness was very high.

Despite the high dependency of the patients on the ward, the staff were led by a very capable Ward Manager and appeared to function well as a team. We noted that the current good standard of care could not be maintained if the staffing situation was not addressed. We also acknowledge the hard and dedicated work of the very active League of Friends. Several areas of noteworthy practice were observed:

- The schedule of cleaning
- Staff attitudes
- Ward Manager / staff and relatives meeting within two days of admission
- Good use of privacy signage
- Good use of the day rooms and the relatives' room
- Individual glide sheets at the end of each bed

Notwithstanding the good practice observed above, we identified a number of areas for improvement within the four domains. Broadly the areas for improvement included:

- Documentation
- Health and safety
- Areas around nutrition

Details of the areas for improvement and our requirements are set out within Appendix A.

## 5. Findings

### *Quality of the patient experience*

During this inspection we have made one finding which requires improvement in this area. Our requirement is detailed within Appendix A.

**Overall we observed that the patients' experience was good. We saw that staff were professional, friendly and respectful in their manner, with all aspects of patient care being undertaken in a discrete and sensitive way. Most of the time the environment was calm, well organised, very clean and odour free. There was a warm, welcoming ambiance.**

Patients told us they felt safe receiving care and that their dignity and privacy was maintained at all times. We observed staff responding promptly to requests for assistance and were respectful in their manner at all times.

Patients and relatives told us they were well informed about their care and treatment. They stated they felt comfortable in approaching any member of staff, including the Ward Manager if they had any questions or concerns. They confirmed they were very pleased with all aspects of their care.

Throughout our inspection we observed nursing staff, the GP and the Social Worker speaking with patients and other members of the ward team in a professional and courteous manner. There was due care and attention paid to the confidential nature of patient information and care-notes. We heard Welsh being spoken with patients and staff. Staff were dressed in accordance with the All Wales Dress Code<sup>1</sup>, were well presented and professional. Attitudes towards and respect for the patients they cared for was exceptionally good.

We noted that there were televisions, radio and many other activities to occupy recuperating patients. There were two communal sitting areas where people were encouraged to meet and converse.

The ward environment was extremely clean and tidy with no malodours. Beds had fresh, clean linen. There was a regular schedule for washing window curtains and privacy curtains. This is an example of good practice because it

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<sup>1</sup> The All Wales Dress Code was developed to encompass the principles of inspiring confidence, preventing infection and for the safety of the workforce.

maintains a clean environment and improves infection control. The bathroom and toilet facilities were very clean, however we did note the female washing area was being used for storage. This area could be better utilised as a shower area so that female patients would not have to pass male toilets to access the showers. Corridors on the ward had recently been painted with the generosity of the very active League of Friends.

On the whole, during our inspection we observed a well organised, friendly and professional service. Although food looked nutritional and appetising, lunch time was quite chaotic with food being served without any conversation regarding patients' choice, portion size or general well being. However we did see evidence of good practice whereby patients were encouraged to sit at the dining table to eat rather than at their bedside. This encourages mobilisation, socialisation and rehabilitation.

### ***Recommendation***

***Equipment stored in the female washing area needs to be removed and suitable shower facilities made available.***



## *Delivery of the fundamentals of care*

During this inspection we have made seven findings which require improvement in this area. Our requirements are detailed within Appendix A.

### **Communication and information**

*People must receive full information about their care in a language and manner sensitive to their needs*

We observed that staff communicated appropriately with patients and relatives in the language of their choice during the stay on the ward. This made patients feel safe and respected.

Patient notes contained the relevant personal information and admission assessments which were of a good standard. However associated risk assessments were not always robust. We noted (and discussion with staff confirmed) that care plans were generic, not patient centred and some were unclear. Therefore there was no written evidence that individualised care was being promoted. There were documented entries that care had been given as planned but not always evidence of evaluation to ensure that the care was effective. Staff also confirmed that entries were not written in real time but usually at the end of the shift.

We noted that there were two sets of nursing patient notes. One kept at the bedside and one at the nurse station. Different documents were filed in each set of notes. It was therefore difficult to navigate one set of documentation without reference to the other, making the system cumbersome and a potential risk for inaccurate recording of patient care. This also meant that neither permanent or bank staff were provided with clear written guidance to provide care and support to each patient in accordance with their needs, wishes and preferences. We understand that this was the universal health board documentation and was not individual to the ward, however the ward needs to ensure their system is robust and user friendly. The format of documentation did not adequately reflect the standard of care that we witnessed.

We saw evidence of good communication between ward staff and other professionals with referrals to community psychiatric nurses and other specialist nurses. There were two case conferences taking place whilst we were visiting. The Ward Manager also explained that within two days of

admission she and a Staff Nurse would meet with the family to confirm that recorded information was correct and to implement the 'This is Me'<sup>2</sup> initiative where necessary. This is evidence of good practice.

We observed that the 'Butterfly Scheme'<sup>3</sup> was being utilised to some extent, however the associated documentation was not completed in the patient's notes.

The ward had a loop system to aid communication with patients with hearing impairment. This had been purchased by the League of Friends. Some staff were able to converse using British Sign Language and a form of pictorial exchange communication. This is an example of good practice which enables patients to be involved in their care.

All staff wore name badges to assist with identification of names and designation in accordance with the All Wales uniform requirements. This made patients feel included and safe in the ward environment.

### ***Recommendations***

***Patients nursing notes need to be audited to ensure all documentation is completed appropriately.***

***The documentation needs to identify individual nursing needs outline interventions and evaluate effectiveness of treatment. This needs to be set out in a user friendly format.***

### **Respecting people**

*Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.*

We observed many examples of friendly, but respectful interactions between staff and patients whilst staff assisted with all areas of care. We saw staff taking into account, patients' ability and preserving privacy and dignity by closing

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<sup>2</sup> This is me is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

<sup>3</sup> 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.

doors and curtains before undertaking any personal care. We saw the use of privacy signage on the curtains around the beds and STOP posters on doorways to indicate when personal care was being undertaken. Staff stated that confidentiality was maintained by discussing any personal matters at quieter times, by speaking discreetly behind bed curtains or by utilising the conservatory or relatives room.

Toilet and bathroom signage was clear but not suitable for patients living with cognitive impairment. All locks on these doors were in working order.

### **Promoting independence**

*The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.*

We witnessed some patients being supported by staff to be as physically independent as they were able; with patients being encouraged to mobilise with appropriate walking aids and staff giving moral and physical support.

There were very few patients observed on the day sitting in bed and this was good practice, because it encourages mobilisation and rehabilitation. Patients were encouraged to sit in chairs by the side of the bed, the dining area or the very light and airy conservatory. However there was very little active physiotherapy or occupational therapy input. Staff stated that patients would benefit from a dedicated rehabilitation area.

There was no evidence of appropriate signage to assist people with a cognitive impairment to independently use the facilities for personal care.

### ***Recommendation***

***The ward must ensure that there is appropriate signage to assist patients with a cognitive difficulty to maintain their independence to the best of their ability.***

### **Relationships**

*People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.*

We saw that the ward had structured visiting times, however staff indicated that there was flexibility when required especially when patients were seriously unwell.

There was a large conservatory where patients could speak with relatives away from the ward environment. There was also a small visitor room where relatives could make tea or coffee and stay overnight if needed.

The Ward Manager informed us that a religious minister visited weekly to offer spiritual support to those who requested.

The ward facilities described above, along with the attitudes of the staff promoted evidence of good practice in relation to supporting and encouraging patients to maintain and develop relationships.

### **Rest, sleep and activity**

*Consideration is given to people's environment and comfort so that they may rest and sleep.*

We saw that there were adequate amounts of pillows and blankets available and we observed staff asking if patients were comfortable. The linen cupboard was well stocked and organised. The beds were kept neat and tidy.

The ward, although busy, was quiet and calm and conducive to rest. We observed patients being asked if they wanted to retire to bed after lunch. Staff stated that most patients liked to lie on the beds after the 3pm ward round.

Staff also stated that the environment was very warm during the summer evenings because, for security reasons they had to lock all windows at 8 pm.

### **Ensuring comfort, alleviating pain**

*People must be helped to be as comfortable and pain free as their circumstances allow.*

We saw evidence in the patient medication charts which were reviewed, that one patient (who required pain relief) received appropriate analgesia and the effects were monitored. However we did not see the use of a pain assessment tool.

We saw healthcare support workers readjusting bedding and cushions on chairs to assist with comfort and we were told if patients complained of any pain it was reported to the staff nurses immediately.

Staff stated that they had access to the pain specialist nurse when required and the Ward Manager had previous experience in palliative care and had received training in pain management. This is beneficial for patients because any discomfort can be dealt with effectively and efficiently.

## ***Recommendation***

***A pain management tool needs to be implemented.***

### **Personal hygiene, appearance and foot care**

*People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet. Encouraged to wear own nightwear and day wear.*

We saw appropriate assistance and or encouragement being provided to promote good personal hygiene. Staff were seen walking with the patients to and from the bathroom. Patients stated that bowls were brought to the bedside if mobilising was difficult.

Patients stated that they were encouraged to wear day clothes and this was evident on the day. One patient stated that she was assisted to use the ward washing machine to laundry her clothes. All patients spoken with on the day of inspection looked clean and well cared for.

Female patients had limited choice of bathing facilities. They could either use the bath or they could use the showers which were accessed through the male toilet area.

### **Eating and drinking**

*People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.*

Nutritional documentation was not consistent and although we saw evidence of nutritional assessments in patients' notes, there were no All Wales Nutritional Care Pathways identified. Food charts seen had not been completed appropriately. There were records of patients' weight on admission and weekly thereafter. There was also evidence of onward referral to the Speech and Language Team. With the frailty of the patients on the ward, clear and accurate documentation regarding nutrition is important.

The ward had "protected mealtime" signage however this was not adhered to. We saw a GP and social worker visiting a patient and subsequently the food was left to go cold on the bed table of another bed.

Despite the ward having a nutritional co-ordinator we observed a very busy and quite chaotic mealtime. Patients had not been adequately prepared and therefore some were using the toilet, some were in the process of being taken

to the dining room and others still had cluttered bed tables when food was being served. Patients were not offered any form of hand washing prior to the serving of the meal. However when this was highlighted individual hand wipes were given. Many of the patients were too frail to open the sachets and they were subsequently taken away unused. We also saw some patients having white plastic aprons put on to protect their clothes with little respect for their dignity. There was very little staff interaction with the patients during the serving of the meals.

We were told that the ward had adapted the Red Tray<sup>4</sup> system but used blue trays, as they found that patients with cognitive impairment preferred this. However the integrity of the system, which is to ensure patients who require assistance with eating and drinking are discretely identified was not evident. In fact, we saw that all patients received a blue tray and subsequently there was very little support or assistance given to some vulnerable patients to eat their meal. Some patients were overlooked altogether. The patients that were able to eat stated that the food was very good; one stated it was like “home cooked food”. On the day, the meal looked appetising and nutritious although the portion size was large with some plates overfull. There was no evidence of staff asking patients for preferences on portion size.

With regard to fluid intake, we found that the All Wales Fluid charts were completed appropriately and although we saw drinks being offered frequently we did not observe the water jugs being changed three times a day as required by the Hospital Hydration – Best Practice Toolkit RCN/NPSA.

We discussed with a health care support worker the assistance required for a patient with swallowing difficulties when offering water. We were advised that a spoon would be used, however on this occasion there was a beaker on the table. Further questioning indicated that the health care support worker was unable to satisfactorily explain what process should be used. This indicates that there is a need for more training for some staff with regard to assisting patients with a compromised swallow.

There was a small but functional kitchen on the ward where the staff could make snacks for the patients if required.

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<sup>4</sup> The Red Tray system helps to reduce nutritional risk in hospitals by providing a signal that vulnerable patients need help and support from staff, or has a poor dietary intake.

## **Recommendations**

***Nutritional documentation needs to be audited.***

***Mealtimes need to be structured and appropriate support offered in a timely manner.***

### **Oral health and hygiene**

*Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.*

Although the All Wales Oral Health and Hygiene bundle was not seen in all the notes, we did find mouth care assessments in some. We did not observe any issues of concern in relation to oral health and hygiene.

We were told that there was a stock of toothbrushes and toothpaste available for those who required them. There was also a stock of baby toothbrushes to maintain good oral hygiene for patients who had palliative care needs. This ensures that the mouth area can be gently cleaned and freshened which assists with nutritional and fluid intake, speech, as well as promoting dignity and respect.

### **Toilet needs**

*Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.*

We saw continence assessments on admission which ensured that patients were receiving the appropriate assistance; however we did not see any reference to which continence aid and size should be used. There was no record viewed of any referrals to the continence nurse specialist. The above findings may mean that some patient's continence needs are not being fully met.

Patients who were able, were encouraged and supported to mobilise to the toilets. Those who required a commode were treated with dignity and respect, ensuring their privacy was maintained at all times. Toilet areas were very clean with disposable paper hand towels and dispensed soap available.

Call bells were being answered in a timely manner, and no patient indicated that they were distressed as a result of having to wait for assistance.

We saw there was an adequate stock of continence aids available and stored appropriately.

## ***Recommendation***

***Continence assessments should be undertaken on admission and referral made to the continence advisor where appropriate.***

## **Preventing pressure sores**

*People must be helped to look after their skin and every effort made to prevent them developing pressure sores.*

On admission to the ward every patient had an assessment on the condition of their skin. We saw evidence in the patients' care files that appropriate pressure prevention tools were being used to assess and monitor for any break down in skin integrity. When required, patients were given pressure relieving mattresses and cushions. Staff stated that they could contact the Tissue Viability Nurse for advice.



## *Quality of staffing, management and leadership*

During this inspection we have made four findings which require improvement in this area. Our requirements are detailed within Appendix A.

**At present, the ward meets the required standards of nursing care, albeit with a staffing team which is below the Chief Nursing Officer's guiding principle on staffing levels. This is entirely due to the professionalism and good will of the staff at all grades. However with the increased dependency of the patients as well as staffing issues, the ability to sustain these standards seems difficult. The main issues identified were regarding increased patient acuity in care needs, along with a decreasing staffing establishment. This is compounded by the lack of protected time for the Ward Manager to comprehensively undertake the requirements of the role.**

The guiding principles for nurse staffing issued by the Chief Nursing Officer for Wales state that during the day there should be no more than seven patients allocated to each registered nurse. On the day of our visit there was a staffing ratio of thirteen patients to one registered nurse. There was also a complement of four healthcare support workers in the morning and two in the afternoon. Staff stated that they felt rushed and did not have enough time to give quality care. This is not acceptable nor is it sustainable for the future. Discussion with the Clinical Lead Nurse for Community Hospitals indicated that the issue had been highlighted and forward planning had already commenced.

There was a very approachable and visible Ward Manager and there was a Senior Manager on site before we arrived. Staff confirmed that the Senior Manager was regularly based on the ward. We were told that there was a stable and long serving staff team.

There was a clear professional accountability structure in place. Each nurse had allocated patients for whom they were responsible and healthcare support workers were working under the direction of the registered nurse. There was no system of intentional rounding<sup>5</sup> in place, however we saw healthcare support workers recording interventions in the patients' bedside records.

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<sup>5</sup> Intentional rounding is a structured process where nurses on wards in acute and community hospitals and care home staff carry out regular checks with individual patients at set intervals, typically hourly. During these checks, they carry out scheduled or required tasks.

Audits for the ward, which assist in ensuring good standards of patient care and staff appraisals, which ensure good professional practice, are part of the Ward Manager's role. These were up to date, despite no longer having protected management time. The Ward Manager also has responsibility for audit and it would be advisable for patients' care notes to be audited and scrutinised more frequently, especially the risk assessments and care plans. This may be more difficult to maintain in the longer term, unless the Ward Manager receives adequate support. Again we were assured that this was being addressed.

Staff on the ward had a broad skill base covering areas such as phlebotomy, blood transfusion and palliative care. There was adequate training in the mandatory subjects, although there was a high dependency on e-learning. Staff stated that they were not given protected time to undertake the training nor were they offered time in lieu. Subsequently training was undertaken in their own free time.

The Ward Manager had a good understanding of the complaints system and provided examples of how they communicated with relatives who had voiced concerns. However we did not see any leaflets or guidance on how to make a complaint or raise a concern. No patient raised any issues while we were on the ward.

The Ward Manager stated that staff were encouraged to attend the monthly ward meetings, if and when it was possible to have them. This ensured information was cascaded appropriately.

Discussions with staff suggested that there was no security or portage after 8pm which, combined with the rural location of the hospital, highlighted a managerial issue with regard to car parking facilities. This needs to be addressed from a health board perspective.

### ***Recommendations***

***Strategic decisions need to be in place to meet the required staffing levels.***

***Documentation needs to be audited regularly.***

***Staff should receive protected time for training.***

***The Health and Safety issues relating to the staff car park needs to be addressed.***

## ***Delivery of a Safe and Effective Service***

*People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.*

During this inspection we have made **seven** findings which require improvement in this area. Our requirements are detailed within Appendix A.

**Overall we found that the ward environment was clean, fresh and standards of hygiene appeared to be maintained. There were areas of good practice identified and on the whole the service was provided in a safe, efficient and effective manner. However there were some areas which need addressing to maintain a safer environment.**

### **Patient Safety**

We saw evidence of good practice whereby confidential patient information was written on a whiteboard on the wall of the Ward Manager's office; however there was a roller blind to cover the information should any non-member of staff need to enter the office.

Policies and procedures were available on the intranet and all members of staff had access to the computer if required. The electronic audit programme was also available on the computer and a copy of the most recent audit was given to HIW. We did note that there was an issue with falls monitoring whereby there was no falls pathway recorded in a patient's notes although a Datix incident had been recorded. All audit results were communicated to the staff via ward signage and this was confirmed by staff.

We saw an unguarded electrical heater used in one single occupancy room. This was highlighted to the health board on the 15<sup>th</sup> August 2014. A satisfactory response was received on the 26<sup>th</sup> August 2014. No adverse incident occurred during the time the heater was in use.

There were some issues identified with infection control where non medical staff were seen assisting a patient who was being barrier nursed without wearing appropriate protective gloves and aprons. Further discussion evidenced that not all staff were aware that this patient required barrier nursing even though there was signage outside the room. We also noted during lunch that domestic staff were serving food without wearing appropriate protective aprons.

During the lunchtime we also noted that the heated trolley was placed in the middle of the corridor and made navigating around the area very difficult, especially for frail patients who required walking aids.

Nurse call bells were answered promptly and patients confirmed that this was always the case, even at night. We also noted that each bed had individual glide sheets<sup>6</sup> to aid transfers and repositioning. This is evidence of good practice.

We did note that there was no security or portering after 8pm. From a health and safety perspective this needs to be addressed.

### ***Recommendations***

***A falls pathway must be commenced when individual risks are identified.***

***Infection control measures must be more stringent.***

***The heated food trolley needs to be allocated a safer place on the ward.***

***Security and safety after 8pm should be addressed.***

### **Medicines Management**

There was evidence that drugs were stored appropriately with two drug trolleys available, both rag bolted to an inside wall. One was not attached for a short period of time but this was addressed as soon as it was highlighted.

We observed medication rounds being undertaken in a safe, timely and efficient manner. The red “do not disturb” tabard was being used effectively. The All Wales Medication Chart<sup>7</sup> was being used and any omissions were clearly recorded. Staff stated that at present there were no patients who were able to self medicate and further discussions indicated that the ward did not have a self-medication policy.

We inspected the storage of controlled drugs and found no issues of concern. The pharmacist visits to audit the drugs weekly and this was evidenced in the drugs register and the individual medication charts. The hot water tap in the medicine room was very hot and staff stated this had been reported to the

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<sup>6</sup> Glide sheets are designed for sliding transfers and repositioning.

<sup>7</sup> The All Wales Medication Chart is a standard in-patient medication administration chart across Wales to promote safe prescribing.

Estates Department. This has already been highlighted in an immediate assurance letter and appropriate action undertaken.

We noted that there was no piped oxygen therapy on the ward and therefore oxygen cylinders were being stored inappropriately both inside and outside of the building. Cylinders were being stored in the corridor with no signage to warn of the possible hazard to staff. The Health and Safety Executive (HSE) suggest that cylinders should be chained or clamped to prevent them from falling over and should be stored, when not in use, in a well ventilated storage area, away from combustible materials and separated from cylinders of flammable gas. This issue has been previously highlighted by the fire authority.

### ***Recommendation***

***Oxygen cylinders must be stored appropriately.***

### **Diabetes Management**

Staff informed us that there was an identified diabetic link nurse on the ward, however they could also access information leaflets, and acute and community diabetic services if the link nurse was not available.

Qualified staff had received training in diabetes care which included the 'ThinkGlucose' initiative<sup>8</sup> and staff of all grades knew where to access the emergency diabetic box which was stored on the resuscitation trolley. Staff were unsure of the DAFNE<sup>9</sup>/DAFYDD<sup>10</sup> process but stated they would contact the Clinical Nurse Specialist if they required assistance. This is not specific to this ward and the health board have already identified that this as an area to improve.

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<sup>8</sup> 'Think Glucose' is a national initiative led by the NHS Institute for Innovation and Improvement. It aims to improve inpatient diabetes care including effective use of the inpatient diabetes specialist team.

<sup>9</sup> DAFNE (Dose Adjustment For Normal Eating) is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

<sup>10</sup> DAFYDD (Dose Adjustment For Your Daily Diet) is an education programme for people with Type 1 diabetes.

Documentation evidenced that the type of diabetes was recorded in the initial assessment to the ward and although the documentation was difficult to navigate, with records being stored in two different files, we saw evidence of appropriate medical and nursing reviews of the patient's condition. There was a care plan available, although there was no evidence of any foot screening, foot care plan or chiropody referral even though the patient had swollen feet. We noted that there had been no recording made in the care plan when the medication had been reviewed and changed. There was however a food chart which recorded nutritional intake and was completed appropriately.

Patients were not encouraged to self medicate or self manage their diabetes. We observed that medication was stored and administered appropriately although the ward medication fridge temperature was recorded monthly. These recordings need to be undertaken daily.

The daily food menus need to be clearer with regard to diabetic diet choice and we noted that food was not clearly labelled to ensure that it was suitable for a diabetic diet.

### ***Recommendations***

***Medication fridge temperatures need to be undertaken daily.***

***Diabetic choice on the food menu needs to be clearer and food needs to be clearly identifiable on the food trolley.***

## **6. Next Steps**

The health board has submitted the required improvement plan (Appendix A) to address the key findings from the inspection, identified within the Cysgod y Cwm Ward at the Amman Valley Hospital. The completed improvement plan has been evaluated and HIW has concluded that it provides sufficient assurance that the improvements identified have either been addressed and/or there is evidence to demonstrate that progress is being made by the health board in response to these matters.

The health board's improvement plan has been included in Appendix A for publication on HIW's website together with this report.

*Appendix A*

**Dignity and Essential Care: Improvement Plan**

**Hospital: Amman Valley**

**Ward/ Department: Cysgod Y Cwm**

**Date of inspection: 13 August 2014**

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>				
6	We did note some storage in the female washing area. This could be better utilised as a shower area.	Discuss and agree with Estates Department a scheme to refurbish female washing area.	Ward Sister and Senior Manager	Completed within 3 months
<b>Delivery of the Fundamentals of Care</b>				
8	We observed that the “Butterfly Scheme” was being utilised to some extent, however the associated documentation was not completed in the patient’s notes.	In-house updating for all nursing staff by Dementia Specialist Nurse to be followed by reaudit by Senior Nurse to ensure improvement.	Ward Sister and Senior Manager	1 month
9	There was no evidence of appropriate	Now in place.	Ward Sister	Completed



Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	signage to assist people with a cognitive impairment to independently use the facilities for personal care.			
7	We noted and discussion with staff confirmed that care plans were generic, not patient centred and some were unclear. Therefore there was no evidence that individualised care was being promoted. There were documented entries that care had been given as planned but not always evidence of evaluation to ensure that the care was effective	<p>The Ward utilised HD Nursing documentation. Ensure the Ward has all relevant care plans &amp; Qualified nurses to ensure Care plans are patient centred.</p> <p>The use of generic care plans will be reviewed as part of a current planned evaluation of the nursing documentation system introduced in 2013 in order to standardise practice across the Health Board.</p>	<p>Ward Sister and Senior Manager</p> <p>Asst Director of Nursing (Practice)</p>	<p>1 month</p> <p>Within four months</p>
10	We did not see the use of a pain assessment tool.	Plan to introduce Abbey pain scale as this has already been piloted and approved by HB for use with patients with dementia diagnosis.	Ward Sister and Senior Manager	1 month
11	Nutritional documentation was not consistent and although we saw evidence of nutritional assessments in patient's notes, there were no All Wales Nutritional Care Pathways identified. Where we saw	Feedback findings of inspection to all ward staff. Ensure in-house update to all staff undertaken. Senior Nurse to audit documentation following update to ensure improvement.	Ward Sister and Senior Manager	6 weeks

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	food charts they had not been completed appropriately.			
11-12	We observed a very busy and quite chaotic mealtime. Patients had not been adequately prepared and therefore some were using the toilet, some were in the process of being taken to the dining room and others still had cluttered bed tables when food was being served.	Ward staff to implement pre meal planning process to ensure patients are prepared for meals. The practice of protected mealtimes has been reinforced. However, relatives are encouraged to visit when appropriate to assist patients with meals. Utilisation of red tray scheme has also been re-inforced.	Ward Sister	6 weeks
13	We saw continence assessments on admission, which ensured that patients were receiving the appropriate assistance; however we did not see any reference to continence assessment with regard to which continence aid and size.	Plan in-house continence promotion and update from Continence Specialist Nurse.	Ward Sister	6 weeks
<b>Quality of Staffing Management and Leadership</b>				
15	The guiding principles for nurse staffing issued by the Chief Nursing Officer for Wales state that during the day there should be no more than seven patients allocated to each registered nurse. On the day of our visit there was a staffing	Senior Managers already in discussion regarding reviewing ward establishments. This is supported by the e-rostering process.	Senior Manager, Community Services Nurse Manager and County Director and Commissioner	3 months

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	ratio of thirteen patients to one registered nurse.			
16	It would be advisable for patients care notes to be audited and scrutinised more frequently, especially the risk assessments and care plans. This may be more difficult to maintain in the longer term, unless the Ward Manager receives support.	<p>Documentation is audited monthly for Fundamentals of Care. Ward Manager will prioritise this during her protected time. To remind staff of the importance of documentation audit when discussed at monthly ward</p> <p>The HB documentation audit tool is currently under review to ensure it incorporates not only professional record keeping but also compliance with completion and evaluation of care.</p>	<p>Ward Sister and Senior Manager</p> <p>Asst Director of Nursing (Practice)</p>	<p>1 month</p> <p>Within four months</p>
16	Staff stated that they were not given protected time to undertake the training nor were they offered time in lieu. Subsequently training was undertaken in their own free time.	<p>In-house training sessions to be provided where possible. Ward Sister to organise rolling programme of in-house update sessions.</p> <p>Improved access and uptake of e-learning modules to be explored for community based staff</p>	<p>Ward Sister</p> <p>Senior Nurse manager</p>	<p>6 weeks</p> <p>3 months</p>
	As there was no security or portage	Security Officer has undertaken review of car parking and security issues and has	Senior Manager	3 months

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	after 8pm, this combined with the rural location highlighted a Management issue with regard to staff safety at night and early in the mornings when accessing the car park.	provided recommendations for action. Costings and sources of funding are being pursued.		
<b>Delivery of a Safe and Effective Service</b>				
17	There was an issue with falls monitoring whereby there was no Falls Pathway recorded in a patients' notes although a Datix incident had been recorded.	Ensure feedback of inspection findings to all staff. Documentation remains a fixed topic on the agenda for all ward meetings. Senior Nurse to monitor falls pathways when approving Datix records. Ensure ward remains clutter free. This will form part of a regular audit programme,	Ward Sister and Senior Manager	Immediate
17	There were some issues identified with Infection Control where non medical staff were seen assisting a patient who was being barrier nursed without wearing appropriate protective gloves and aprons.	In-house updating and education to be organised as part of the rolling programme for all staff. Discussion with Hotel Services management regarding training/awareness of non-medical staff. Ensure more visible signage.	Ward Sister and Senior Manager	Immediate
18	During the lunchtime we noted that the heated trolley was placed in the middle of the corridor and made navigating around	Heated trolley is now placed in the dining room which in the centre of the ward and food is distributed from there to the	Ward Sister and Senior Manager	Completed

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	the area very difficult, especially for frail patients who required walking aids.	patients		
18	We did note that there was no security or portage after 8 pm and therefore the patients and Ward staff were isolated and vulnerable.	See above action with Security Officer.	Senior Manager	3 months
19	We noted that there was no piped oxygen therapy on the ward and therefore oxygen cylinders were being stored inappropriately both inside and outside of the building.	Concerns raised with Estates Department who are evaluating options.	Ward Sister and Senior Manager	1 month
20	The ward medication fridge temperature was recorded monthly.	Now recorded daily.	Ward Sister	Completed
20	The daily food menus need to be clearer with regard to diabetic diet choice and we noted that food was not clearly labelled to ensure that it was suitable for a diabetic diet.	Meals are prepared on site and all main meals are suitable for diabetics. Dessert alternatives are available. Reinforce the need for nurses to discuss portion size preferences, dessert alternatives and work alongside Hotels Services in delivering the meals.	Ward Sister	Immediate

**Health Board Representative:**

**Name (print):** Chris Haynes.....

**Title:** Assistant Director of Nursing.....

**Signature:** (submitted electronically).....

**Date:** 25/09/2014.....