

## **Dignity and Essential Care Inspection (unannounced)**

Hywel Dda University Health  
Board: Withybush Hospital,  
Ward 8 Coronary Care Unit  
(CCU) / Stepdown Unit

2 September 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in Ward 8, Coronary Care / Stepdown Unit, Withybush Hospital, part of the Hywel Dda University Health Board on 2<sup>nd</sup> September 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 to date 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. These inspections may 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 Withybush Hospital in Haverfordwest
- Eight community hospitals
- Eleven health centres

#### **Withybush Hospital**

Withybush General Hospital in Haverfordwest, Pembrokeshire, is an acute hospital which provides a 24 hour Accident & Emergency unit, general surgery, orthopaedic & trauma surgery, midwifery led unit, gynaecology, coronary care, general medical and radiology services. There are currently changes taking place regarding the provision of paediatric services and as from October 20th there will be a 12 hour Paediatric Assessment Unit in Withybush supported by a dedicated ambulance vehicle.

#### **Ward 8: Coronary Care Unit / Step-down**

The Ward has been separated into two distinct areas:

- 6 bed Coronary Care Unit (CCU) comprising of a mixed gender four bed bay and two individual rooms
- 6 bed Step-down unit which has two single gender bays and two individual rooms

Both units are managed and staffed by the same team of nurses, health care support workers and hotel services.

Patients are admitted directly from Accident and Emergency or Cardiac Clinic. Some are stabilised on the Unit and then transferred to Morriston or Glangwili for more specialised treatment of their condition.

## 4. Summary

Overall, although the initial ward reception area was dark and unwelcoming, we found that this was not a reflection of the standards of care and support offered within the ward. We were met by a friendly, professional and well organised staff team, working within a very busy and specialised ward environment. We observed patients being treated with respect and dignity and feedback from patients and relatives indicated very positive support for the care they received on Ward 8.

We saw that there was an on-going refurbishment programme, which included painting specific doors the same colour to enable patients with cognitive impairments to identify certain facilities, such as toilets. We also saw “How are we doing” boards, which display the outcomes of ward audits for the public to read. These again had been developed with the assistance of people with sight impairments. These are good examples of inclusive practice where patients and relatives are listened to and consideration is given to improve the patient experience.

Several areas of noteworthy practice were observed:

- Medicine Management
- Staff attitudes
- Good collaborative care between the Multi-disciplinary team
- Staff training / better ways of working / lessons learned / supporting new staff

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
- Communication with patients
- Improved facilities
- Staffing numbers

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 made two findings which require improvement in this area. Our requirements are detailed within Appendix A.

**Overall we found that patients felt that the quality of their experience whilst on the ward was high and were very complementary regarding all aspects of their stay on both units. Feedback was positive regarding staff attitude, how care was provided and patients felt their dignity and privacy was respected during their stay.**

During our inspection we spoke to a number of patients and relatives and offered the opportunity for people to complete a feedback questionnaire. Some comments from these questionnaires included; *“very rapid treatment on arrival at hospital”* and *“vast improvement since last visit 10 years ago”*. These comments show that people feel that there has been an improvement in the care and more timely responses for treatment. Other comments highlighted the need for medical staff (doctors) to introduce themselves *“don’t know the name of my doctor* and the underlying recruitment problems with the medical teams (doctors) *“lack of a Cardiologist deciding my treatment.”*

Patients told us that staff were courteous, approachable and nothing was seen as too much trouble. We saw that staff responded in a patient and considerate manner to any approaches made by patients or relatives. This gave patients a sense of control over their care and the confidence to ask questions.

On the whole we observed staff listening to patients and involving them in their care by explaining nursing processes and clinical decisions. This made patients feel safe and less anxious. We did however speak with one patient who expressed that she would have liked more information regarding her care. We discussed this with the Ward Manager who confirmed that she would go and speak with the patient herself. This meant we could not be assured that patients were consistently given information regarding their care.

We saw the ward was clean and tidy. Toilet and bathrooms were uncluttered and odour free. Patients stated that the housekeeping staff were friendly.

We observed there was very little in the way of activities to keep patients occupied during the day. There were televisions but they were not on, there were no radios by the bed and no books. One patient told us he would have appreciated a wi-fi connection to enable him to follow the cricket on his personal device. We saw that there were no ward clocks.

Many patients told us they did not know who their Consultant was or who was co-ordinating their care. The Ward Manager told us that the Consultant

Cardiologist had recently retired and there were locum Consultants covering until a permanent appointment was made. This was having an adverse effect on communication with patients with no one individual accountable for planning care. However it was not necessarily affecting the care being provided.

***Recommendations:***

- **The ward would benefit from clocks, radios and wi-fi**
- **Staff must ensure that patients understand who is responsible for their care**



## ***Delivery of the Fundamentals of Care***

During this inspection we made ten findings which require improvement in this area. Our requirements are 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. There was due care and attention given to the Fundamentals of Care. The environment was calm, well organised, clean and odour free. There were some areas for improvement but also evidence of good practice.**

### **Communication and Information**

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

We saw that health needs were identified, with evidence of good admission and risk assessments, however this information was not transferred to easily readable and regularly evaluated care plans. We saw that, where there were care plans, they were generic and not patient centred. Staff confirmed they were in the process of reviewing the care plans, although they would remain generic for pain, chest pain and acute coronary syndrome. We did not see any care plans for other identified needs. Discussions revealed that there was some confusion amongst the staff regarding the term "person centred" care plans. We could not therefore, be assured that there was written evidence of individualised care being promoted.

Documentation did not lend itself to clearly evidencing evaluation of care, due to the layout of the documentation itself. Although we saw a good standard of daily recordings whereby nurses documented time frames for care, they were not referring to care plans. Staff also confirmed that entries were not written in real time but usually at the end of the shift. We saw that the National Early Warning Score<sup>1</sup> (NEWS) chart was being used; however, discussion with some staff indicated that they did not understand what the NEWS chart entailed. This meant that patients could be receiving care that is not effective and interventions not recorded as they happen. We understand from the staff that the documentation is universal throughout the Health Board and 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 good standard of care that we witnessed.

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<sup>1</sup> National Early Warning Score is a colour-coded observation chart used in hospitals to record routine clinical data and track a patient's clinical condition.

We saw evidence in the notes of good collaboration with the multidisciplinary team (MDT) and we were told by staff that there was an MDT meeting weekly to discuss the care of individual patients. Patients could therefore be assured that their care was reviewed by a team of health specialists who gave advice and guidance where needed.

We saw evidence of the Butterfly scheme<sup>2</sup> on the walls of the ward but there were no patients with any cognitive impairment on the day of the inspection. This meant that the ward had arrangements in place to identify and improve accessibility to those patients affected by dementia, should the need arise.

We observed and patients told us, that some doctors were not introducing themselves and most patients did not know which Consultant was responsible for their care. We also looked at the patients' medical notes and saw that there were instances where the medical doctors had recorded information, signed but had not printed their name or designation. Good practice would evidence doctors signing and then printing their name and designation. This clarifies who is making the record, decisions or agreeing the decisions. This is a requirement in the Good Medical Practice<sup>3</sup> guidance: Domain 1 sec 21. Further discussion with the Director of Medicine indicated that she had already raised this issue with the doctors but she confirmed that she would readdress the concern.

***Recommendations:***

***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.***

***Doctors need to sign, print and state their designation when making recordings in patients' notes.***

**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. Although the ward did not use any privacy signage we saw staff taking into account patients' ability and preserving dignity by closing curtains before undertaking any personal

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<sup>2</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.

<sup>3</sup> *Good Medical Practice* is the guidance on duties of a doctor registered with the General Medical Council

care. Staff told us and we observed, that confidentiality was maintained by discussing any personal matters at quieter times, by speaking discreetly behind bed curtains or by utilising the small day room.

### **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 saw mobility scores and moving and handling assessments in patient's notes. These guided the level of independence for each individual and the amount of support required. However there were no care plans to complement the assessments and subsequently no recorded evidence of evaluation of care given. This means that patients may not be receiving planned, consistent levels of assistance which work towards promoting a level of independence tailored for their individual needs.

We did however witness some patients being supported by staff to be as physically independent as they were able with patients having wash bowls brought to the bed to encourage independent washing in CCU and patients being encouraged to mobilise in the Step-down unit.

Patients were encouraged to sit in chairs by the side of the bed when their conditions allowed. However there was no day room where they could independently go to relax away from the ward environment.

#### ***Recommendation:***

***There was an empty bay within the ward which could be refurbished to offer a large airy day room where patients could socialise and eat their food. This would encourage mobilisation, interaction and rehabilitation.***

### **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 and staff told us there was flexibility when required, especially when patients were seriously unwell.

There was also a small day room where patient and relatives could sit away from the ward environment. However this was not always available as it was used for many other meetings.

We noted that only half of the staff wore identification badges. This does not lend itself to building relationships with patients who may have difficulties remembering names and designations. Senior Staff told us that the Health board were in the process of purchasing new identification badges which were more suitable for patients with sight impairment to read.

## **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. This meant that patients were able to access additional bedding for comfort when required.

There was no dedicated rest time during the day however patients stated that they were able to sleep well at night. The ward, although busy, was quiet and calm and conducive to rest, however patients due to their conditions were being disturbed frequently by doctors and allied professionals.

We saw that volunteers brought a trolley around with newspapers, toiletries and small snacks which enabled patients to purchase items without leaving the ward environment.

Although there were televisions in each unit we did not see them being used and there were no radio facilities by each bed.

### ***Recommendation:***

***Radio facilities by the bedside would be beneficial for the patients who are unable to mobilise due to their conditions.***

## **Ensuring Comfort, Alleviating Pain**

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

We saw in the patient medication charts that analgesia was prescribed where required. This ensured that patients received appropriate pain relief and the effects of the medication were monitored. However we did not see the use of a pain assessment tool and there were generic care plans whereby pain was monitored in relation to chest pain only. Patients could also be suffering from symptoms of pain other than chest pain and these need to be recorded and the treatment managed appropriately. Notwithstanding this, all patients gave positive feedback on the management of any pain.

We saw staff readjusting bedding to assist with comfort. Staff were able to explain why this was important and told us it was because all the patients in CCU were confined to bed rest due to their condition. This meant that staff had an awareness of their duty in ensuring patients were comfortable.

***Recommendation:***

***The ward should use a recognised pain assessment tool.***

**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.*

Patients told us they were encouraged to be as independent as possible with washing and dressing. Staff gave assistance if required, especially within the CCU. Patients appeared clean and well groomed. We saw, and patients confirmed, that they were encouraged to wear their own day or night clothes as they preferred.

**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.*

We saw that nutritional assessments<sup>4</sup> and weight recorded on admission were in place; however the nationally recognised documentation was not in place following the screening.

The ward had “protected mealtime” signage<sup>5</sup> however this was not adhered to with doctors undertaking procedures on patients throughout mealtime and visitors still present. Ward staff need to be reminded to challenge any interruption to mealtime to ensure that patients receive adequate time to eat their meals in an unhurried, undisturbed manner.

We observed a mealtime and saw that patients were not prepared appropriately for the serving of meals. Hotel services staff undertook the serving of meals and we observed that bed tables were not cleared or put within reach, hand wipes were not offered and food was placed in front of patients with very little interaction or acknowledgement. Hot drinks were served at the same time as the food and subsequently were cold by the time patients were ready to drink. We also saw a patient being given a large spoon to eat a small yoghurt. There was very little dignity displayed in the interaction. Discussion with hotel services staff indicated that there was no portion size, although patients stated that there was a choice of portion size on the menu. We did not see staff washing hands prior to assisting with food with the exception of a health care support worker who used alcohol gel.

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<sup>4</sup> **Nutritional assessment** is used to evaluate nutritional status, identify disorders of nutrition and determine which individuals need instruction and/or support.

<sup>5</sup> **Protected mealtime** is designed to allow patients to eat their meals without disruption and enable staff to focus on providing assistance to those patients unable to eat independently.

There was a red tray system<sup>6</sup> in place, but we were told that there were no patients who required any assistance. However one patient was being assisted and we observed staff assist the person in a dignified and respectful manner.

There were water jugs available which were being changed twice a day. This is not in line with the hospital hydration advice.<sup>7</sup> There were kitchen facilities on the ward and therefore hot and cold drinks were available throughout the day and night. There was also food for snacks. This ensures that patients who may need food outside of the main mealtimes have access to appropriate snacks.

***Recommendations:***

***Mealtime practices need to be reviewed to improve the experience for patients.***

***Water jugs need to be renewed three times a day.***

**Oral Health and Hygiene**

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

The Ward Manager stated that the nationally recognised documentation for oral health and hygiene was not being used on the ward at present but the staff were receiving training on the topic during August. . We did not observe any issues of concern in relation to oral health and hygiene.

We were told by staff that there was a stock of toothbrushes, toothpaste and denture pots available for those who required them. This ensures that patients' dignity is maintained and mouths are moist and clean in order to promote eating, drinking and communication.

**Toilet Needs**

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

We did not see any continence assessments or the nationally recognised continence documentation being used to ensure that patients were receiving the appropriate assistance. There was no record viewed of any referrals to the continence nurse specialist for further guidance or specialist care intervention. This could be that there were no patients who required any continence assistance; however this should have been clear in the initial admission assessment. We only saw stock of plus sizes of continence aids and these

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<sup>6</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.

<sup>7</sup> Hospital hydration – Best Practice Toolkit RCN/NPSA.

would not be appropriate for all patients. Because of the lack of documentation and choice in product sizes we can not be assured that patients are always receiving the appropriate continence care.

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 clean with disposable paper hand towels and dispensed soap. However they were not easily accessible as they were at the entrance to the ward. There were no patient toilets situated by CCU, with patients using the staff toilet which was not fit for patient use, being too small and without any call bells.

Call bells, in relation to the use of toilets, were being answered in a timely manner, and patients overwhelmingly stated that there was never a wait for a response.

***Recommendations:***

***There needs to be adequate toilet facilities within easily accessible distance.***

***There needs to be appropriate continence assessments and subsequently continence stock available.***

**Preventing Pressure Sores**

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

We saw evidence in the patient notes of pressure risk assessments however there was no evidence of nationally recognised pressure sore prevention documentation or care plans, and subsequently no consistency in the care of patients with regard to preventing pressure sores. One patient with a high pressure risk assessment was on intentional rounding<sup>8</sup>, however there was no care plan stipulating whether equipment was required, although there was a pressure relieving mattress on the bed. This meant that there was no evidence of planned care for patients in regard to preventing pressure damage. Staff did however state that skin bundles<sup>9</sup> and intentional rounding were used when necessary.

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<sup>8</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.

<sup>9</sup> **SKIN bundles** requires documented nursing intervention at least every two hours in the following areas to reduce likelihood of damage; **S**urface ensure patient is on the right mattress, cushion, there are no creases or wrinkles, **K**eeP moving- encourage self movement, reposition patient and inspect skin, **I**ncontinence- meet patient's toileting or continence need, **N**utrition – keep well hydrated, meet patient's nutritional needs.

***Recommendation:***

***The ward must use the recognised national documentation appropriately and consistently.***



## ***Quality of Staffing Management and Leadership***

During the inspection we identified **two** areas for improvement concerning management and leadership. Our requirements in this respect are detailed within Appendix A.

**Overall, patients could be confident that the service, at the time of the inspection, was noted to be well run. There was evidence of strong leadership and good team working. Staff were continually looking to improve and develop areas within their practice, which would undoubtedly be beneficial to the patients they care for.**

The Ward Manager and her deputy were on the unit when we arrived. Both were visible, approachable and supportive to the patients, relatives and staff. There was clearly an open and transparent culture and it was evident that they both worked tirelessly to promote a cohesive and well engaged staff team. The Ward Manager left to attend a training session in the morning and the ward remained calm and organised.

The Royal College of Nursing<sup>10</sup> suggest that in a specialist unit such as Coronary Care the nurse-to-patient ratio should not fall below one nurse to two patients. On the day of our visit there was a staffing ratio of one nurse to three patients. This was due to a nurse being taken from CCU to assist in the Step-down unit. Extra medical patients had been admitted into the Step-down unit overnight causing staffing levels to rise from one nurse to six patients (which is the recommended maximum under the CNO guiding principles<sup>11</sup>), to one nurse to eleven. Discussion with staff indicated that this was becoming a regular occurrence. The Ward Manager stated that although there was an escalation process when there were staff shortages, there were occasions due to the specialism of the ward, when she was unable to employ bank or agency staff. This means that patients are, on occasions, cared for by inadequate numbers of staff, which can lead to patients not receiving timely support and care and a staff team which is stressed and unmotivated.

Despite the staff skill mix being bottom heavy, with a considerable amount of newly qualified nurses, we received mixed comments from staff. Whilst the more experienced staff were concerned that they did not have time to spend with the new staff to assist in their transition from student to nurse, the newly qualified staff felt that the support they were receiving was excellent and that they were being mentored in a safe environment. The Health Board have

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<sup>10</sup> Mandatory Nurse Staffing Levels 2012

<sup>11</sup> Chief Nursing Officer for Wales guiding principles on staffing levels in district general medical wards.

recently appointed a nurse tutor to advise on the preceptorship<sup>12</sup> of newly qualified staff and this is evidence of good practice.

We were told where possible staff received protected learning time, which indicated a willingness to invest in the staff team. However staff stated that they had not recently received any training in dementia care. This training would prepare staff to care effectively for patients living with dementia and would complement the posters and leaflets which are currently available on the ward.

Audits for the ward which assist in ensuring good standards of patient care and staff appraisals which ensures good professional practice are part of the Ward Manager's role. We saw that these were up to date, despite not always having protected management time.

The ward does not currently have a patient satisfaction feedback process and therefore is unable to measure the patients experience whilst on the ward, listen to comments and improve where necessary.

***Recommendations:***

***Staff should receive training in Dementia care.***

***The ward should have a patient satisfaction process to guide areas of improvement.***

***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 made two findings which require improvement in this area. Our requirements are detailed within Appendix A.

**Overall, the ward environment was clean, fresh and good standards of hygiene appeared to be maintained. Conversations with patients indicated that they were satisfied with the cleanliness in their area. Discussion with a member of the domestic staff revealed that they had received appropriate training to assist them in their role. We saw evidence of good practice in the areas of medicine and diabetes management.**

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<sup>12</sup> A preceptor is a skilled practitioner or university member who supervises students in a clinical setting to allow practical experience with patients.

## **Medicines Management**

We observed medicines being administered in a safe and unhurried manner with areas of good practice evident. There was a red “do not disturb” tabard<sup>13</sup> system in place in the Step-down unit but not in the CCU. Staff explained that this was because the nurses in CCU see to all the needs of the patients allocated to them, including medication, and therefore there was very little need for interruptions. We saw, in both units, a patient specific storage system for medication and we were told that there was a protocol in place for confused patients whereby two nurses check the patient’s identification. These practices go some way towards significantly reducing the margins for error. The hospital was also in the process of developing a “seeing red” initiative<sup>14</sup> which was being trialled in other wards with a view to expanding throughout the Health board.

During the medication round we saw adherence to areas of good practice including checking patients’ names, expiry dates on drug boxes and explaining medication and their side effects to patients. We also heard staff checking with the Ward Manager regarding the times drugs had been given on admission to A&E, and subsequently correctly withholding the drug. This was fully recorded on the nationally recognised medicine management documentation.

We viewed the controlled drugs register and found all to be correct. We noted that the register was checked daily by the night staff and weekly by senior staff. The units had a dedicated pharmacist who also checked the register. Patients can therefore be confident that their medication was being administered and stored in a safe and competent manner.

## **Diabetes Management**

All staff had received training in the care of a diabetic patient and had some understanding of the “ThinkGlucose” initiative<sup>15</sup>. The Ward Manager had

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<sup>13</sup> The red tabard is worn over the registered nurse’s uniform during every drug round. It helps to improve the safety of medicines administration and enables the nurse to concentrate without distraction whilst informing other members of staff the exact job being carried out.

<sup>14</sup> Seeing Red Initiative: An initiative to increase awareness of the strategies to reduce the risk of medication errors by minimising unnecessary interruptions and distractions to healthcare staff.

<sup>15</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>16</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>17</sup> DAFYDD (Dose Adjustment For Your Daily Diet) is an education programme for people with Type 1 diabetes.

attended the training on the day of the inspection and was planning dates for the staff team to attend. Staff were unsure of the DAFNE<sup>16</sup> /DAFYDD<sup>17</sup> concept 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 this as an area where they can improve.

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 no care plan available, although there was evidence that foot screening had been undertaken, and there was a food chart that recorded nutritional intake which was completed appropriately. Discussion with the Ward Manager and staff indicated that they would be part of the Health Board trial of new documentation with regard to diabetes.

Patients were not encouraged to self medicate or self manage their diabetes. Although the patients could administer the insulin after it has been checked by a trained nurse. This disempowers the patient, and takes away the choice to administer their own medication. We observed that medication was stored and administered appropriately. We also noted that Hypo boxes<sup>18</sup> were available in the case of an emergency. Leaflets and information from Diabetes UK was easily accessible for patients to read if they wished. This meant that patients had access to further information about their diabetes needs should they want it. There was a good choice of diabetic food on the menu and clear reference that it was suitable for diabetic patients.

***Recommendation:***

***Staff would benefit from DAFYDD and DAFNE awareness training.***

**Record Keeping**

The Ward Manager explained the DATIX<sup>19</sup> system and was clearly familiar with its use. We were told that all staff had responsibility for recording information on the system.

There was evidence of the overarching principles of the 1000 Lives Initiative<sup>20</sup> being implemented on the Ward and there was documented evidence

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<sup>18</sup> A "hypo box" provides staff with all the relevant equipment to treat a diabetic emergency as well as guidelines for the effective management of that emergency.

<sup>19</sup> DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

<sup>20</sup> The *1000 Lives Campaign* aims to improve patient safety and increase healthcare quality across Wales.

of the use of appropriate “bundles” (which are recognised processes, interventions and documentation for specific nursing care). There was very little use of the All Wales Pathways.<sup>21</sup>

There was evidence that the Fundamentals of Care<sup>22</sup> had been embedded in to the unit’s practices, with monthly audits being undertaken and the outcomes cascaded to staff individually or through monthly meetings. There was evidence of new “how are we doing boards” that shared this information with public visiting the units. This shows that the ward, on the whole, has good robust systems of management documentation and the information is gathered and audited systematically. This can inform and improve patient care.

We saw that the ward clerk was only available for four days of the week. With the high turnover of patients on the units and the specialist care being offered, it was surprising to see the deputy ward manager filing patient notes and taking telephone enquiries. This seems a misuse of an extremely knowledgeable and experienced nurse.

***Recommendation:***

***The units would benefit from a full time ward clerk.***

**Infection Control**

On the whole, infection control seemed satisfactory with the relevant audits being undertaken. We saw that the latest audit undertaken by the Infection Control Specialist Nurse had a 95% positive outcome. However we noted a blood spill on one toilet door which was highlighted to the Ward Manager immediately. We also noted that there were no hand wash basins on the thoroughfare of the units; consequently we did not observe many staff washing their hands. We did note that there were hand washing facilities in the clinical and medication areas. Staff need to ensure that they wash their hands regularly to prevent cross infection.

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<sup>21</sup> All Wales Pathways are both a tool and a concept which embed guidelines, protocols and locally agreed, evidence based, patient-centred, best practice into everyday use for the individual patient.

<sup>22</sup> *The Fundamentals of Care*, Welsh Assembly Government 2003.

**Next Steps:**

The Health Board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit their Improvement Plan to HIW within two weeks of the publication of this report.

The Health Board Improvement Plan should clearly state when and how the findings identified within the Coronary Care / Step-down unit at the Wthybush Hospital will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments/ units of the Health Board.

The Health Boards Improvement Plan, once agreed, will be published on Health Inspectorate Wales website and will be evaluated as part of the on-going Dignity and Essential Care inspection process.

**Appendix A**

**Dignity and Essential Care: Improvement Plan**

**Hospital: Withybush Hospital**

**Ward/ Department: Coronary Care Unit / Step-down Unit**


**Date of inspection: 2 September 2014**

Finding	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>			
<p><b>We observed there was very little in the way of activities to keep patients occupied during the day. There were no radios by the bed and no books. Patients would have appreciated Wi-Fi connection.</b></p>	<p>Ward televisions are available and will be promoted for patient use.</p>	<p>Senior Sister Fiona Davies</p>	<p>Immediate-Implementation confirmed</p>
	<p>Disposable ear phones for patient radios are currently being tested and will be if rolled out if successful and if not an alternative will be sort.</p>	<p>Senior Sister Fiona Davies</p>	<p>Immediate – Pilot in progress</p>
	<p>Red cross library trolley to visit ward twice weekly for patients to access books.</p>	<p>Dawn Jones SNM</p>	<p>Immediate – action confirmed</p>
	<p>Dementia friendly clocks sourced and charitable funds secured. Procurement in progress.</p>	<p>Senior Nurse Manager Dawn Jones</p>	



Finding	Health Board Action	Responsible Officer	Timescale
	<p>Dementia rummage boxes are being are being tested in WGH and will be rolled out on completion of pilot.</p> <p>As our clinical areas are refurbished WIFI will be considered and where possible incorporated.</p>	<p>Sister Lisa Marshall and Sister Fiona Davies</p> <p>Robert Elliot Head of Estates</p>	<p>December 2014</p> <p>In accordance with Refurbishment programme</p>
<p><b>Patients told us they did not know who their Consultant was or who was co-ordinating their care.</b></p>	<p>Patients admitting consultant to be named above bed on white boards.</p>	<p>Senior Sister Fiona Davies</p>	<p>Immediate – Implemented in practice</p>
<p><b>Delivery of the Fundamentals of Care</b></p>			
<p><b>Health needs were identified, with evidence of good admission and risk assessments, however this information was not transferred to easily readable and regularly evaluated care plans.</b></p>	<p>A monthly nursing documentation audit is currently in place. On a three monthly basis documentation standards are peer reviewed. Any omissions are addressed by the Ward Sister.</p> <p>The standardised UHB nursing documentation audit tool is currently under review to ensure it incorporates not only professional record keeping standards but also compliance with completion and documentation of assessment, planning and evaluation of care.</p> <p>Evaluation of the UHB nursing documentation structure/systems is already planned for this autumn. The use of generic care plans will be reviewed as part of this process. This will also incorporate a review of the structure, layout of the assessment and evaluation of care criteria.</p>	<p>Senior Nurse Manager Dawn Jones Senior Sister Fiona Davies</p> <p>Assistant Director of Nursing (Practice)</p> <p>Assistant Director of Nursing (Practice)</p> <p>Assistant Director of Nursing (Practice)</p>	<p>End of October 2014</p> <p>End of October 2014</p> <p>End Dec 2014</p> <p>End Oct 2014 and ongoing</p>



Finding	Health Board Action	Responsible Officer	Timescale
	A further/continued training programme related to the correct use of the UHB's nursing documentation system will be in place to support the nursing teams across the UHB to adapt and individualise patients care plans.		
<b>Medical doctors had recorded information, signed but had not printed their name or designation. Good practice would evidence doctors signing and then printing their name and designation.</b>	To discuss with Dr P Underwood to escalate during Doctors training sessions, grand rounds and Dr induction.	SNM Dawn Jones	Dr P Underwood Contacted 09/10/14
<b>Radio facilities by the bedside would be beneficial for the patients who are unable to mobilise due to their conditions</b>	Please refer to earlier point.		
<b>The ward should use a recognised pain assessment tool to ensure patients are offered adequate analgesia.</b>	Pain score assessed as part of the NEWS score  Abbey pain tool to be introduced for dementia patients. Pain care plans used if the pain score is high. Sr Davies to liaise with Dawn Ferris Pain Specialist Nurse	Senior Sister Fiona Davies  Dawn Ferris Pain Specialist Nurse	October 2014

Finding	Health Board Action	Responsible Officer	Timescale
<p><b>Mealtime practices need to be reviewed to improve the experience for patients.</b></p>	<p>Meal time co-ordinators for each meal time identified at handover – role guidance disseminated to all staff please see document 1 below</p>  <p>meal coordinators11 12.doc</p>	<p>Senior Sister Fiona Davies</p>	<p>Immediate</p>
<p><b>Water jugs need to be renewed three times a day.</b></p>	<p>Hotel Services are working on a business case to introduce the water change across all sites. In the interim the SNM will assess if volunteer services can support the 3<sup>rd</sup> jug change.</p>	<p>Simon Jones Hotel Services Strategic lead.</p>	<p>In progress update December 2014.</p>
<p><b>There needs to be adequate toilet facilities within easily accessible distance.</b></p>	<p>Estates representative will visit the ward on 08/10/14 to assess requirements. Plans for the proposal/options are currently being drafted These will be finalised with the Service Delivery manager/ Senior Nurse Manager and Senior Ward Sister and submitted through the HDUHB planning process for consideration.</p>	<p>Chris Bellerby Estates Department</p> <p>Senior Sister Fiona Davies</p> <p>Sarah Perry General Manager Unscheduled Care</p>	<p>Immediate – Assessment completed</p> <p>17/10/14</p>
<p><b>There needs to be appropriate continence assessments and subsequently continence stock available.</b></p>	<p>At the time of the visit there were no patients who required any continence assistance; however staff reminded that this should be made clear on the initial assessment. Diane Barnett Continence Specialist Nurse contacted regarding a small stock to be held at ward level</p>	<p>Senior Sister Fiona Davies</p> <p>Diane Barnett Continence Specialist Nurse</p>	<p>Immediate – action confirmed – a variety of continence products now available on ward</p>

Finding	Health Board Action	Responsible Officer	Timescale
<p><b>The ward must use the recognised national documentation appropriately and consistently.</b></p>	<p>All patients have a PSPS assessment on admission. Following a score a process is following which signposts to required actions ie pressure relieving mattress to be used etc. Skin bundles are in place for the more vulnerable patient which ensures that Tissue viability is assessed at frequent intervals. The ward has access to a CNS Tissues Viability if required who will give advice and visit the patients. Safety crosses are also in place which identifies the amount of days that the ward has had no incidences of hospital acquired pressure damage. At present the ward is at 106 days. This data is collected monthly on the Nursing Care Metrics and is signed off by the SNM. Staff will be reminded to ensure they act assess as appropriate and act as above.</p>	<p>Senior Sister Fiona Davies</p>	<p>Immediate – action confirmed</p>
<p><b>Staff should receive training in Dementia care.</b></p>	<p>2 link nurses have now been identified and have had training. 3 nurses booked onto dementia conference on 20<sup>th</sup> October 2014. To be put on ward training needs analysis</p>	<p>Senior Sister Fiona Davies</p>	<p>October 2014/ November 2014</p>
<p><b>The ward should have a patient satisfaction process to guide areas of improvement.</b></p>	<p>Fundamentals of care audits performed annually encompass patient survey. This year survey commenced October 2014 and is in the process of being completed. Once the data collection is complete an action plan will be formulated and improvements in practice taken forward National patient experience survey will be accessed proposal and survey please see</p>	<p>Senior Sister Fiona Davies  Anna Tee Patient Experience Manager</p>	<p>November 2014</p>

Finding	Health Board Action	Responsible Officer	Timescale
	<p>document 2 below. Meeting arranged 15/10/14 with the Patient experience Manager to discuss support for analysis.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>DRAFT Proposal patient survey.doc</p> </div> <div style="text-align: center;">  <p>National Survey - version 3 5 (English). </p> </div> </div>		
<b>Quality of Staffing Management and Leadership</b>			
<b>Staff should receive training in Dementia care.</b>	See above		
<b>The ward should have a patient satisfaction process to guide areas of improvement.</b>	See above		
<b>Delivery of a Safe and Effective Service</b>			
<b>Staff would benefit from DAFYDD and DAFNE awareness training.</b>	<p>The University Health Board currently offers access to the XPERT Patient Education programme to people with both Type 1 and Type 2 diabetes, including the insulin specific module. The UHB does not currently have a programme of DAFYDD or DAFNE programmes running across the University health Board although the Diabetes Specialist Nurses provide individual education sessions with the patients with Type 1 diabetes (to whom these programmes apply) when they visit.</p> <p>Through the University Health Board's standardised educational programmes relating to</p>	Think Glucose Coordinator and Diabetes CNS team	3 months

Finding	Health Board Action	Responsible Officer	Timescale
	<p>diabetes being developed and to be made available across the University Health Board. Awareness of the importance of supporting patients with both types of diabetes to maintain their self-management as much as possible whilst in hospital will be reinforced and emphasised.</p> <p>The approach to the provision of an appropriate suite of diabetes related patient education programmes will be reviewed and decisions taken through the Diabetes Service Delivery Forum (DPDG).</p>	<p>Chairman of HDUHB Diabetes Delivery Forum</p>	<p>3 months</p>
<p><b>The units would benefit from a full time Ward Clerk.</b></p>	<p>Allocation of a full time Unit Ward Clerk will be considered as part of the current HDUHB Ward Establishment Review process</p>	<p>Directorate Nurse/Senior Nurse Manager Unscheduled Care Directorate</p>	<p>November 2014</p>

**Health Board Representative:**

**Name (print):** Carol Cotterell

**Title:** Head of Nursing – Acute Services

**Signature:** *C. Cotterell*

**Date:** 15<sup>th</sup> October 2014