

Dignity and Essential Care Inspection (Unannounced)

**Aneurin Bevan University
Health Board: Ystrad Fawr
Hospital, Rhymney Ward.**

20 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection in Rhymney Ward at the Ystrad Fawr Hospital, part of Aneurin Bevan University Health Board on the 20 January 2015.

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

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. The health board as a whole serves a population of more than 600,000.

Ysbyty Ystrad Fawr Hospital is in Ystrad Mynach, between the A469 Caerphilly to Newbridge Road and the old Caerphilly Road between Ystrad Mynach and Llanbradach. It was opened in 2011 and has replaced Caerphilly Miners' Hospital, Ystrad Mynach Hospital, Ty Sirhowy Mental Health Unit and smaller community hospitals in the area.

The hospital has 269 beds, all single ensuite bedrooms. The hospital also has a nurse-led minor injuries unit within a 24-hour local emergency centre, integrated mental health unit, and provides day surgery, comprehensive diagnostic, outpatient and therapy services.

Rhymney Ward is a 26 bed (14 trolley bays and 12 individual bedrooms) surgical day unit; specialising in orthopaedic, gynaecology, urology and general surgery. It is a nurse led discharge unit which means that the surgical doctors record the post-operative requirements for each individual patient on a chart; and then nurse protocols guide the care through to discharge from hospital.

On the day of inspection there were 16 patients on the ward. Twelve patients were new admissions receiving surgery on the same day and the remaining four patients had received surgery the previous day and were recuperating. There was adequate nursing staff to meet the needs of the patients in their care.

4. Summary

Due to the short length of stay on this ward and the independent nature of the patients, many of the areas in the *Delivery of the Fundamentals of Care* section of this report have not been commented upon as they were not applicable on this occasion. We found that overall the standard of care and the manner of staff was very good. People felt the quality of their experience whilst on the ward was high and they were very complementary regarding all aspects of their stay.

Generally, we saw that the ward met with the standards set in the 'Fundamentals of Care'¹. Although there were some minor areas for improvement, there were also areas of innovative and good practice witnessed.

People could feel confident that they would be kept informed verbally and provided with written information regarding their care and treatment. Planning was very good and the documentation reflected the good standards of care given on the ward. We saw that nursing care was provided with compassion and empathy to patients.

Patients were encouraged and supported to regain independence as soon as possible, taking into consideration individual physical and mental abilities. The ward environment was conducive for rest and the comfort of patients with individual bedrooms and ensuite facilities.

Patients told us they were comfortable and they were pain free, however, the ward did not use a pain measurement scale for all patients. We were satisfied that people received appropriate nutrition and hydration.

Patients can be confident that the service, at the time of the inspection, was seen to be well run. There was evidence of effective leadership and good team working. Nurse staffing met the required standards and staff were clear how to escalate staffing issues if problems arose.

Patients' safety and welfare was actively promoted and protected. This was achieved through the use of a range of risk assessments, the provision of a safe ward environment and clean well maintained equipment.

¹ *The Fundamentals of Care*, Welsh Assembly Government 2003

5. Findings

Quality of the Patient Experience

Overall the standard of care and the manner of staff was very good. People felt the quality of their experience whilst on the ward was high and they were very complementary regarding all aspects of their stay.

We distributed questionnaires during the inspection however none were returned. We did however speak to every patient on the unit on the day. Patients told us they felt their dignity and privacy was respected during their stay. We were told and we saw that staff were helpful, polite and explained procedures and medication so that patients were aware of expected treatments and discharge plans. Staff also ensured doors were closed or took patients to a private room when discussing personal details.

Everyone strongly agreed that the ward was clean making comments such as;

“Cleaning very thorough.”

“Cleanliness is of a high standard.”

All patients strongly agreed that they were satisfied with the care, support and attitudes of the nursing staff. Comments to support their views were;

“Nurses are brilliant, can’t wish for better.”

“Staff work really hard and do a great job.”

When questioned about their views on the overall care they had received, without exception all patients stated they were very satisfied with the standards of care and treatment they had received.

There were no payphones for people to make private telephone calls. However, staff indicated that patients could either use their own mobile phones or have access to the ward phone.

Delivery of the Fundamentals of Care

Generally, we saw that the ward met with the standards set in the 'Fundamentals of Care'. Although there were some minor areas for improvement, there were also areas of innovative and good practice witnessed.

Communication and information

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

People could feel confident that they were kept informed verbally and provided with written information regarding their care and treatment. Planning was very good and the documentation reflected the good standards of care given on the ward.

We observed staff communicating appropriately and supporting people during their stay on the ward. This made people feel safe and respected.

We observed interaction between staff and patients which was in accordance with the standard required by the 'Fundamentals of Care'. All the patients we spoke with during the inspection confirmed that they felt well informed about their care management and treatment. This was confirmed by the additional leaflets we read which were given to patients explaining specific procedures.

We witnessed that people received information about their care in a language and manner which was sensitive to their needs. For example, we saw medical and nursing staff talking with people in Welsh or English, in a considerate, unhurried manner. Staff stated that there was a loop system on the ward to assist patients with hearing difficulties and we were told about the interpretation line which staff could access for patients who did not speak English/Welsh.

Overall, we found that the standard of the documentation was good and most written information reflected the care given. However, there were some areas which could be improved such as:

- Some documents did not have signatures and dates such as; the theatre checklist, some risk assessments and care plans
- Manual handling documentation was not the recognised current All Wales documentation. Assessments were not always reviewed post-operatively when patient ability to move was more compromised
- Some documents were incorrectly titled Gwent NHS Trust

- Poor quality of photocopying of blank charts/documents

Recommendation

The ward manager should develop a system to audit patient documentation to ensure the quality and standards are satisfactory.

We also saw examples of very well documented care using standard forms such as the National Early Warning Score² chart, which identifies any changes in the patient's condition and also the innovative use of a patient record booklet which records patient treatment from pre-assessment, in the out patient clinic, through surgery to discharge. This information recorded the initial assessment (up to three months previously), was reviewed during the admission process on the day of surgery and followed the patient on the journey through theatre to discharge. We saw evidence of good discharge planning recorded within the patient record booklet.

We looked at the patients' post-operative care plans and saw that there were instances where the medical doctors had recorded information, but not signed or printed their name and designation. It is a requirement in the Good Medical Practice³ guidance: Domain 1 sec 21 that doctors sign and then print their name and designation.

Recommendation

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

Staff had a good understanding of the complaints system and the ward manager provided examples of how they communicated with patients who had voiced concerns. We saw guidance on how to make a complaint or raise a concern on the notice board in the ward area. People did not raise any issues whilst we were on the ward.

All staff wore name badges which aided communication because patients were aware of the grade and name of the staff member undertaking the care.

² 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.

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

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 saw that nursing care was provided with compassion and empathy to patients.

We observed many examples of friendly and respectful interactions between staff and patients. Each patient had their own room with ensuite facilities and we saw staff taking into account patients' ability and preserving dignity by closing doors before undertaking any personal or nursing care. Staff attitudes were courteous and polite at all times.

Staff told us, and we observed examples, whereby confidentiality was maintained by discussing any personal matters in a private consultation room, by speaking discreetly behind closed doors or by using the ward manager's office.

Promoting independence

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

Patients were encouraged and supported to regain independence as soon as possible, taking into consideration individual physical and mental abilities.

We saw evidence of patients being encouraged to get out of bed to sit in a chair or walk with support to the toilet, post-operatively. We also saw one patient being encouraged and supported to self administer injected medication to promote well being and to facilitate an early discharge.

Relationships

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

On this occasion, relationships were not inspected.

Rest, sleep and activity

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

The ward environment was conducive for rest and the comfort of patients with individual bedrooms and ensuite facilities.

We saw that there were adequate amounts of pillows and blankets available. The linen trolley 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 or rest when they wanted. The ward, although busy, was quiet, calm and conducive to rest.

There were televisions in each room for patients who preferred to be occupied whilst recuperating.

Ensuring comfort, alleviating pain

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

Patients told us they were comfortable and they were pain free, however, the ward did not use a pain measurement scale for all patients.

Although patients told us they were pain free and we saw evidence of good pain management, we did not see the use of any pain measurement scale to measure the effectiveness of oral medication. Staff told us there was a measurement scale for patients on medication pumps but not for oral medication.

Recommendation

The ward needs to adopt the use of a recognised pain management scale for all patients, regardless of how pain relief is administered.

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.

On this occasion, personal hygiene, appearance and foot care were not inspected.

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 were satisfied that people received appropriate nutrition and hydration.

All patients stated that the food was good. The meals served appeared appetising. Hot drinks and snacks were served during the day.

Due to the ward being day surgery, it was not possible for patients to choose their meal prior to delivery. However, we saw that there was a good selection available and there were two kitchens on the ward which could cater for snacks at any time of day for patients who did not want a hot meal.

Direct observation of a mealtime confirmed that hotel service staff undertook the serving of the food. This was done with respect and patience. We were also told that the food was delivered directly to the ward without stopping at any other ward to minimise cross infection and promote infection control. There was a choice of portion size and food trays were taken to patients who were still in bed by the ward nurses. There was a dining area for patients to sit, away from their room if wished. The mealtime experience was seen to be enjoyable for the patients.

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

On this occasion, oral health and hygiene were not inspected.

Toilet needs

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

On this occasion, toilet needs were not inspected.

Preventing pressure sores

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

On this occasion, preventing pressure sores was not inspected.

Quality of Staffing, Management and Leadership

Patients can be confident that the service, at the time of the inspection, was seen to be well run. There was evidence of effective leadership and good team working. Nurse staffing met the required standards and staff were clear how to escalate staffing issues if problems arose.

Staffing levels and skill mix and professional accountability

The guiding principles for nurse staffing issued by the Chief Nursing Officer for Wales, state that on a medical ward during the day there should be no more than seven patients allocated to each registered nurse. Although this was a surgical ward, on the day of inspection this standard was met.

The ward manager was on duty when we arrived and was visibly involved with the day-to-day running of the ward; assisting with patient care whilst also ensuring that the list for theatre was current and correct. She told us that she generally manages to maintain her allocated management time.

We were told that sickness levels within the ward were acceptable and turnover was very low. This meant that patients received care from a cohesive, established staff team.

There was clear professional accountability in place; a ward manager/deputy manager in charge; two teams of nurses with allocated patients for whom they were responsible and the healthcare support worker working under the direction of the nurse. However, there was also a very inclusive ethos evident with all grades being involved in the running of the ward. For example, it was the responsibility of the healthcare support worker to maintain and update the safety crosses⁴ (part of the 1000+ lives initiative) for the ward.

It was evident that the ward manager and senior nurse worked effectively to ensure that patients' health, safety and welfare needs were met. Conversations with other members of the ward team also demonstrated that an open and honest management style existed which encouraged staff to raise any concerns

⁴The **1000 Lives Campaign** aims to improve patient safety and increase healthcare quality across Wales.

about the delivery of care. We were also told by staff and patients that the ward manager, deputy and senior nurse were often visible. General observations during this inspection clearly confirmed the efforts made by the entire staff team to care for patients in a calm and compassionate way.

Effective systems for the organisation of clinical care

The ward had capacity for 26 patients, including fourteen trolleys for pre-operative patients and 12 individual ensuite rooms for postoperative patients. There were 16 patients on the ward on the day of our inspection. Patients who did not require a bed post-operatively; such as hand surgery, were nursed in comfortable chairs in a spacious, airy and clean area.

We observed a very well established daily approach to the provision of care and support to patients. For example, we saw that each of the three registered nurses were allocated patients in separate areas of the ward. They were supported by health care support workers and worked in partnership except at certain times, such as medication administration. The registered nurses also undertook 'rounds' of their respective patients at least every two hours and more frequently than this when it was required.

There were clear levels of accountability and good communication between the registered nurses and health care assistants.

We observed the handover of patient care from one shift to another and this was undertaken in the quiet area of the ward. Staff wrote their own handover notes. We discussed the use of electronic handover sheets with the ward manager, because they were already using the theatre list which recorded a great deal of detail regarding each patient. This would give all staff the same information as a base line, allowing any changes during the day to be recorded manually.

Training and development

There was a very robust programme of staff training and although we did not review the training records in detail during this inspection, we did discuss training topics and recent training days with the staff. Everyone was satisfied with the content and diversity of the topics covered. Some staff were attending training on child protection on the day of inspection.

Handling of complaints and concerns

Conversations with staff indicated that they were aware of the NHS complaints arrangements known as 'Putting Things Right'⁵.

We discussed how information was shared between staff on the ward and the wider hospital/health board to ensure lessons were learned from any concern raised. We found that there were robust systems within the ward and the health board, with senior nurse meetings and the monthly ward staff meetings where any issues of concern or improvements in patient care were discussed.

⁵ 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

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.

Patients' safety and welfare was actively promoted and protected. This was achieved through the use of a range of risk assessments, the provision of a safe ward environment and clean well maintained equipment.

Policies, procedures and clinical guidelines

Staff demonstrated their awareness of how to access relevant information to assist them in providing care to patients.

Conversations with staff showed that they were aware of how to access current policy information and guidelines on the hospital intranet. We also saw a variety of folders on a shelf within the ward to help staff in providing care to patients.

The ward did not use many of the All Wales bundles⁶ due to the shortness of patient's stay. However, we did see the use of some appropriate bundles such as the venflon bundle and cannula care. These were audited monthly by the ward manager and reviewed by the senior nurse.

Effective systems for audit and clinical effectiveness

The service provided to patients was based on clear aims objectives, standards and organisational values. However, areas for improvement were identified, specifically in record keeping.

We found that the ward did not record regular information (quality indicators) to help the team to check whether they were providing care to patients as efficiently and effectively as possible. We discussed this with the ward manager who took responsibility for the lack of recording. She told us that she had been unable to attend the training session and was therefore not proficient in the use

⁶ Bundles are All Wales or Health Board wide agreed interventions and approaches to specific areas of health care. These ensure consistent evidence based nursing practice.

of the Care Metrics⁷ system of recording, the electronic fundamentals of care audit, or the Datix⁸ system. This meant that there had been no electronic recording of incidents or near misses or audit results. We did however see evidence that these had been undertaken and paper records were available for us to see.

Recommendation

The ward manager urgently needs to attend training in electronic record keeping.

We found that patients' and relatives' views about care and treatment received were not regularly formally obtained within the ward. Instead, this information was gathered annually to help inform the health board's audit (check), undertaken in relation to the delivery of the 'Fundamentals of Care' to patients.

Quality and safety information was readily available to staff, patients and relatives, via noticeboards in the corridor leading to the bed areas.

Medicines management

Although medicines were administered in a timely manner, we saw that some Medicine Administration Charts (MAR) were incomplete and drug checks were not robust.

We asked how often the hospital pharmacist visited to undertake audits of the medication and were told that a member of the pharmacy team visited the ward quarterly. We looked at a random sample the MAR charts and found that some prescribing signatures were illegible and that oxygen therapy was often prescribed using pre printed stickers and therefore not prescribed by a doctor..

⁷ Care Metrics is a system whereby information about some aspects of care are monitored to measure quality. Examples include falls and pressure areas. The care metrics form part of a clinical dashboard of quality indicators.

⁸ DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

Recommendation

All prescribed medication must be signed by an appropriately qualified practitioner before administration to a patient.

We asked to see the controlled drugs record book and found that it was stored in a locked environment within the drugs cupboard. Although the records within the book were clear and legible, we found that in some instances there was only one signature for the administration of controlled drugs. We also saw that drugs were checked three times a week. Staff need to ensure that they are compliant with the health boards standard operating procedure for controlled drugs. The staff signature list also needed updating. We discussed the recording of destroyed drugs which were at present being recorded in the controlled drugs record book and we suggested the use of an independent cd destruction book. The ward manager was receptive to this.

Recommendation

Two appropriately trained staff must witness the administration of a controlled drug. The staff signature list should be updated for accountability and safe administration of controlled drugs.

We checked the medicine fridge and found that this was not locked. This needs to be addressed to ensure the safety of stored medication. A record of the temperature of the fridge was available and these were within the required range for medicine storage.

There was a good system in place for patients to take medication home, whereby the surgical doctor in charge of the patients care wrote the prescription before they returned to the ward from theatre. This enabled a timely and seamless discharge plan.

6. 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 Rhymney Ward at the Ysbyty Ystrad Fawr 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 board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Ysbyty Ystrad Fawr

Ward/ Department: Rhymney Ward

Date of Inspection: 20 January 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
	There were no recommendations identified on this occasion.			
Delivery of the Fundamentals of Care				
7	The ward manager should develop a system to audit patient documentation to ensure the quality and standards are satisfactory.	This will be incorporated into the planned monthly Trusted to Care Audits. These audits are performed by a Senior Nurse and the results are available on the Scheduled Care electronic shared drive	Helen Williams	Structured Monthly Trusted to Care Audits

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
7	Doctors need to sign, print and state their designation when making recordings in patients' notes.	This has been shared with the all the Clinical Leads for the area. It has been requested that this recommendation is communicated with their medical teams	Helen Williams	February 2015
9	The ward needs to adopt the use of a recognised pain management scale for all patients, regardless of how pain relief is administered.	Since the completion of the Audit the ward manager has linked in to the resources of the Pain Management team. A plan to have individual visual pain management scales has been discussed and implemented	Helen Williams	March 2015
Quality of Staffing Management and Leadership				
16	The ward manager urgently needs to attend training in electronic record keeping.	A planned refresher training for the ward manager is to take place on the afternoon of the 23 rd March with the ABUHB Lead for FOC	Helen Williams	March 2015
Delivery of a Safe and Effective Service				
17	All prescribed medication must be signed by an appropriately qualified practitioner before administration to a patient.	On Monday 9 th March as part of the regular ward meetings staff were advised of the	Helen Williams	March 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		ABUHB policy for medicine management. It has been requested that all staff have access to the policy and once read they will be requested to sign and document that they have read and understood.		
17	Two appropriately trained staff must witness the administration of a controlled drug. The staff signature list should be updated for accountability and safe administration of controlled drugs.	As above	Helen Williams	March 2015

Health Board Representative:

Name (print):

Title:

Signature:

Date: