Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Dignity and Essential Care Inspection (unannounced) Cwm Taf University Health Board – Ysbyty Cwm Rhondda Hospital – Ward B2

23 and 24 July 2014

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Contents

Chapter	Page Number
1. Introduction	2
2. Methodology	
3. Context	
4. Summary	4
5. Findings:	
Patient Experience	6
Delivery of Fundamentals of Care	8
Management and Leadership	16
Quality and Safety	20
6. Next Steps	24
Appendix A – Improvement Plan	25

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in Ward B2 Rehabilitation, (which forms part of the Cwm Taf University Health Board), on 23 & 24 July 2014.

Our inspection considers the following issues:

- The Delivery of the Fundamentals of Care
- Management and Leadership
- Quality and Safety
- Patient Experience.

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 Health Inspectorate Wales (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 also point to wider issues about the quality and safety aspects of essential care and dignity.

3. Context

Cwm Taf University Health Board is situated in the heart of South Wales just north of Cardiff, between the Brecon Beacons National Park and the M4 motorway. The Health Board is responsible for providing healthcare services to the population of Merthyr Tydfil and Rhondda Cynon Taf, estimated to be around 289,400 people.

The Health Board area is made up of four localities-three of which are within the Rhondda Cynon Taf area. These are the Cynon Valley, the Rhondda Valley and the Taff Ely area. The fourth locality is Merthyr Tydfil. Cwm Taf is the second most densely populated Health Board in Wales; many areas being amongst the most deprived in Wales.

Cwm Taf University Health Board manages two district general hospitals, five community hospitals and a state of the art university health park.

Ward B2 at Ysbyty Cwm Rhondda is one of three 27 bedded wards. The ward is divided into two sections of 13 and 14 beds respectively. Each section contains a mix of single cubicles, a room which can be occupied by two patients and four bedded units. The ward generally accepts male and female patients from other hospitals in the area for the purpose of rehabilitation (older persons).

4. Summary

All patients who spoke with us said that they were very satisfied with the way that they had been informed of, and involved in, decisions about their care and treatment.

It was evident that the staff team were caring and compassionate. This is because we were provided with numerous positive comments from patients about the way in which they had been treated from the point of their admission. We also observed many instances whereby staff demonstrated a warm, but professional attitude toward patients.

Overall, conversations with patients and observation of interaction between staff and individuals during the two days of our inspection highlighted the emphasis placed by the staff team on assisting patients to maintain and improve their level of independence as far as possible.

We found that staff were welcoming toward visitors. Conversations held with patients and staff also demonstrated the efforts made by the staff team to involve relatives/carers in accordance with the wishes of the patients.

A large number of patients were able to confirm that noise was generally minimised in the ward and levels of heat, light and ventilation were controlled to help them sleep. However patients did not have individual earphones to enable them to listen to the radio or television. This resulted in some patients who wished to rest being disturbed.

Conversations with a small number of patients indicated that they felt comfortable and pain free. However, we found that the ward was not using any form of assessment tool regarding this component of care and in accordance with the Fundamentals of Care.

Overall we found that people were helped as necessary to pay attention to their personal hygiene and appearance. However patients were not provided with the opportunity to wash their hands prior to eating their meals.

We found that sufficient attention was paid to the choice of food available to patients in the form of a varied menu. Patients also told us that they thought the food was excellent both, in terms of quantity and taste. However, we found that patients' water jugs were not replenished or refreshed more than once per day. On the day of inspection, the ward environment was very warm due to existing weather conditions which meant that patients found the water in the jugs to be unpleasant.

Patients told us that they were supported to clean their teeth/dentures. This assisted in enabling them to eat and drink and also assisted in preventing related problems.

We found that staff approached the provision of continence care with sensitivity; always ensuring that peoples' dignity and privacy was maintained.

Scrutiny of a sample of care records demonstrated that patients were assessed for risk of pressure sores. The risk assessments were then used to create a plan of care which was specific to this aspect of patient need, in accordance with All-Wales guidelines.

Patients do not routinely undergo an assessment of their mental health needs alongside their general health needs from the point of admission to hospital.

We found that the nursing and medical leadership associated with the ward placed a particular emphasis on ensuring a positive culture amongst the staff team. This resulted in a demonstrable focus on the provision of individualised patient care and support and good collaboration and teamwork within the multi-disciplinary team and with other health and social care professionals.

Overall, we were satisfied with the arrangements and processes in place with regard to quality and safety. The exception being the identified deficits in relation to staff training on statutory topics such as safeguarding and health and safety, in addition to patient specific topics regarding nutrition, dementia/delirium and challenging behaviours. More information about this matter features within three separate sections and the Improvement Plan of this inspection report.

5. Findings

Patient Experience

Conversations with a large number of patients accommodated within the ward indicated that they were very satisfied with the care and support they had received to date. They also, without exception, indicated that staff were kind, polite and sensitive at all times. In addition, we found that patients were treated with dignity and respect during the course of our inspection which was completed over a two day period.

The vast majority of patients accommodated within the 27 bed ward were willing to offer their views about the care they had received; a small number being unable to speak with us due to complex needs or communication difficulties. As a result of the conversations held, we found that patients were highly satisfied with all aspects of service provided to date.

Six HIW questionnaires were completed by patients and two, by visiting relatives. Of these, seven provided a '*strongly agree*' response to the question about whether staff were kind and sensitive when delivering care; the remaining respondent indicating that they '*agreed*' with the statement. We were also provided with additional written comments within the questionnaires and during conversations held with most of the patients in the ward area. Some of these are shown below:

'They always make us comfortable'

'They are such lovely staff'

And

'You couldn't wish for better if you were at home'

Two patients who spoke with us indicated that they often felt bored during the day. However, we found that patients were able to purchase a newspaper at times when the WRVS volunteers bring a trolley to the ward and the senior nurse associated with the ward had recently secured a small team of volunteers to spend time with patients twice weekly. A structured programme of activities (involving the volunteers) appropriate to the needs and abilities of patients is under consideration. In addition, the ward team told us that they try and arrange regular social events for the benefit of patients and their families. The most recent of these took place at Easter time this year as a result of which, many positive comments were received from patients and their relatives. The next is planned to commemorate First World War events. Ward visiting times are structured; however patients told us that they are able to receive visitors at any reasonable time (except for protected mealtimes) through prior agreement with the ward manager.

Patients and relatives who completed HIW questionnaires '*strongly agreed'* that the ward environment was clean and tidy. Conversations about this aspect of patients' care also led to additional comments about their experience such as:

'Marvellous for cleanliness'

'Always someone coming in to keep things right'

And

'They can't do enough for us'

During our inspection over a two day period, nurse call bells were answered promptly and where patients called out for assistance as opposed to using the call bell, staff response was immediate.

Fundamentals of Care

We found that the ward staff had made every effort to establish a 'partnership' with patients and their families with a view to ensuring the delivery of a high standard and quality of care. Conversations with the majority of the patients and two separate family members confirmed that the approach of the ward team had resulted in a very high level of satisfaction.

However, we discovered a small number of service delivery issues which require consideration/attention. These are outlined below:

- Patient transfer information between hospitals in the Cwm Taf area needs to be improved to assist staff at the receiving hospital to meet patients' needs.
- Patients do not routinely undergo an assessment of their mental health needs alongside their general health needs from the point of admission to hospital.
- Improvements are needed with regard to the provision of staff training on mandatory, statutory and service user specific topics.
- Patients' water jugs were not replenished or refreshed more than once per day. On the day of inspection, the ward environment was very warm due to existing weather conditions which meant that patients found the water in the jugs to be unpleasant.
- Patients did not have individual earphones to enable them to listen to the radio or television. This resulted in some patients who wished to rest being disturbed
- The ward team were not using a pain assessment tool to evaluate the effectiveness of medication prescribed for patients' pain relief.
- Patients were not encouraged to eat their meals or spend time socialising in the open plan day room/dining room. This area was also cluttered with various large items of ward equipment which made it appear unwelcoming.

Communication and information

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

All patients who spoke with us said that they were very satisfied with the way that they had been informed of, and involved in, decisions about their care and treatment.

Almost half of the patients in the 27 bed ward stated that they felt that they were given enough information about their care and proposed treatment.

A variety of written information/leaflets about community services and health conditions were available to patients and their relatives within the main corridors and reception area of the ward. We also saw a notice board which contained information about the importance of maintaining patients' dignity in accordance with professional guidelines.

The ward has a concentration of welsh speaking staff. Consequently, when patients require admission from other hospitals, or their home in the community, and express a wish to communicate in Welsh, they are admitted to this area of the hospital in response to their expressed wishes.

The ward is fitted with a loop system to assist patients who have difficulty with their hearing.

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.

It was evident that the staff team were caring and compassionate. This is because we were provided with numerous positive comments from patients about the way in which they had been treated from the point of their admission. We also observed many instances whereby staff demonstrated a warm, but professional attitude toward patients.

We found that patients were treated with dignity and respect. Doors to individual rooms were closed and signs were used, to alert others to times when patients were being assisted with personal care, or in receipt of treatment. Similarly, curtains in multi-occupied areas were closed; staff speaking in hushed/calm tones which served to minimise the opportunity for others to overhear conversations. In addition, we observed staff approaching patients to offer drinks, or to enquire about their well-being at varying times of the day. Their manner on each occasion was friendly, calm and professional.

We observed many instances of communication between staff and patients that were polite, professional and respectful. A large number of patients who spoke with us also told us that staff involved them and their families in decisions about their care and treatment. This was confirmed by members of the HIW team who attended a ward multi-disciplinary meeting and one of a number of discharge planning meetings where it was evident that the family concerned had been fully involved in the care of their relative up to that point.

A small number of other patients also told us that they were aware of the plans for their discharge.

All patients who spoke with us felt that the care they had received was '*excellent*'. They also confirmed that staff addressed them by their preferred name.

Patients told us that staff listened to them when they had concerns or worries about any aspect of their care. A brief conversation with one of the domestic team also provided us with an example whereby patients had stated that they preferred to experience a fresh smell in the toilet areas following cleaning. Consequently, the domestic team had made this known their manager. They now use a specific product which has resolved the issue to the satisfaction of patients.

Promoting Independence

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

Overall, conversations with patients and observation of interaction between staff and individuals during the two days of our inspection highlighted the emphasis placed by the staff team on assisting patients to maintain and improve their level of independence as far as possible.

We found that assessments of patients' ability to eat, drink, mobilise and use the toilet/bathing facilities all served to maintain and/or improve their independence. We also observed staff communicating with patients at times when they were providing gentle encouragement to adjust their oxygen face masks, mobilise within the ward and to eat their meals. Similarly, conversations with patients revealed that they had been assisted to an alternative area of the hospital where they were assessed in terms of their ability to undertake some activities of daily living (e.g. making a cup of tea). This was in preparation for their discharge from hospital to their own home in the community.

Conversations with several staff demonstrated that appropriate and timely referrals were made to other professionals such as speech and language therapists, occupational therapists and physiotherapists in direct response to the identified, changing needs of the patients. This was verified through scrutiny of a sample of four patient records we selected during our inspection. Two of the four records were examined in depth.

Relationships

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

We found that staff were welcoming toward visitors. Conversations held with patients and staff also demonstrated the efforts made by the staff team to involve relatives/carers in accordance with the wishes of the patient.

Conversations with patients clearly indicated that they were able to receive visitors within the ward not only during the pre-determined visiting hours, but also at other times. Such arrangements though need to be agreed with the ward manager.

Patients also told us that their family members were able to be involved in decisions about their care and treatment.

It was evident that a number of patients had formed warm friendships with one another during their time in the ward which they stated '*really helps the day go by'*.

Whilst there was no designated visitor's room within the ward, we were informed that patients and their families were able to use the open plan dining/day room for privacy purposes.

Rest, Sleep and Activity

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

A large number of patients were able to confirm that noise was generally minimised in the ward and levels of heat, light and ventilation were controlled to help them sleep.

The temperature within the ward environment at this inspection posed challenges to the staff team due to the prevailing weather conditions. However, they made no assumptions about whether patients were too hot. This is because staff were overheard asking whether people were comfortable, whether they would like windows opened or whether they wished to have a light blanket to help them to rest during the afternoon.

Conversations with patients verified that they usually have sufficient bed linen and pillows to ensure their comfort. They also expressed positive views regarding the light and airy ward environment.

However, a small number of patients told us that they found the noise/volume of the television in their respective areas, to be unacceptable. They also told us that the noise sometimes prevented them from resting. A tour of the ward environment confirmed that patients do not have access to individual headphones to listen to the television or radio.

The Health Board is advised to give consideration to providing individual patients with earphones to enable them to listen to the radio or television without disturbing others who wish to rest.

Ensuring Comfort, Alleviating Pain

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

Conversations with a small number of patients indicated that they felt comfortable and pain free. However, we found that the ward was not using any form of assessment tool regarding this component of care in accordance with the Fundamentals of Care.

Examination of a sample of patient records at this inspection demonstrated that the ward team do not use pain assessment tools to record levels of pain before, or after, prescribed pain relief medication has been given. We were therefore unable to find written records to confirm that such medication had been effective, or that it remained necessary.

Some patients who spoke with us however said that they were comfortable and not in any pain.

The Health Board is advised of the need to ensure that patients' level of discomfort, pain or distress is assessed using a recognised assessment tool. This is in order to provide effective and appropriate treatment/medication. Results of decisions can then be recorded for the continuity of patient care.

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.

Overall we found that people were helped as necessary to pay attention to their personal hygiene and appearance.

Conversations with patients highlighted that they were able to have a shower each day if they wished. Whilst the hospital does not offer a hairdressing service, discussion with the nurse in charge revealed that local hairdressers are able to come to the ward at the expressed wish of patients and their families. Observations of all patients during this inspection showed that they appeared well cared for; a number wearing their own day time clothing as opposed to nightwear. This, they stated, was in-keeping with their preferences.

We also observed male patients being assisted to shave at various times of the day and that attention had been given to patients' nail care.

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 found that sufficient attention was paid to the choice of food available to patients in the form of a varied menu. Patients also told us that they thought the food was excellent both, in terms of quantity and taste.

Overall, patients benefitted from attention to the provision of hot drinks and varied meals at regular intervals. This is because patients told us that they thought the quality and quantity of food was excellent. They also stated that the choice was very good and they were offered a hot drink with, and in-between meals. In addition, we were able to confirm that patients with a diagnosis of diabetes were provided with appropriate meals and snacks during each 24 hour period. We further noted that food was prepared in a variety of consistencies for those patients who had identified difficulties with swallowing.

We observed staff assisting several patients to eat their lunchtime meal in an unhurried manner. In each case, the member of staff sat or stood alongside the patient concerned, taking care to ensure that they had finished eating before

offering further amounts. Staff were also observed speaking quietly with these patients throughout and were not distracted from this element of care at any stage.

However, we found that patients' water jugs were not replenished or refreshed more than once per day. This was not in-keeping with guidelines produced by the All-Wales Catering and Nutrition Standards[1]. On the day of inspection, the ward environment was very warm due to existing weather conditions which meant that patients found the water in the jugs to be unpleasant. Additionally, discussion with two members of the ward team highlighted some uncertainty about symbols placed on a white board in the ward area which depicted key aspects of patient care (i.e. a specific symbol would be placed alongside the initials of a patient if they presented with a nutritional risk or had been losing weight as opposed to adopting a red tray alert system[2]). Whilst further discussion with a senior nurse provided assurance that the patients concerned had not been compromised as a result of this matter, the health board is advised to ensure that staff are provided with relevant, on-going training so that they are competent and confident in the workplace at all times.

Information about improvements to staff training can also be found within the Quality and Safety and Management and Leadership sections of this report.

Discussion with ward staff indicated that the ward's open plan day room/dining room is rarely used by patients. We also found that the area was cluttered with a spare bed and other items of equipment which rendered the area unwelcoming. Conversations with patients further revealed that they are not routinely offered the opportunity to eat their meals in the dining room; instead being served their food at the bedside at all times.

The health board is advised of the need to consider the current arrangements concerning the use of the open plan day/dining room as patients are not being provided with the opportunity to socialise with other patients, or encouraged to mobilise at mealtimes. Moving away from the bedside would also assist with pressure relief and to maintain or increase patient independence ahead of discharge from the hospital environment.

Patients told us that they are not offered a bowl of water or moist hand wipes prior to eating their meals. Some people were able to access the sink in their ward area without assistance, but others were unable to do this.

The health board is advised to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.

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[1] Link to All Wales nutritional standards.
http://wales.gov.uk/topics/health/publications/health/guidance/nutrition/?lang=en

[2] 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 on occasions where patients have been assessed as having a poor dietary intake.

The ward has well established arrangements in place for ‘protecting mealtimes’. This means that no ward rounds or other professional visits take place in order to enable staff to support patients during these important times of the day. Where a patient’s family offer to support their relative with eating though, they are able to come to the ward and assist as stated by the nurse in charge.

Oral health and hygiene

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

We found that patients were supported to clean their teeth/dentures. This assisted in enabling them to eat and drink and also assisted in preventing related problems.

A conversation with a patient and subsequent discussion with the nurse in charge of the ward resulted in a prompt decision to obtain a dental assessment for the person concerned.

We also found that staff paid due attention to assisting patients to clean their teeth/dentures.

Toilet needs

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

We found that staff approached this aspect of patient care with sensitivity; always ensuring that peoples’ dignity and privacy was maintained.

During the inspection we observed staff cleaning commodes and applying a paper tag on completion to indicate that it was clean and ready for use. We also found all toilet/shower/bathing areas to be clean and appropriately equipped with soap, ‘non-touch’ paper towel dispensers and toilet paper on both days of the inspection. Staff did however openly offer the view that more commodes were needed in the ward in response to patients’ needs. They also told us that the shower facilities within the combined shower/toilet areas were considered to be too small, presenting difficulties with supporting some patients with reduced mobility. In addition, the fact that the facilities are combined creates delays in responding to peoples’ needs on occasions (at times when more than one patient wishes to use the area).

Toilets were found to have clear signs on each door to assist patients in identifying the facilities. In addition, we did not observe any approaches to the provision of care and support which compromised the dignity of patients.

Conversations with patients indicated that staff always approached this aspect of their care with sensitivity. They also told us that they generally obtain a prompt response from staff when they request assistance to access

toilet/bathing facilities during the day or night. Two patients did tell us that they had experienced a delay on occasions; however staff had provided them with an explanation for the delay.

Preventing Pressure Sores

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

Scrutiny of a sample of care records demonstrated that patients were assessed for risk of pressure sores. The risk assessments were then used to create a plan of care which was specific to this aspect of patient need, in accordance with All-Wales guidelines.

Examination of a sample of patient records clearly showed that recognised professional guidelines had been followed.

Staff told us that they were able to access suitable equipment such as pressure relieving mattresses when needed and that equipment was cleaned and maintained. We also observed details within a noticeboard in the ward which indicated that no patient had developed any degree of pressure damage for 24 days prior to inspection.

Discussions with staff also served to confirm the emphasis placed by the ward team on preventing pressure damage through regular re-positioning of patients and encouragement to walk around the ward environment. We were also assured that patients' skin was monitored regularly; any problems being reported immediately to the nurse in charge so that prompt action could be taken.

Management and Leadership

Exploration of the support received by the staff team and the management arrangements and systems in place at ward level demonstrated overall, that they were providing a service which placed patients and patient safety central to all that they do.

Staff levels and skill mix

General observations made during this unannounced inspection indicated that staff were easily located in both sections of the ward. Discussions held with the nurse in charge and senior nurse highlighted that an additional registered nurse had been employed within the ward during the past four weeks. This was, in direct response to the guidelines produced by the Chief Nursing Officer for Wales. The additional appointment of the registered nurse has meant that the ward has almost reached the advised ratio of one qualified nurse to every seven patients by day.

We were offered the view that staff levels and mix were currently considered to be sufficient to meet the needs of the patients. In addition, the shift pattern had been recently reviewed and amended so that staff now work early and late shifts as opposed to long days. Staff were in the process of adapting to this change and were amending their routines accordingly.

An interview of the senior nurse and nurse in charge of the ward revealed that there are times during each working week (approximately 50%) when the ward manager and deputy ward manager work in a supernumerary capacity. This enables them to consider various aspects of patient care and intentional rounding[3] in addition to being involved in the longer term strategic aspects of service delivery.

A small number of the staff team told us that they would like the ward manager to be more visible in the ward areas. However, they fully acknowledged that the day to day challenges of managing a ward placed many demands on their time. They did also tell us that they were able to approach the ward manager or deputy manager at times when they needed to discuss aspects of patient care.

Both the nurse in charge and senior nurse stated that they felt supported in the workplace by senior management and the Health Board executive. Similarly, members of the ward team told us that they generally felt supported in their day to day work.

We found that there were clear lines of accountability in each of the two sections of the ward; cohesive team working being evident throughout our visit. In addition, a large number of patients commented on the way which staff anticipated their needs and their friendly and warm approach during the day

[3] Intentional rounding is a process which requires health care professionals to carry out regular checks with individual patients regarding their care, at set intervals.

and night. We also found that the staff team were highly motivated and very proud of the service provided to patients.

Patients are cared for by ward staff that are familiar to them (many patients spending more than 30 days within the ward), as staff turnover and sickness rates have been low during the past twelve months. Conversations with bank staff present within the ward at this inspection also enabled us to establish that every effort is made to use the same people during periods of sickness/absence. This served to ensure as much consistency as possible with regard to the staff team. There were no current staff vacancies.

The nurse in charge was able to confirm that they were able to secure additional staff in response to increases in patients' needs. An example of such a time in recent months was well described.

During the two days of inspection, we observed staff offering care in a relaxed, unhurried manner at all times.

Professional accountability

Senior leadership was visible at this inspection and conversations with staff confirmed that this was usual. We were also able to verify that senior managers visit the ward and engage with on a regular basis.

Conversations with nursing staff verified that they were aware of the Nursing and Midwifery Council (NMC) code of conduct; one member being in possession of a copy at the time. Ward staff have access to an NMC information zone within the hospital intranet site. We were informed that regular ward meetings are held; the most recent providing an opportunity to distribute specific NMC information. Discussions with the senior nurse also revealed that there were a number of opportunities for information sharing purposes and peer support at senior management level.

However, we found that a number of staff had not been provided with regular or recent training with regard to statutory topics such as safeguarding or health and safety. We further discovered that staff had not received training with regard to the Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS).[4]

We observed that access and exit from the ward could only be achieved through the use of a secure key pad. This meant that patients and their families were not free to enter, or leave the ward without staff assistance. We were also found that there were a number of patients within the ward with varying degrees of cognitive impairment and short term memory loss which, we were told is often the case. No urgent or standard DoLS authorisations have been requested by the ward team in the past twelve months and the nurse in charge of the ward and senior nurse were very open and honest about the need to address staff training in relation to DoLS and the need to consider of the impact of the ward environment on patients' human rights in accordance with DoLS legislation.

[4] When a person lacks the mental capacity to make decisions about the care or treatment they need, legislation called The Deprivation of Liberty Safeguards (DoLS) has to be followed to ensure that people are not unlawfully deprived of their liberty.

The purpose of the ward was stated as providing patients with active rehabilitation, to assist patients prepare for their discharge home. However, we found that there were no clear criteria for admission. As a result, the needs of patients varied from requiring care and support with some rehabilitation, to caring for people with dementia and end of life health conditions. Conversations with the ward team and senior nurse highlighted the challenges they face in formulating a ward training programme to meet the complex, changing needs of the patients in receipt of care. A specific need identified by staff was in relation to patients with more challenging behaviours as a result of dementia or confused states.

The Health Board are advised to ensure that the ward staff training and development programme enables them to meet the needs of patients and to deliver services in accordance with current legislation.

Effective systems for the organisation of clinical care

Consideration of current ward management systems and processes demonstrated that patients' views were regularly obtained through formal mechanisms such as surveys, as well as informal day to day discussions. We also found that significant improvement had been made recently in terms of the delivery of better care and reducing the length of time that patients remain in hospital. This has been achieved through the 'Focus on Flow' initiative. The senor nurse also informed us about the recently agreed integrated assessment arrangements with local authority partners as a means of improving the transfer of patient care from the hospital to the community.

Staff views on services are regularly obtained during regular meetings and annual appraisal with a view to making improvements for the benefit of patients, as far as possible. Conversations with staff also served to confirm that they have easy access to relevant policies and procedures to assist them with their work.

Patient acuity data[5] is reported on a monthly basis by the ward manager and deputy. The data is then considered by the Senior Nurse. We were informed that very little had changed overall in terms of patients' needs in recent months. We also observed the percentage data on a noticeboard which showed the ward's current performance in relation to pressure ulcers, patient falls, medication errors and incidence of healthcare associated infections; a significant reduction having been achieved in relation to one specific type of infection.

We were told that the ward had not received any formal complaints from patients or their families during the past twelve months. We were also informed that the Datix system[6] continues to be used to report clinical incidents. All clinical incidents are investigated within a prescribed timescale of one week. In addition, we found that the senior nurse considers any trends and themes that

[5] Patient acuity data is a means of measuring the intensity of care required for a patient as provided by a registered nurse.
[6] Datix is an incident and adverse event reporting system used within the NHS.

arise from investigations; feedback to staff being provided in the form of emails, memoranda and at staff meetings which take place every 1-2 months.

Conversations with patients, a small number of families and a variety of healthcare professionals during this inspection clearly indicated that there was a prevailing positive culture within the ward which enabled the staff team to provide care and support to patients in a safe and compassionate manner.

Multi-professional team working

We spoke to a range of staff from the multi – professional team and observed two meetings with these team members. We identified a positive approach to planning patient and family centred outcomes. We also observed an effective approach to assessing the needs of patients and working collectively to address these needs through engaging with family members in the planning patients' ongoing care and support needs.

Quality and Safety

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

Overall, patients' needs were assessed appropriately to reduce the risk of unsafe care.

Examination of a sample of patients' records indicated that risk assessments were undertaken, monitored and evaluated regularly. These were in relation to patients' ability to eat and drink, falls, mobility, continence care and pressure ulcers.

However, we found that no formal assessments were made in relation to patients' mental health needs at the point of admission. This is because the ward team rely heavily on limited information provided by the previous hospital ward (where that applied). The nursing staff were honest in describing some of the difficulties this has caused to date, as there had been a number of recent occasions when the unknown needs of patients on admission presented the ward team with significant and avoidable challenges. Such challenges had required staff to seek advice from colleagues who were not part of the ward team to ensure that patients' needs were met. Further conversation with nursing staff demonstrated that they had not been provided with any training on the respective topics of safeguarding, dementia care or delirium.

Conversations with staff about the challenges they face in providing safe care revealed that they had experienced a number of significant and avoidable difficulties in the delivery of patient care in recent times. This was essentially due to the limited transfer information available to them from other hospitals within the Cwm Taf area. We also found that patients' mental health needs were not usually assessed from the point of admission, (which some staff acknowledged, may help in meeting peoples' needs in the early stages of their in-patient episode).

The Health Board is advised to ensure that patients' mental health and general health needs are assessed from the point of admission. This is to ensure that staff are able to plan, monitor and evaluate patient care in a more effective manner; consistent with The Fundamentals of Care.

The Health Board are advised of the need to ensure that staff are offered and provided with relevant training to ensure that they are confident and competent to meet the health, safety and welfare needs of all patients at all times. This is specifically in relation to safeguarding, dementia care and delirium due to the nature of the needs associated with frail, older persons accommodated in the ward on an on-going basis. (Reference is also made to the need for improvement to staff training in the section of this report entitled 'Fundamentals of care' and 'Management and Leadership').

Conversation with a member of the domestic staff served to confirm that they had attended recent training in relation to health and safety and aspects of infection control. The member of staff was able to describe in significant detail, how they ensure that the ward environment is kept clean.

Some staff were seen to be wearing identity badges, however most were not. Conversation with the person in charge provided us with information about the discussions underway within the health board to embroider staff tunics with names and role - to assist patients to easily identify staff in the ward area. In the meantime however, the absence of this safety measure may create difficulties for some patients.

The health board should ensure that all staff wear visible identification for safety purposes. Staff should be actively challenged where identification is not visible.

<u>Patient safety</u>

Overall, we found that risks to patients were managed and monitored on a daily basis. We observed that individual patients were discussed at handover and information recorded on a board which identified issues such as pressure ulcers, risk of falls, risk of weight loss/poor nutritional intake and level of mobility. Symbols used to alert staff served to anonymise such patient information which was clearly visible in the corridors of the two sections of the ward.

Discussions with the nurse in charge and senior nurse demonstrated a good understanding of clinical governance and how risks were managed. Communication between the ward and executive Health Board members (in terms of ward performance) was also described.

<u>Medicines management</u>

Ward routine and approach

We observed a medication administration ‘round’ during this inspection. As a result, we found that staff adopted correct practice in accordance with the existing hospital policy and NMC guidelines. Specifically, we found that staff completed required checks around the medication prescribed and that which was written on individual medication administration records. They also checked patients’ identities by asking them to confirm their name; information given being checked with patient identity bracelets.

Staff were observed to encourage people to take their medicines independently, allowing patients sufficient time to do this. We were also informed that some patients monitored their own blood sugar levels whilst in the ward following assessment and discussion.

Staff did not wear red tabards[7] during the course of medication administration; however, we observed that they were not disturbed by other members of the ward team during these times.

Storage of drugs

The arrangements in place with regard to the storage of drugs was seen to be appropriate; the room being locked throughout the visit and cupboards and ward fridge within the clinical room being fitted with suitable locks. The nurse in charge was however reminded of the need to ensure that fridge temperatures were recorded daily.

We did not observe that any medication had been left unattended during the inspection.

Controlled drugs were stored appropriately, and we observed the appropriate administration of these in accordance with policy. Records of administration and stock levels were accurately maintained.

Preparation of patients

We observed that patients had a drink within easy reach at times when medication was to be administered and where needed, people had been assisted to sit in an upright position beforehand.

Record keeping

Patient assessment

Examination of a sample of four patient records (two of which were examined in depth), demonstrated that patients needs are assessed on admission. We also found that patients' records reflected the risks identified and actions that the staff team were to take to ensure that patients' risk of falls were reduced as far as possible.

Care given was seen to be documented within patients' care plans; discussions being held with patients and staff to enable us to explore what had been recorded within documentation. We also found that changes/achievements in relation to written care plans were recorded in a daily communication book which was used to inform staff about patients' needs during shift handover times. In addition, care plans were regularly evaluated as verified at this inspection.

Patient records contained information with regard to 'do not attempt resuscitation' where appropriate. Decisions were found to be well documented; discussions having been held with patients/relatives.

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[7] http://www.1000livesplus.wales.nhs.uk/page/56674.Nurses in some areas now wear red tabards during drug rounds, to tell others not to disturb them unnecessarily while they administer medicines. The red tabard, worn over the registered nurse's uniform during the drug round, helps to improve the safety of medicines administration.

A small number of patients told us that they were aware of the plans for their discharge. Records examined and discussion with the ward administrative staff also showed that discharge planning started at the pre-admission stage of the patient pathway.

Examination of patient records and conversation with several staff demonstrated that they had received training in relation to blood glucose monitoring; the protocol for treatment of low blood glucose being available in the ward treatment room. We also found information which confirmed that patient's with diabetes were involved in decisions about their treatment and that their food and fluid intake was being monitored.

Overall, nursing and medical records were observed to be legible, with entries signed, dated and the time of entry included which assisted the ward team to provide appropriate on-going support to patients. However we did find that some entries made by medical staff did not record the time of the event. This matter was brought to the attention of senior staff.

We discovered that the ward uses the National Early Warning System (NEWS) charts and found that staff responded appropriately to changes in patient acuity (levels of need).

Patient records were found to be stored securely at this inspection. We also obtained an example of the form used to audit the cleanliness of the ward and the system in place with regard to monitoring patient's information and record keeping. It was evident that care plans and risk assessments were reviewed and amended in accordance with the changing needs of patients.

6. Next Steps

6.1. 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.

6.2. The Health Board Improvement Plan should clearly state when and how the findings identified within ward B2 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.

6.3. The Health Boards Improvement Plan, once agreed, will be published on Healthcare 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: Ysbyty Cwm Rhondda

Ward/ Department: B2

Date of inspection: 23 & 24 July2014

Para Ref	Finding	Requirement	Health Board Action	Responsible Officer	Timescale
Fundamentals of Care					
	Patients did not have individual earphones to enable them to listen to the radio or television. This resulted in disturbing patients who wished to rest.	***The Health Board is advised to give consideration to providing individual patients with earphones to enable them to listen to the radio or television without disturbing others who wish to rest.***			
	Examination of a sample of patient records at this inspection demonstrated that the ward team do	***The Health Board is advised of the need to***			

	not use pain assessment tools to record levels of pain before, or after, prescribed pain relief medication has been given. We were therefore unable to find written records to confirm that such medication had been effective, or that it remained necessary. Discussion with ward staff indicated that the ward's open plan day room/dining room is rarely used by patients. We also found that the area was cluttered with a spare bed and other items of equipment which rendered the area unwelcoming. Conversations with patients further revealed that they are not routinely offered the opportunity to eat their meals in the dining room; instead being served their food at the bedside at all times.	***ensure that patients' level of discomfort, pain or distress is assessed using a recognised assessment tool. This is in order to provide effective and appropriate treatment/medication. Results of decisions can then be recorded for the continuity of patient care.*** ***The health board is advised of the need to consider the current arrangements concerning the use of the open plan day/dining room as patients are not being provided with the opportunity to socialise with other patients, or encouraged to mobilise at mealtimes. Moving away from the bedside would also assist with***			

		pressure relief and to maintain or increase patient independence ahead of discharge from the hospital environment.			
	Patients told us that they are not offered a bowl of water or moist hand wipes prior to eating their meals. Some people were able to access the sink in their ward area without assistance, but others were unable to do this.	***The health board is advised to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.***			
	We found that patients' water jugs were not replenished or refreshed more than once per day. On the day of inspection, the ward environment was very warm due to existing weather conditions which meant that patients	***The Health Board is advised to ensure that they provide care and support in accordance with the All-Wales***			

	found the water in the jugs to be unpleasant.	***Catering and Nutrition Standards.***[8]			
Management and Leadership					
	Discussion with two members of the ward team highlighted their uncertainty and lack of understanding about symbols placed on noticeboards in the ward area which depicted key aspects of patient care (i.e. a specific symbol would be placed alongside the initials of a patient if they presented with a nutritional risk or had been losing weight). The purpose of the ward was stated as providing patients with active rehabilitation, to assist patients prepare for their discharge home. However, we found that there were no clear criteria for admission. As a result, the needs of patients varied from requiring care and	**The Health Board are advised of the need to ensure that staff are offered and provided with relevant training to ensure that they are confident and competent to meet the health, safety and welfare needs of all patients at all times. This is specifically in relation to safeguarding, dementia care, delirium and nutritional risks due to the nature of the needs associated with frail, older persons accommodated in the**			

[8] Link to All Wales nutritional standards. http://wales.gov.uk/topics/health/publications/health/guidance/nutrition/?lang=en

	support with some rehabilitation, to caring for people with dementia and end of life health conditions. Conversations with the ward team and senior nurse highlighted the challenges they face in formulating a ward training programme to meet the complex, changing needs of the patients in receipt of care. Conversation with nursing staff demonstrated that they had not been provided with any formal training on the respective topics of nutrition, health and safety, safeguarding, dementia care or delirium.	**ward on an on-going basis.**			
Quality and Safety					
	Some staff were seen to be wearing identity badges, however most were not. Conversation with the person in charge provided us with information about the discussions underway within the health board to embroider staff tunics with names and role - to assist patients to easily identify staff in the ward area. In the meantime however,	***The health board should ensure that all staff wear visible identification for safety purposes. Staff should be actively challenged where identification is not visible.***			

	the absence of this safety measure may create difficulties for some patients. Patients do not routinely undergo an assessment of their mental health needs alongside their general health needs from the point of admission to hospital.	 ***The Health Board is advised to ensure that patients' mental health and general health needs are assessed from the point of admission. This is to ensure that staff are able to plan, monitor and evaluate patient care in a more effective manner; consistent with The Fundamentals of Care.***			
Patient Experience					
	We did not find any issues for improvement in relation to this aspect of care-at this inspection.				