

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

Betsi Cadwaladr University  
Health Board,  
Wrexham Maelor Hospital,  
Mason Ward

30 September & 1 October 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Mason Ward at Wrexham Maelor Hospital part of the Betsi Cadwaladr University Health Board on 29 and 30 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. They may also point to wider issues about the quality and safety of essential care and dignity.

### 3. Context

Betsi Cadwaladr University Health Board provides primary, community, mental health and acute hospital services for a population of around 676,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham) as well as some parts of mid Wales, Cheshire and Shropshire. The health board employs around 16,100 staff.

Mason ward is a 28 bedded ward within Wrexham Maelor Hospital and provides endocrinology, oncology and haematology care for adults.

## 4. Summary

Overall patients told us they were very satisfied with the quality of care they had received.

We saw staff being polite and courteous to patients, treating them with respect and protecting their privacy and dignity.

We observed patients to be well looked after and found staff were committed to providing good standards of care.

We saw staff providing explanations to patients before providing care and assistance.

We saw staff encouraging and assisting patients to be independent as far as their condition allowed.

Appropriate arrangements were in place for patients to maintain contact with their relatives and friends. The visiting arrangements allowed patients to rest during the day.

No headphones were available for patients to enable individual listening of televisions or radios. This could result in patients in multiple bedded bays having their rest disturbed.

Whilst a day room was available this did not provide opportunities for patients to engage in activities away from the main ward.

We saw staff helping patients to be comfortable. Patient observation records we saw indicated staff assessed patients' pain regularly.

Patients appeared well cared for and we saw staff helping them as needed to maintain their personal hygiene.

Whilst protected mealtimes were in place these were not being fully adhered to as we saw a medical round taking place during lunchtime.

The records we saw indicated patients' nutritional needs were being assessed and appropriate action taken when a patient's eating and drinking was giving staff cause for concern.

Information on the support required by patients at mealtimes was being displayed in a way that could mean it being shared with others inadvertently. The health board should review this and implement a more discreet system of sharing this information to protect privacy.

Records indicated staff regularly assessed and provided help to patients to maintain their oral hygiene.

Toilets were clean and appropriately equipped to reduce cross infection. We saw staff responding to patients' requests promptly and helping them as needed.

The use of privacy signs could be used to further protect patients' privacy and dignity.

We saw appropriate pressure relieving equipment in use that was clean and working properly. However staff told us they sometimes experienced difficulty in obtaining pressure relieving mattresses.

Records indicated staff checked patients' skin regularly and we saw staff helping patients to move position to help prevent pressure sores.

At the time of our inspection neither the ward manager nor deputy were on duty. On the days we visited the ward was being run by a registered nurse who demonstrated an excellent understanding of the needs of the patients.

Whilst we were told clinical audits were performed, the result of these did not appear to be shared with ward staff to identify learning to improve care practice.

Overall we found arrangements were in place to ensure the care provided to patients was safe.

Arrangements should be made to ensure intravenous fluids are stored securely to prevent access by unauthorised people.

The health board should ensure all staff are aware of their responsibilities under the Deprivation of Liberty Safeguards.

## 5. Findings

### *Quality of the Patient Experience*

**Overall patients told us they were very satisfied with the quality of care they had received.**

**We saw staff being polite and courteous to patients and treating them with respect.**

During the course of our inspection patients were invited to complete our questionnaires to tell us about their experience on the ward. These were completed via face to face interviews or returned to us in the post.

Patients and their relatives were generally very complimentary about the staff and the care received.

Comments we received included:

- “I would give 12 out of 10 for care and treatment. 1<sup>st</sup>. class”.
- “Excellent service from cleaners to doctors.”
- “Staff miss their breaks half of the time, everyone very busy”.
- “Only have to raise a finger and they’re here”.
- “Always clean and tidy”.

We saw staff being polite and courteous to patients and their visitors. Staff protected the privacy and dignity of patients when providing assistance with personal care by closing curtains around bed areas and closing doors to lavatories. Appropriate privacy signs were also being used to further protect patients’ privacy.

Some patients told us they would have liked to have more things to do. The health board should consider exploring whether more activities could be introduced to reduce boredom.

- “No headphones. I would like to listen to the radio. It can be quite boring during the day, nothing to do”.



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

**We observed patients to be well looked after and found staff were committed to providing good standards of care.**

### **Communication and Information**

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

**We saw staff providing explanations to patients before providing care and assistance.**

We saw staff taking time explaining what they were doing and seeking verbal consent from patients before providing care and assistance. Patients told us that they received explanations about their care and treatment from nurses and information about their medical condition from doctors. Those patients whom we asked felt that the information helped them understand their care and treatment.

Patients received care in an ordered and calm atmosphere.

### **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 staff being respectful and polite to patients and protecting their privacy and dignity.**

We saw staff being respectful to patients, treating them with dignity and courtesy. We also observed staff protecting patients' privacy by closing curtains around their beds when assisting them with personal care. We saw staff closing doors to lavatories providing privacy and protecting patients' dignity when using these facilities. Suitable signage was being used and clearly displayed to further alert staff when patients required privacy.

Some very positive interactions between staff and patients were observed, whereby staff took the time to listen to patients and assist them in a sensitive and kind manner.

### **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 staff encouraging and assisting patients to be independent as far as their condition allowed.**

We saw staff encouraging patients to be as independent as their condition allowed, providing assistance as needed.

Corridors and bays areas were generally free of equipment allowing patients to mobilise independently and safely.

At the time of our inspection there were patients on the ward who presented with cognitive difficulties. The health board should consider using different colours on toilet doors or the use of clear signage. This should help assist patients to find these areas more easily and independently as their condition allows.

### ***Recommendation***

***The health board should consider using different colours on toilet doors to assist all patients to find these areas more easily.***

### **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 appropriate arrangements in place for patients to maintain contact with their relatives and friends.**

The ward operated a structured visiting times policy, allowing visitors between 2:00pm and 5:00pm and then between 6:00pm and 7:00pm. However, we were told no reasonable request to visit outside of these hours would be refused.

A day room was available near the ward and provided an area for patients to spend time with their visitors in relative privacy. However, this did not appear to be well used by patients. Many patients were not aware of this room, yet told us that they were often bored during the day and would like to listen to the radio and have more activities.

Patients told us that staff were respectful, understanding, friendly and helpful.

### **Rest, Sleep and Activity**

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

**The visiting arrangements in place allowed patients to rest during the day.**

**No headphones were available for patients to enable individual listening of televisions or radios. This could result in patients in multiple bedded bays having their rest disturbed.**

**Whilst a day room was available this did not provide opportunities for patients to engage in activities away from the main ward.**

As mentioned above, the ward operated a structured visiting time policy. This allowed time for patients to rest during the day.

All patients ate their meals at their bedsides and spent most of their time around their bed areas, even when in the later stages of their stay on the ward when progressing in their recovery to rehabilitation and discharge home.

The ward environment felt comfortably warm and lights could be dimmed to promote a calm environment to promote sleep. However, we saw no headphones available for patients to use to enable individual listening of televisions or radios. This could potentially lead to patients being disturbed in multiple bedded bays when other patients are watching the television.

#### ***Recommendation***

***The health board should make suitable arrangements to provide patients with headphones for individual listening of televisions and radios.***

We saw the ward had sufficient quantities of bed linen available during our inspection allowing beds to be changed promptly and provide extra warmth for patients when sleeping. However staff told us the ward frequently ran out of clean linen and staff had to chase around after supplies. This could mean patients are delayed in going back to bed to rest should their bed need changing and no fresh linen being available.

The health board should explore the reasons for clean linen not being available and take appropriate action to ensure this is minimised.

#### ***Recommendation***

***The health board should explore the reasons for clean linen not being available and take appropriate action to ensure this is minimised.***

Whilst a day room was available for patients to use this did not appear to be used. There was no television, magazines or other activities available in the day room. We recommended that consideration be given to providing more activities to prevent patients becoming bored.

#### ***Recommendation***

***The health board should explore how activities and independence for patients can be increased and take suitable action to introduce them.***

### **Ensuring Comfort, Alleviating Pain**

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

**We saw staff helping patients to be comfortable. Patient observation records we saw indicated staff assessed patients' pain regularly.**

We saw staff helping patients to be comfortable when getting into bed or when assisting them to sit in chairs. Patients told us that staff were kind and understanding.

The monitoring records we looked at indicated that patients' pain was being assessed by staff when they recorded other observations such as a patient's temperature, pulse and blood pressure.

During our inspection we saw patients a number of times throughout the day and all appeared comfortable.

### **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 appeared well cared for and we saw staff helping them as needed to maintain their personal hygiene.**

Generally all patients appeared clean and were wearing pyjamas or gowns protecting their dignity.

We saw staff helping patients to maintain their personal hygiene and protecting patients' privacy by closing curtains around bed areas.

### **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.*

**Whilst protected mealtimes were in place these were not being fully adhered to as we saw a medical round taking place during lunchtime.**

**The records we saw indicated patients' nutritional needs were being assessed and appropriate action taken when a patient's eating and drinking was giving staff cause for concern.**

**Information on the support required by patients at mealtimes was being displayed in a way that could mean it being shared with others inadvertently. The health board should review this and implement a more discreet system of sharing this information to protect privacy.**

We were told the ward had protected mealtimes in place. However we saw a medical ward round taking place during lunch. This meant patients were disturbed when trying to eat their meals and could result in them not finishing their meals whilst food was still suitably warm.

Staff told us that sometimes they did not receive sufficient food although they always resolved this at the time with the kitchen. Patients told us that they had sufficient food and received what they ordered on the menu system.

The records we saw indicated patients' nutritional needs were being assessed on admission. We saw food and fluid monitoring charts completed appropriately and the records indicated staff had made a referral to the dietician where a patients' eating and drinking was giving staff cause for concern. This meant staff were monitoring what patients were eating and drinking and seeking appropriate advice on treatment.

We were told a choice of hot drinks and snacks were available to patients during the day to supplement mealtimes and saw staff serving these during our inspection.

All patients ate at their bedside. There was no facility for patients to use the dayroom at mealtimes. We saw staff appropriately assisting patients to eat and drink according to individual needs. The assistance required by patients was displayed on boards above their beds. This meant that information could be inadvertently shared with others compromising their privacy. Whilst staff need to know what assistance patients require at mealtimes, the health board should review these arrangements and implement a more discreet system to share this information, in particular for those who may not wish for their personal information to be displayed in this way.

### ***Recommendation***

***The health board should introduce a more discreet system of sharing information between relevant staff about the assistance patients require to meet their individual wishes and care needs.***

### **Oral Health and Hygiene**

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

**Records indicated staff regularly assessed and provided help to patients to maintain their oral hygiene.**

The records we saw indicated staff were assessing patients' oral hygiene regularly and providing assistance.

We saw toothbrushes available for patients who needed assistance when they were 'nil by mouth' so mouth care could be given.

### **Toilet Needs**

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

**Toilets were clean and appropriately equipped to reduce cross infection. We saw staff responding to patients' requests promptly and helping them as needed.**

**The use of privacy signs could be used to further protect patients' privacy and dignity.**

Toilets on the ward were very clean and appropriately equipped with toilet paper and hand washing facilities to reduce cross infection. Commodes were clean and well maintained, again reducing the risk of cross infection.

Whilst some cubicles had en suite facilities, the majority of toilets were shared.

The use of privacy signs could be used to indicate when these facilities were in use to prevent people opening doors inadvertently and causing embarrassment.

### ***Recommendation***

***The health board should consider the use of privacy signs to indicate when toilets are in use.***

Staff answered calls for assistance promptly meaning that patients did not have to wait unnecessarily to use the toilet, however it was acknowledged by some patients that calls for assistance can take longer when staff are noticed to be very busy. This was not seen as a concern but as an indication that there were busy periods at certain times. We saw staff assisting patients to access toilets and offering a choice of toilet facilities depending on their needs.

### **Preventing Pressure Sores**

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

**We saw appropriate pressure relieving equipment in use that was clean and working properly. However staff told us they sometimes experienced difficulty in obtaining pressure relieving mattresses.**

**Records indicated staff checked patients' skin regularly and we saw staff helping patients to move position to help prevent pressure sores.**

The ward had pressure relieving mattresses to reduce the risk of patients developing pressure sores. The mattresses we saw were visibly clean and appeared to be functioning correctly.

Staff told us they sometimes experienced difficulty obtaining suitable pressure relieving mattresses. This meant patients were not always having specialist equipment (identified as being necessary to reduce the risk of pressure sores developing) in a timely manner.

### ***Recommendation***

***The health board should identify any reason(s) for staff having difficulty obtaining suitable pressure relieving mattresses and take suitable action to prevent this happening.***

The monitoring records we saw indicated staff regularly checked patients' skin for signs of pressure damage. We saw staff helping patients to move position to help prevent pressure sores developing.

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

**At the time of our inspection neither the ward manager nor the deputy were on duty. On the days we visited the ward was being run by a registered nurse who demonstrated an excellent understanding of the needs of the patients.**

**Whilst we were told clinical audits were performed, the result of these did not appear to be shared with staff so learning could be identified to improve care practice.**

At the time of our inspection the management structure on the ward was made up of one ward manager and a deputy. The ward team also consisted of registered nurses, healthcare support workers and ancillary staff. A volunteer worked regularly on the ward providing additional support such as serving hot drinks and snacks. The volunteer confirmed she did help at mealtimes but did not assist with personal care.

We were told staffing levels had been determined at seven staff working during the morning, six during the afternoon and five at night. At the time of our inspection additional staff had been organised due to a patient requiring additional supervision. This means that staffing arrangements could be flexible according to the care needs of patients. We felt staffing levels were suitable to meet the needs of the patients at the time of our inspection.

However, the ward frequently used agency staff and we were told this could sometimes result in added pressure for staff. This was because agency nurses could not undertake all clinical duties that regular nursing staff could perform due to the specialist nature of some of the care provided on the ward.

Neither the ward manager nor the deputy were on duty during our inspection. The ward was being run by a registered nurse who demonstrated an excellent understanding of the needs of the patients. We also observed the nurse to be visible and providing support and direction to other staff. We felt the staff team worked well together and supported each other to meet the care needs of patients.

We were told a number of clinical audits were performed. However from our conversations with staff the results of such audits did not appear to be shared with staff. This meant staff were not aware of the ward's performance or engaged in any learning from these audits, which could be used to further benefit care.

### ***Recommendation***

***The health board should make suitable arrangements to ensure audit results are shared with ward staff to maintain standards and drive new initiatives forward.***



During the inspection we were well supported by the site management team who met with us to provide a picture of the management structure for the directorate (within the clinical programme group) and also at hospital site management level.

We were provided with information about how the directorate management team monitors and supports quality across the directorate. We also observed the site management team actively co-ordinating the hospital and supporting ward and departmental staff in their day to day work.

The site management team was visible and involved across the hospital site. This was recognised by staff who told us they could access senior managers and felt supported at ward level.

## ***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.*

**Overall we found arrangements were in place to ensure the care provided to patients was safe.**

**Arrangements should be made to ensure intravenous fluids are stored securely to prevent access by unauthorised people.**

**The health board should ensure all staff are aware of their responsibilities under the Deprivation of Liberty Safeguards.**

### **Patient Safety**

#### **Environment**

Overall we found the ward provided a safe and secure environment for patients and staff.

All patients had access to a nurse call buzzer to summon assistance and we saw staff responding to requests promptly.

#### **Infection Control**

All areas of the ward and equipment were visibly clean and well maintained.

Suitable hand washing facilities and personal protective equipment such as disposable gloves and aprons for staff were available. We observed staff using gloves and aprons when assisting patients and cleaning equipment to assist the prevention of cross infection.

Staff were able to seek advice on infection issues from a specialist infection control nurse.

#### **Safeguarding Vulnerable Adults**

Staff told us they had received training on protecting patients from abuse and explained they would report any concerns to senior staff on duty. This training formed part of mandatory training.

During our visit we identified a patient was potentially being deprived of his liberty without a proper assessment having taken place and not in accordance with the Deprivation of Liberty Safeguarding arrangements. This was reported to the nurse in charge who took immediate action to ensure a suitable assessment was commenced.

### ***Recommendation***

***The health board should make suitable arrangements to ensure all relevant staff are aware of their responsibilities under the Deprivation of Liberty Safeguards***

Not all staff were wearing clear visible identification. The health board should make suitable arrangements to ensure staff identification is clearly visible in accordance with the 'All Wales NHS Dress Code'.

### ***Recommendation***

***The health board should make suitable arrangements to ensure staff wear clear visible identification.***

### **Medicines Management**

Staff told us they had access to the health board's medication policy via the hospital's intranet system. This would allow staff to check they were adhering to safe storage and handling procedures for medicines used on the unit. A hospital pharmacist provided support and expert advice on the safe use of medicines used on the ward.

Not all medication was stored securely to prevent access by unauthorised persons. The medicines room did not have a door and both a drugs fridge and cupboard containing medicines was unlocked. Staff addressed this immediately whilst we were present.

Whilst fluids used for intravenous use were stored in the medicines room, current arrangements did not allow for these to be locked away. Generally staff were seen to be present around this area so reducing the risk of the room unauthorised persons entering. However, the health board should consider reviewing current arrangements to ensure a practical and safe solution is reached so these items cannot be accessed by unauthorised persons.

### ***Recommendation***

***Arrangements should be made to ensure intravenous fluids are stored securely to prevent access by unauthorised people.***

Appropriate arrangements were seen for the safe storage and administration of controlled drugs.

Whilst accompanying staff on a medication round we observed them assisting patients into an appropriate position so they could take their medication. All patients had drinks within easy use to help them swallow their medication.

We saw staff checking patients' identification to ensure the safe administration of medicines. The All Wales Drug Charts were being used and the sample we considered had been completed correctly by staff. The medication round was unhurried facilitating a safe environment for patients to receive their medication.

However staff told us they can be frequently interrupted during the medication round. This could result in errors caused by staff being distracted and the health board should consider implementing a system to reduce staff being interrupted.

### ***Recommendation***

***The health board should implement a suitable system to prevent staff being interrupted whilst administering medicines.***

A stock of emergency medication was available on the hospital site. This meant staff could access medication so patients did not miss doses of prescribed medication unnecessarily.

### **Record Keeping**

We looked at a sample of patient records. Whilst we saw relevant risk assessments such as risk of falls and pressure sores had been completed on admission, these had not always been updated. Nursing care records had not always been completed fully and signed by nursing staff responsible for overseeing care. This meant we could not establish easily whether these reflected current risks, care needs and whether care had been delivered as planned.

Through our observations and conversations with nursing staff it was evident they were assessing and evaluating the care provided, but this was not suitably reflected within the written care records.

Other members of the multidisciplinary team had made entries in the patients care records and these were dated and timed making them easy to navigate.

As well as the written care records information on the needs of patients were shared via daily multi disciplinary team 'Board Round' meetings. In addition nursing staff 'Safety Briefings' took place during the shift to share information about patients.

We observed nursing staff and other members of the multi disciplinary team sharing pertinent information via these sessions to inform patient care and facilitate effective discharge planning.

### ***Recommendation***

***The health board should take appropriate action to ensure care records and associated documentation are completed fully and reflect the current care needs of patients.***

### **Diabetes Care**

We were told there was no link nurse on the ward to act as a local point of contact and share best practice on diabetes care. However, staff were aware of how they could contact the hospital diabetic specialist nurse should they require advice.

'Hypo-boxes' containing equipment and medication to treat a diabetic emergency were available on the ward. Records we saw indicated staff had appropriately responded to a patient presenting with hypoglycaemia. However it was not clear when the patient's blood glucose had been rechecked to confirm hypoglycaemia had been treated correctly.

There were no arrangements in place for patients to self manage their diabetes meaning patients could not adhere to their usual routine when admitted to hospital.

Staff told us they could access E-learning training available on diabetes management. Regular training was not evident. However we saw that dates had been set up recently.

***Recommendation***

***The health board should take suitable action to assure itself staff are taking appropriate follow up action when a diabetic emergency is identified.***

***The health board should make suitable arrangements to ensure where able patients can self manage their diabetes whilst in hospital.***

## 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 Mason ward at the Wrexham Maelor 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 on-going dignity and essential care inspection process.

**Dignity and Essential Care:**

**Hospital:**

**Ward/ Department:**

**Date of inspection:**

**Improvement Plan**

**Wrexham Maelor Hospital**

**Mason Ward**

**30 September and 1 October 2014**

Page	Finding	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>				
<b>Delivery of the Fundamentals of Care</b>				
8	The health board should consider using different colours on toilet doors to assist patients to find these areas more easily.	<ul style="list-style-type: none"> <li>• During the internal redecoration programme the estates department do refurbish ward and do normally paint the key wards in a darker colour for visually impaired patients.</li> <li>• This will be addressed at the Local Estates strategy group around the identification of bathroom / toilet doors being painted a different colour in line with this recommendation.</li> <li>• Email sent to estates team to request this is added as an agenda item for the next estates strategy group.</li> </ul>	East Estates Strategy Group (Site Lead & Interim Lead Nurse)	March 2015
9	The health board should make suitable	<ul style="list-style-type: none"> <li>• The acute adult wards have backboards</li> </ul>		

Page	Finding	Health Board Action	Responsible Officer	Timescale
	<p>arrangements to provide patients with headphones for individual listening of televisions and radios.</p>	<p>at the rear of patient beds and these allow nurse call and headphones for internal / external radios and for watching wall mounted television.</p> <ul style="list-style-type: none"> <li>The East site is going through a transition period of changing the current outdated nurse call system to a new wireless nurse call. A small number of adult wards have had the new nurse call installed but this does not allow patient headphones to be used, this will be reviewed.</li> <li>Matron for Mason Ward is currently in the process of obtaining a stock of these from the stores department to place on the Ward.</li> </ul>	<p>East Estates Strategy Group</p>	<p>March 2015</p>
<p>9</p>	<p>The health board should explore the reasons for clean linen not being available and take appropriate action to ensure this is minimised.</p>	<ul style="list-style-type: none"> <li>Lead Nurse for Medicine at the Wrexham Maelor Site has now reminded ward staff and Matron for Mason Ward of the process of how to report and escalate any shortages of linen.</li> </ul>	<p>Patient Services/ Infection Prevention Team</p>	<p>December 2014</p>



Page	Finding	Health Board Action	Responsible Officer	Timescale
9	The health board should explore how activities for patients can be increased and take suitable action to introduce them.	<ul style="list-style-type: none"> <li>• WIFI and broadband access have now been provided to all acute wards areas including Mason Ward.</li> <li>• Mason ward also share a dayroom with the Surgical Admission Unit. The dayroom is close to the ward and has a television and electrical sockets, which allow patients to mobilise from the ward and watch television or have some time away from the ward.</li> <li>• Patients can also use their portable laptops or mobile phones in this dayroom.</li> <li>• Mason Ward has a full time housekeeper who ensures that there are magazines and newspapers provided in the room and patient education information.</li> </ul>	Medical / Surgical Matron	December 2014
11	The health board should introduce a more discreet system of sharing information between relevant staff about the assistance patients require to meet	<ul style="list-style-type: none"> <li>• The Ward Sisters are in the process of reviewing their patient identification boards to ensure they meet Caldicott Guidance and to prevent any breach of</li> </ul>	Matron Diabetes Renal & Cardiology	January 2015

Page	Finding	Health Board Action	Responsible Officer	Timescale
	their care needs.	<p>patient information.</p> <ul style="list-style-type: none"> <li>• A number of new patient information boards are in the process of being ordered these include a lifting flap top to cover any sensitive information and patient identity.</li> <li>• The Matrons have met Ward Sisters to ensure that during Board rounds guidance is met.</li> </ul>		
12	The health board should consider the use of privacy signs to indicate when toilets are in use.	<ul style="list-style-type: none"> <li>• Matron has implemented signs for all toilet doors in the ward area to indicate when in use.</li> <li>• The acute wards, including Mason ward have also been allocated “Patient Dignity Signs” to clip to the patient bedside curtains. This is important when nursing staff are supporting patients with activities of daily living and washing.</li> <li>• Matrons will be asked to ensure when completing Ward to Board Quality and Safety Audits that these privacy signs</li> </ul>	Matron Diabetes Renal & Cardiology	Complete.



Page	Finding	Health Board Action	Responsible Officer	Timescale
		are being used.		
13	The health board should identify any reason(s) for staff having difficulty obtaining suitable pressure relieving mattresses and take suitable action to prevent this happening.	<p>All ward nursing staff are required to assess through intentional rounding and check all patient pressure areas on a daily basis and document a patient's Maelor score. .</p> <ul style="list-style-type: none"> <li>• Band 7 Ward managers are required to directly contact the Medical Matron if they are experiencing difficulty accessing a pressure relieving mattress in hours and Medical Matron will discuss with other Matron colleagues to check if a dynamic mattress is available on a medical ward.</li> <li>• The allocated acute Matron for Mason ward will ensure as part of ward to board assessment that a nursing care plan audit to ensure that recommendations from HIW inspection are met through quality assurance. The care plan audit will reflect clear documented patient care recorded that are <u>dated and signed</u> and all relevant risk assessments are reviewed</li> </ul>	<p>Medical Matron / Medical Clinical Lead Nurse.</p> <p>Medical Matron / Medical Clinical Lead Nurse.</p>	

Page	Finding	Health Board Action	Responsible Officer	Timescale
<b>Quality of Staffing Management and Leadership</b>				
14	The health board should make suitable arrangements to ensure audit results are shared with ward staff to maintain standards and drive new initiatives forward.	<ul style="list-style-type: none"> <li>Each ward should have a wipe clean display board showing the latest audit results. Lead Nurse for Medicine has implemented and actioned.</li> <li>Audit feedback is very important for ward nursing staff and the Matrons for all acute Wards have been reminded that they must ensure that Quality and Safety Feedback will be disseminated through to both Matrons and also to the Ward Managers / Senior Sisters.</li> </ul>	Lead Nurse	Complete
<b>Delivery of a Safe and Effective Service</b>				
17	The health board should make suitable arrangements to ensure all relevant staff are aware of their responsibilities under the Deprivation of Liberty Safeguards	<ul style="list-style-type: none"> <li>Clinical Areas have previously received education awareness sessions around Deprivation of Liberty / Safeguarding</li> <li>Following this report, a scoping exercise will be completed to review education compliance around DOLS on the acute wards following staff turnaround and new staff appointments.</li> <li>The East area governance team are also in the process of setting up a</li> </ul>	Nurse Leads Medical Surgical Matrons  Site / &	January 2015

Page	Finding	Health Board Action	Responsible Officer	Timescale
		safeguarding forum for the area where training compliance and plans will be tabled.		
17	Arrangements should be made to ensure intravenous fluids are stored securely to prevent access by unauthorised people.	<ul style="list-style-type: none"> <li>At present following the Welsh Government Trusted to Care Site Visit to Wrexham Maelor Hospital, there have been recommendations for the nucleus design of the adult medical &amp; surgical wards.</li> <li>There are plans in progress for the review of the ward small treatment rooms and storage of both internal medicine and intravenous fluids.</li> </ul>	Interim Lead Nurse Medicine	January 2015
17	The health board should make suitable arrangements to ensure staff wear clear, visible identification.	<ul style="list-style-type: none"> <li>Lead Nurse has distributed a memo to all clinical areas reminding staff of the need to wear visible ID badges.</li> <li>The All Wales NHS Dress Code has also been circulated to all ward areas.</li> </ul>	Interim Lead Nurse	Complete
18	The health board should implement a suitable system to prevent staff being	<ul style="list-style-type: none"> <li>The tabard system is now in place on Mason Ward and all staff are aware.</li> </ul>	Interim Lead Nurse	Complete

Page	Finding	Health Board Action	Responsible Officer	Timescale
	interrupted whilst administering medicines.	<ul style="list-style-type: none"> <li>A memo has been sent out by Lead Nurse to remind staff on all wards that tabards should be used when administering medications. .</li> </ul>	Medicine	
18	The health board should take appropriate action to ensure care records and associated documentation are completed fully and reflect the current care needs of patients	<ul style="list-style-type: none"> <li>Every month a quality and safety monthly audit is undertaken for every ward area by an impartial senior nurse peer reviewer. This looks in detail at documentation. Any issues are highlighted to the ward and Matron immediately.</li> </ul>	Associate Chief of Staff Nursing Interim Lead Nurse	complete and ongoing scrutiny
19	The health board should take suitable action to assure itself staff are taking appropriate follow up action when a diabetic emergency is identified.	<ul style="list-style-type: none"> <li>Significant actions have already taken place to provide Board assurance on the safe use of insulin in the inpatient setting for insulin-dependent diabetic patients.</li> <li>This includes clinical, educational and documentation standards and guidance for nursing staff around omissions and delays to prevent never events, particularly for diabetic patients in acute emergency situations Referral to diabetes nurses and pharmacists is provided for additional support for diabetic</li> </ul>	Associate Chief of Staff Nursing Interim Lead Nurse	January 2015



Page	Finding	Health Board Action	Responsible Officer	Timescale
		<p>emergencies.</p> <ul style="list-style-type: none"><li>• A medicines management nurse is working with the ward sisters providing additional education around compliance with insulin standards and this information is being monitored monthly on the sharepoint.</li><li>• A diabetes link nurse has now been identified on Mason Ward.</li></ul>		
19	The health board should make suitable arrangements to ensure where able patients can self manage their diabetes whilst in hospital.	<ul style="list-style-type: none"><li>• The BCUHB Medicines Management Policy guidance provides information for patient self management and assessment for Nurses to ensure patients are able to safely self administer.</li><li>• A new BCUHB Self Administration Policy has been ratified in October 2014 and is to be piloted in designated areas in the near future.</li></ul>	Associate Chief of Staff Nursing Medicines Management	Policy now ratified and roll out of Policy March 2015  Complete



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Betsi Cadwaladr  
University Health Board

**Health Board Representative:**

**Name (print): Julie Smith**

**Title: Associate Chief of Staff- Nursing, Interim Site Lead Nurse- East**

**Signature: [submitted electronically]**

**Date: 24<sup>nd</sup> December 2014**