

Dignity and Essential Care Inspection (Unannounced)

**Aneurin Bevan University
Health Board: County
Hospital, Usk Ward**

18 and 19 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection in Usk Ward at County Hospital part of Aneurin Bevan University Health Board on the 18 and 19 February 2015.

Our inspection considers the following issues:

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

2. Methodology

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

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

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

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

3. Context

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

County Hospital is a community hospital which provides inpatient and outpatient services for the residents of Torfaen. It is located in the middle of Gwent being eight miles north of the City of Newport and 12 miles south of Abergavenny. The hospital receives patients who normally reside in Torfaen, from both the Royal Gwent and Nevill Hall Hospitals for rehabilitation after strokes or orthopaedic surgery, as well as for general convalescence.

The hospital also accommodates patients waiting for placement in nursing or residential care homes and direct admission from home is accepted into General Practitioner medical beds.

Usk ward has historically been an orthopaedic rehabilitation ward, although many patients admitted onto the ward are now older, some with complex physical needs and/or a diagnosis of dementia. There are 17 beds on Usk ward and the ward admits female patients only. The ward is within an old building and a long corridor separates a 9 bed bay at one end and an 8 bed bay at the other end. There is one single cubicle available.

4. Summary

Overall, patients told us they were very satisfied with the quality of care they received, the cleanliness of the ward and the staff looking after them. We saw staff being kind and caring with patients and working to uphold patients' privacy and dignity. Patients and relatives gave mixed comments about the quality of food, stimulation and activity, information about their condition and staff meeting their needs in a timely way. Patients' concerns in these areas have informed recommendations made in the 'Fundamentals of Care' and 'Management and Leadership' sections of the report.

Overall, in the delivery of the fundamentals of care, we observed patients to be well looked after. However, patient documentation did not consistently reflect the high standard of care that staff were committed to providing.

We observed nursing staff explaining aspects of care and treatment to patients, although patients and relatives told us they experienced some lack of communication with medical and multidisciplinary teams. Access to communication tools on the ward could be improved.

Staff knew patients well, were respectful and worked to uphold patients' privacy and dignity. Locks for bathroom facilities should be checked to ensure they are in good working order and 'in use' signs could be used to ensure patients' dignity is not unintentionally compromised.

We could not be assured that patients were being encouraged to be as independent as their condition allowed with the current level of staffing and occupational therapy and physiotherapy input in place.

Patients were encouraged and supported to maintain involvement with their loved ones during their stay on the ward.

Staff supported patients to rest and sleep. The provision of appropriate stimulation and activity on the ward, particularly for those patients with confusion/dementia could be improved.

Although we saw staff assisting patients' to be as comfortable and pain free as possible, the completion of patients' pain assessment documentation was inconsistent.

Overall we saw that patients were well cared for, however some patients felt they did not always have enough of staff's time to complete their morning routines fully and in an unrushed manner.

Patients made both positive and negative comments about food. We saw staff prepared patients for meals and ensured they received the options they chose. Patients' food and fluid charts were not consistently updated and staff presence and organisation of meal distribution could be improved.

Although we saw staff providing assistance to patients with oral health needs, we could not be assured from the documentation in place that patients' oral health needs were consistently assessed to inform appropriate management.

In general staff attended to patients' toilet needs in a discreet and sensitive manner.

Staff assessed patients' risk of developing pressure sores and were knowledgeable about caring for patients with pressure sores. However, the documentation in place did not demonstrate that clear care pathways were followed or that monitoring charts were consistently updated.

There was visible and supportive management and leadership in place and staff told us they were well supported in their roles. We could not be assured that sufficient staffing levels were consistently in place on the ward and we asked the health board - through an immediate assurance letter - to ensure staffing levels meet patients' needs. Following the inspection we received sufficient assurance that the health board was addressing this concern. Not all staff were up to date with mandatory training topics.

Overall we found systems were in place to monitor, audit and manage patient safety and the quality of the environment, care and treatment. We raised several concerns in the area of medicines management and these were addressed by the end of the inspection. We identified two other areas which we escalated to the health board for immediate assurance following the inspection. These areas were ensuring patients' mental capacity was assessed in line with the Mental Capacity Act 2005 for their ongoing care and treatment on the ward and ensuring documentation was up to date, accurate, and provided clear guidelines for staff to follow. Following the inspection we received sufficient assurance that the health board was addressing the concern about documentation. We did not receive sufficient assurance that the health board was addressing the concern about mental capacity assessments and we went back to the health board to request further details. Documentation for the management of diabetes could be improved to ensure consistent pathways are followed and to demonstrate that staff are managing the condition appropriately.

5. Findings

Quality of the Patient Experience

Overall, patients told us they were very satisfied with the quality of care they received, the cleanliness of the ward and the staff looking after them. We saw staff being kind and caring with patients and working to uphold patients' privacy and dignity. Patients and relatives gave mixed comments about the quality of food, stimulation and activity, information about their condition and staff meeting their needs in a timely way. Patients' concerns in these areas have informed recommendations made in the 'Fundamentals of Care' and 'Management and Leadership' sections of the report.

During the course of our inspection patients and their relatives were invited to complete our questionnaires to tell us about their experiences on the ward. These were completed via face to face interviews or returned to us in the post. In total 10 questionnaires were completed by patients and relatives. Patients completing questionnaires ranged in age from 54 – 87years and most had been on the ward for more than two weeks. We spoke informally with every patient on the ward who was happy to speak with us. We also observed the care and treatment being provided to help us understand the patient experience. Some patients and their relatives gave us permission to include their comments within this report, some of which are found below.

Most patients and relatives who completed questionnaires scored the ward eight out of ten for the overall care and treatment provided on the ward with two patients scoring it a six and seven out of ten. We saw staff being polite and courteous to patients and their visitors and treating people with dignity and respect.

Two patients were not satisfied with the quality of the food. We observed a meal time on the ward and patients' concerns are addressed under the 'Fundamentals of Care' section. Patients made the following comments:

'Food awful. Mostly it's cold/warmish'.

'The food is not very good. It's not cooked properly and is cold. I've given feedback but they say they haven't had any. A lot of good food is wasted because it's not cooked properly and can't be eaten'.

Some patients and relatives told us there was a lack of stimulation, activity and encouragement to be independent. Our observations confirmed that patients

spent long periods of time in the same chair/bed/area of the ward. Patients' concerns are addressed under the 'Fundamentals of Care' section. Comments included:

'It can be boring – no TV' (Our observations confirmed there was a TV in the dayroom and the cubicle only).

'The ward lacks amenities/entertainment. Very long days. During 3 month stay, mother has only been to day room once. No encouragement to move around. No provision for hearing loss.'

When asked about the staff looking after them, patients and relatives made mainly positive comments and we saw staff being kind and caring with patients. For example:

'Staff are very caring and helpful.'

'Never had any trouble and (staff) will go out of their way.'

'They're all good. Lovely they are.'

'Some staff are nicer than others.'

Patients and relatives made mixed comments about communication and the information they received about their care. Patients' concerns are addressed under the 'Fundamentals of Care' section below. For example:

'If you have questions they'll answer it.'

'I just ask for more info and they just tell, they're very on the ball.'

'There is a lack of communication between relatives and doctors – very difficult to get to speak to one.'

'Frustrating lack of communication between doctors/nurses/family. One month delay in MDT meeting to decide discharge/ongoing care route. No clarity about who to talk to/complain/discuss issues.'

Several people commented they felt staff were very busy and there was a risk of this impacting on the service they received. Patients concerns' are addressed under the 'Management and Leadership' section below. Comments included:

'Staff take too long to come to me and can be a bit offish.'

'Need more time to listen..(staff) rather than just do things.'

'It's disorientating in the morning. I don't know what day or time it is and I have to get dressed. There isn't enough time. The staff rush to get us dressed, give us our pills, give us breakfast. Afterwards it's much better.'

'I asked to wash hair yesterday and still hasn't been done.'

All patients and relatives told us they felt the ward was clean and tidy. We saw and spoke with housekeeping staff on the ward who showed us detailed cleaning schedules and we saw them working to ensure areas were kept clean throughout our inspection. Comments included:

'It's beautiful.'

'They wash everything on one side: beds, underneath, lockers. Then on a Wednesday we go into the day room to do our side.'

Delivery of the Fundamentals of Care

Overall, in the delivery of the fundamentals of care, we observed patients to be well looked after. However, patient documentation did not consistently reflect the high standard of care that staff were committed to providing.

Communication and information

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

We observed nursing staff explaining aspects of care and treatment to patients, although patients and relatives told us they experienced some lack of communication with medical and multidisciplinary teams. Access to communication tools on the ward could be improved.

Patients and relatives gave mixed comments about communication with staff and access to information about their care and treatment as detailed under the 'Patient Experience' part of the report. This was mainly in relation to accessing information from medical and multidisciplinary teams. Throughout the inspection we saw nursing staff explaining aspects of patients' care and treatment to them. However, there was some confusion amongst patients and relatives about who to approach for specific information and how to get the information they needed.

In many cases staff were managing patients' conditions until they could be appropriately discharged home. We saw that multi-disciplinary meetings and patient flow meetings happened regularly. The average length of stay on the ward in December 2014 was 41 days so patients were staying for long periods of time which provided challenges in ensuring patients were kept up to date on care and treatment throughout the length of their stay.

Recommendation

The ward should ensure patients and relatives are kept up to date on care and treatment information throughout their stay. The ward should consider how to make patients and relatives aware of whom they can ask for information.

We spoke with staff about how they communicated with patients with additional communication needs. Staff told us they had access to interpreting services and 'headphones with a microphone' although they stated this was not really used. We observed staff having to raise their voice to explain aspects of care to

patients with hearing difficulties which meant others could overhear and compromised some patients' privacy and dignity.

Recommendation

The health board should ensure staff have the tools needed to enable them to communicate with patients with hearing loss and additional communication needs in an appropriate, discreet way.

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.

Staff knew patients well, were respectful and worked to uphold patients' privacy and dignity. Locks for bathroom facilities should be checked to ensure they are in good working order and 'in use' signs could be used to ensure patients' dignity is not unintentionally compromised.

We saw staff being polite, courteous and treating people respectfully when assisting them and providing care and treatment. Staff knew patients well and addressed them by their first or preferred names. We saw staff being particularly kind, attentive and sensitive to one lady who was unable to mobilise and sometimes became distressed.

We saw that staff maintained patients' privacy by discussing sensitive matters regarding patient care in areas where they could not be overheard. We observed one doctor speaking loudly about a patient to staff in the main corridor on one occasion but there was no one nearby to overhear at the time.

We saw that the locking mechanisms on several toilet doors were not in working order and signs were not used to show that facilities were in use. This had the potential to compromise patients' privacy and dignity in accessing facilities.

Recommendation

The health board should consider how staff can ensure patients' dignity is upheld when using toilet facilities, specifically by ensuring locks are in working order and the use of 'in use' signs.

We saw that staff used pegs to keep curtains closed when they were providing personal care and staff had a good understanding of how to care for people in a sensitive way.

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 could not be assured that patients were being encouraged to be as independent as their condition allowed with the current level of staffing and occupational therapy and physiotherapy input in place.

Most patients on the ward were elderly and needed staff to assist them with being as independent as possible in their routines. We saw examples where patients' ability to self care was assessed on admission so that staff knew how to assist patients appropriately.

We saw some equipment being stored in the corridor and in a shower room over the course of the two days, which was not conducive to allowing patients with mobility aids to mobilise as freely and access areas as independently as possible. Despite patients having access to mobility aids to allow them to mobilise independently, we saw little encouragement from staff for patients to do so and most patients stayed in the same chair, bed or area of the ward for the whole day.

Recommendation

Staff should encourage patients to be as independent as their condition allows, particularly in light of the length of time patients stay on the ward in preparation for discharge home.

We explored occupational therapy (OT) and physiotherapy services due to the nature of the ward being for rehabilitation purposes. We asked the team why some patients had not received physiotherapy and OT services across the time of our inspection, given the nature of Usk being a rehabilitation ward. Staff told us this was due to the changing nature of patients admitted onto the ward with a high number of older people with dementia whose independence may be limited by their conditions. We found that many patients spent extended periods of time with a lack of active encouragement to improve their daily living skills to be as independent as their condition allowed.

Recommendation

There should be a clear definition of purpose for Usk Ward to ensure sufficient provision of OT and physiotherapy services to support patients to be as independent as their condition allows.

At the time of our inspection there were a number of patients on the ward who presented with confusion or had a dementia diagnosis. We saw that the health board's 'forget me not' scheme (a scheme whereby patients with confusion are identified with a flower symbol on their beds to indicate that they may require a higher level of assistance) was partly in use on the ward. Staff told us they used the flower symbol on patient notes but did not use them on the beds yet, as they needed to access some flower symbols they could use. The ward was small enough and we saw staff recognised patients who had additional needs and provided the higher level of support they required.

We saw that the ward environment was not particularly accessible or user friendly for patients with confusion, additional and/or sensory needs. Some toilet and shower facilities were colour coded, although not all and we saw there were boards which indicated the date, although these were in the corner of the bay areas and not clearly visible from all areas. Some staff did not have name badges and there was no explanation for patients and visitors about different coloured uniforms designating different staff grades. Fully implementing a dementia friendly environment and approach would help assist patients to find areas more easily and independently, as their condition allows.

Recommendation

The health board should consider how to make the ward environment as accessible as possible to patients with confusion/dementia and complex or sensory needs, particularly in light of the type of patients now admitted onto the ward.

Relationships

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

Patients were encouraged and supported to maintain involvement with their loved ones during their stay on the ward.

The ward had structured visiting hours in place from 2.30-4pm and 6-8pm. We saw that visitors were also welcomed outside of these hours when needed.

Most patients saw their loved ones at their bed side. There was a day room available where patients could spend time with their loved ones away from their bedside in relative privacy.

Rest, sleep and activity

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

Staff supported patients to rest and sleep. The provision of appropriate stimulation and activity on the ward, particularly for those patients with confusion/dementia could be improved.

Two patients told us they had been disturbed by one distressed patient calling out at night. Due to the large bays, with only one private cubicle, noise travelled easily and meant patients could be easily disturbed if someone was distressed or calling out. Staff considered this when allocating beds and tried to ensure patients were disturbed as little as possible.

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. Staff told us the ward sometimes ran out of clean linen and slide sheets but they were able to access additional linen when needed.

We observed and patients and relatives told us there was a lack of stimulation and activity on the ward. Apart from the television in the day room we saw there was one television provided for use by the patient in the cubicle and aside from this, radios were available in the two bay areas.

There was a day room and we saw staff assisting several patients to access it. In the day room there was a television and patients could watch television programmes or films. There were no communal books or newspapers available and watching television in this room was the only source of activity at the time of the inspection. Staff told us they planned to develop the day room into a more homely, dementia friendly environment, providing items of reminiscence and replicating some good practice noted elsewhere.

Recommendation

The ward should complete their work in the day room to create a dementia friendly, accessible, stimulating environment where patients can be involved in a variety of activities.

Many patients had been on the ward for long periods of time and had to rely on their own sources of stimulation and activity. For confused and/or vulnerable patients, they may not always have the capacity or resources to keep themselves active and stimulated. For example, during the first day of the inspection, staff supported one patient to access the day room and the patient was still in the same chair, watching the television, seven hours later.

Recommendation

The ward should provide appropriate activities and stimulation for patients, in light of the changing nature of the ward to accommodate older people staying for longer periods of time in preparation for discharge home.

Ensuring comfort, alleviating pain

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

Although we saw staff assisting patients' to be as comfortable and pain free as possible, the completion of patients' pain assessment documentation was inconsistent.

We saw staff helping patients to be comfortable when getting into bed or when assisting them to sit in chairs. Staff used a recognised pain assessment tool to assess patient's pain levels where needed. Patients we spoke with told us they received pain relief when needed.

We looked at patient documentation and found some patients' (National Early Warning System scoring¹) to be incomplete. The tool did not always give information about how often staff should assess patients' individual pain levels and complete the tool. When it was stated that the patient's pain should be assessed daily, we saw entries were missing. This meant we could not be assured staff were assessing patients' pain according to agreed levels of need and providing timely pain relief. It was also unclear from the documentation when staff were expected to escalate a patient's increased levels of pain, whether this happened in practice and what happened as a result.

Recommendation

Appropriate pain assessment tools should be used to accurately document and assess patients' pain to ensure appropriate management and escalation.

¹ **The National Early Warning System (NEWS)** system assists healthcare staff to consistently detect deterioration in patients' condition, so that they can call for urgent medical help.

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 saw that patients were well cared for, however some patients felt they did not always have enough of staff's time to complete their morning routines fully and in an unrushed manner.

There were an appropriate number of bathroom facilities available for patient use. We found some bathrooms were particularly cold.

Recommendation

Bathrooms should be kept at a comfortable temperature for patient use.

Patients appeared well cared for and we found that staff were discreet and sensitive when assisting patients with their personal care routines.

Some patients told us they felt their morning routines were sometimes rushed and one patient told us she had asked to wash her hair the day before but staff hadn't had time to assist with this.

Recommendation

The ward should ensure staffing levels are in place to allow patients to be assisted with personal care routines at their own pace.

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.

Patients made both positive and negative comments about food. We saw staff prepared patients for meals and ensured they received the options they chose. Patients' food and fluid charts were not consistently updated and staff presence and organisation of meal distribution could be improved.

Patients we spoke with made mixed comments about the food and some patients made negative comments about the temperature and quality of food. We observed a meal time on the first day of our inspection and found the food to be appetising, with catering staff offering a range of choices and portion sizes to meet people's individual preferences. We saw that catering staff recorded food temperatures and staff carried out audits of food quality and temperature.

There were options available for those patients requiring soft and diabetic diets and housekeeping staff showed us how these were ordered.

We saw staff offered patients hand wipes prior to meals and prepared patients for meal times. We also saw staff refreshed and refilled water jugs throughout the inspection.

Meals were delivered to the ward on a hot trolley and staff offered patients a choice of food from the meals delivered. We saw that the hot trolley was kept closer to one bay at one end of the corridor and ward. When delivering food to patients in the other bay, at the end of the corridor, staff carried meals along the corridor and into the separate bay. This posed potential health and safety risks with carrying hot plates and items and we suggested this could possibly lower the temperature of the food for these patients.

Recommendation

Staff should review how meals are distributed and consider rolling the hot trolley along to the other end of the corridor when serving meals to patients at this end of the ward to ensure safe distribution.

We saw red (pink) trays being used by patients and staff told us they used the Red Tray system² to physically identify those patients who needed assistance at mealtimes and/or who was on a food and fluid chart. We saw that the ward was small enough for staff to recognise which patients needed assistance although the physical environment provided challenges for overseeing all patients when eating and drinking. We saw that there was a greater staff presence to assist patients to eat in one of the bays than the other. Staff told us patients in the bay with fewer staff were more independent in eating and drinking and did not require assistance. However, whilst we were observing this bay, one patient did require assistance and there were no staff present at the time to assist.

Recommendation

Staff should ensure they are available in both bays during mealtimes to assist patients to eat and drink where required.

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 has a poor dietary intake.

We were told the ward had protected mealtimes ³in place and we saw that staff adhered to this. This meant patients were not disturbed whilst eating their meals.

On the day of the inspection we saw staff recording patients' food and fluid intake using All Wales food record charts after patients had eaten. On closer inspection of a larger sample of records we saw that food and fluid charts were not always consistently updated and one staff member told us this was an area they themselves felt could be improved on the ward.

Recommendation

Food and fluid charts should be kept up to date to assist with appropriate management of patients' nutritional needs.

We could not be assured from the documentation we saw that staff routinely and consistently assessed patients' nutritional needs.

Recommendation

The health board should ensure patients' nutritional needs are routinely assessed to inform appropriate management.

We saw that staff offered hot drinks throughout the day and if patients missed meals due to procedures, patients told us staff kept them a meal or offered them an alternative. Staff told us they could prepare snacks in the small ward kitchen.

Oral health and hygiene

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

Although we saw staff providing assistance to patients with oral health needs, we could not be assured from the documentation in place that patients' oral health needs were consistently assessed to inform appropriate management.

³ **Protected Mealtimes.** This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help.

We could not be assured from the documentation we saw that staff routinely and consistently assessed patients' oral hygiene needs. Staff told us they did not use the oral health bundle although the ward sister had received training.

Recommendation

The health board should ensure patients' oral health needs are routinely assessed to inform appropriate management.

We saw that there was a supply of oral care supplies available for patient use. Although the oral health bundle was not in use and the documentation around patients' oral health needs was unclear, we observed staff providing appropriate assistance with oral care. For example, we saw staff regularly providing assistance to one patient who was nil by mouth, to keep the mouth moist.

Toilet needs

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

In general staff attended to patients' toilet needs in a discreet and sensitive manner.

We looked at patient records and found that patients' continence needs were assessed using the All Wales Continence bundle⁴. We saw the ward stocked a range of continence supplies.

We could not be assured from the documentation we saw that staff routinely and consistently assessed patients' continence needs.

Recommendation

The health board should ensure patients' continence needs are routinely assessed to inform appropriate management.

We checked toilet facilities at various times throughout our inspection and found them to be clean and appropriately equipped with hand washing facilities. We

⁴ **Continence bundle** is a tool which enables all nurses in Wales to assess the continence needs of their patients, audit the care provided and offer patients the opportunity to give feedback.

found commodes were cleaned and a system was in place to indicate which commodes had been cleaned.

One patient told us their toilet needs were not always met in a timely way. During our inspection we saw that staff responded to patients' buzzers in a discreet and timely way and we saw staff assisting patients to the toilet using suitable equipment. Staff explained how they prioritised morning routines to ensure those patients with the highest continence needs were attended to first.

Preventing pressure sores

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

Staff assessed patients' risk of developing pressure sores and were knowledgeable about caring for patients with pressure sores. However, the documentation in place did not demonstrate that clear care pathways were followed or that monitoring charts were consistently updated.

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.

Records we saw indicated that the risk of patients developing pressure sores was assessed. Staff told us the incidence of ward acquired pressure sores was low and that those patients at high risk of developing pressure sores had a pathway in place to ensure they received appropriate care and treatment. For example, some patients were repositioned two hourly instead of four hourly.

However, on closer inspection of patient records, we could not be assured from the documentation in place that a consistent pathway was followed to ensure appropriate management of pressure sores. We looked at a sample of records and saw that the nursing evaluation and planned actions from risk assessments was not consistently documented. For example, one patient had a waterlow assessment⁵ which placed them from the 'high risk' category into the 'very high risk' category. From the documentation it appeared that despite this increased risk, their next waterlow assessment only took place two weeks later. Documentation also reflected that patients were not always repositioned four hourly, in line with assessments.

⁵ **Waterlow assessment.** A pressure ulcer risk assessment and prevention tool.

Recommendation

The health board should ensure staff follow a consistent pathway in managing the risk of patients' developing pressure sores. The health board should ensure documentation (care plans and monitoring charts) provide accurate, up to date, easy to follow assessment and guidelines for the appropriate care management of the patient.

Quality of Staffing, Management and Leadership

There was visible and supportive management and leadership in place and staff told us they were well supported in their roles. We could not be assured that sufficient staffing levels were consistently in place on the ward and we asked the health board through an immediate assurance letter to ensure staffing levels meet patients' needs. Following the inspection we received sufficient assurance that the health board was addressing this concern. Not all staff were up to date with mandatory training topics.

Staffing levels and skill mix and professional accountability

At the time of our inspection the management structure on the ward was made up of one ward sister and a deputy. We were well supported by ward and management staff across the two days.

Staff told us usual staffing levels consisted of two qualified nurses and three healthcare support workers (HCSW) in the morning with this dropping to two qualified nurses and two HCSW in the afternoon. At night staffing levels consisted of one qualified nurse and two HCSW. During night shifts two nurses worked on the ward below and one of these nurses floated and could provide additional support to staff on Usk Ward when called. The senior nurse told us staffing had recently been increased to these levels.

On the first day of our inspection we found one qualified nurse on shift in the morning instead of the usual two. A bank nurse had been booked for the afternoon and once we started the inspection the senior nurse attended to give support. Staff told us they had not been able to find nursing cover for the morning shift (although an additional HCSW was in place) and the lower staffing levels had not been escalated. Staff told us they had struggled with the morning medication round and we could not be assured patients' needs could be adequately met with these staffing levels in place.

We had discussions about the changing nature of the ward from an orthopaedic rehabilitation ward to a more generic care of the elderly and complex orthopaedic ward. Staff told us that due to the Gwent Frailty programme, the patients they used to receive from the Royal Gwent were now assessed and able to go home quicker. This meant that patients now admitted onto Usk Ward tended to have more complex physical needs and we saw many patients were elderly, some with a diagnosis of dementia. Our observations and discussions with patients and relatives confirmed staff did not always have time to provide stimulation and encouragement with patient rehabilitation and independence,

as detailed in the 'Fundamentals of Care' section of this report. Patients also told us they felt rushed with their personal care routines in the morning. We have therefore sought immediate assurance that staffing levels would be reviewed to ensure they meet patients' needs.

We saw that patients had access to multidisciplinary teams including a medical, physiotherapy, occupational therapy and social work team. There were two medical teams which rotated on a fortnightly basis. This meant patients had the same consultant and medical team for two weeks which provided patients with a degree of continuity in medical care.

We saw that the ward used some bank and agency staff during the two days of the inspection (for example on the first day there was one bank nurse on in the afternoon and one additional bank HCSW) and as discussed above, on the first day of the inspection, staff were unable to secure a qualified bank/agency nurse to meet staffing levels.

We found the senior nurse and nurses in charge across the two days were visible on the ward and they provided support and direction to the staff team. The senior nurse told us she was working to strengthen the management on the ward and the ward sister and deputy were undertaking training so that they could manage additional aspects of the ward such as staff sickness. We found that the staff team as a whole worked well together, had a patient centred perspective and supported each other to meet the care needs of patients.

At the time of the inspection the vacancy rate on Usk Ward was 1.81 qualified nurses and 0.8 HCSW. Staff told us one permanent staff member from Usk ward had been transferred to provide cover on a different ward where agency use was much higher. The senior nurse told us they had appointed to these positions and staff were due to start within the next month. This meant plans were in place to increase the permanent staff team on the ward.

Effective systems for the organisation of clinical care

We saw that each day the nurse in charge of the shift was visible and provided leadership. We saw that each bay had their own allocated nurse, (where these staffing levels were in place), and the HCSWs worked under the direction of the nurses. The senior nurse attended the ward regularly. This meant there was a clear structure in place to support staff in their roles.

Staff told us medical rounds took place at specified times during the week and the nurse in charge, nurse practitioner, ward doctor and consultant attended these rounds. Multidisciplinary meetings also happened regularly to ensure patients' holistic needs were assessed and taken into account when planning

discharge. We saw that appropriate referrals were made where required, for example, to the social work, physiotherapy and occupational therapy teams.

There were 'patient safety at a glance' boards being set up in the office, so that staff could easily see the most important aspects of patient's care and treatment. We saw that written handovers were in place to ensure continuity in patient care.

Staff told us shift patterns had been changed to longer 12 hour shifts and this was due to be reviewed. With the 12 hour shift patterns in place during our inspection we could see this provided some continuity of care for patients.

Staff told us the ward sister and deputy sister sometimes struggled to access supernumerary time and at times had to be included in the staffing numbers. Access to appropriate supernumerary time will be vital in ensuring these staff can fulfil their increasing management responsibilities.

Recommendation

The ward sister and deputy ward sister should have access to their allocated supernumerary time in order to fulfil increasing management responsibilities.

Training and development

The health board provided us with current training statistics for Usk ward and there were a number of areas where the ward was having difficulties maintaining staff compliance with mandatory training. From the 18 mandatory topics, ten of these topics had a staff compliance rate of fewer than 50% which included topics such as manual handling, health and safety, anaphylaxis and protection of vulnerable adults level 2 (POVA). Management staff told us a designated member of the ward staff had recently been given responsibility to monitor training and improve compliance.

Although the staff we spoke with on the day were clear about their roles in identifying and reporting abuse, staff training compliance with protection of vulnerable adults training (level two) was particularly low at 9%. This meant we could not be assured that all staff were up to date with this important area and their roles and responsibilities in reporting abuse.

We saw that several patients on the ward were confused and staff told us there was not a mandatory requirement for them to undertake training on dementia/confusion. We were not able to assess the current level of compliance with Mental Capacity Act (2005) training from the training figures provided but we were told bespoke training was being sourced for staff. This

meant we could not be assured that all staff were currently up to date with supporting patients with these particular needs.

Recommendation

The health board should ensure staff are supported to keep up to date with mandatory training to ensure they maintain their skills and can work safely and effectively with patients. The health board should ensure staff receive the training they require to support vulnerable patients in light of the changing nature of the ward (e.g. POVA, Mental Capacity Act and dementia/confusion).

According to statistics provided by the senior nurse, approximately two thirds of staff had an up to date personal development review (PDR) in place by December 2014. Staff told us they felt well supported in their roles.

Handling of complaints and concerns

We held discussions with staff and found that patients and their relatives were encouraged to discuss care and treatment with ward staff through daily face to face contact. We saw records for complaints and saw that there had been no complaints made on Usk Ward within the last year. Some patients and relatives told us they were not always sure who to ask for information and how to raise a concern. For example, one relative had a complaint about parking on the hospital site and wasn't sure how to raise this and who with. However, we saw complaints information was displayed on the wall leading upto the ward and we were assured that when patients and relatives asked staff, they were given appropriate advice and staff managed concerns and complaints appropriately.

Monitoring the effectiveness of services

The health board should consider the arrangements it has in place to monitor and ensure the effectiveness of its services, particularly given the number of areas for improvement identified at this inspection. The health board's consideration should include but not be limited to the following issues in relation to systems for audit and clinical effectiveness:

- Whether front-line professionals, both clinical and managerial who deal directly with patients, are sufficiently empowered to speak up and take action if they identify issues similar to those found in this inspection, and in line with the requirements of their own professional conduct and competence.
- Whether there is a culture of openness and learning within the Health Board that supports staff to identify and solve problems

- Whether the Board has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

Recommendation

The health board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The Health Board should set out what, if any, action it will take to ensure that its Board is supportive in identifying and resolving service issues in a proactive and timely manner.

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 systems were in place to monitor, audit and manage patient safety and the quality of the environment, care and treatment. We raised several concerns in the area of medicines management and these were addressed by the end of the inspection. We identified two other areas which we escalated to the health board for immediate assurance following the inspection. These areas were ensuring patients' mental capacity was assessed in line with the Mental Capacity Act 2005 for their ongoing care and treatment on the ward and ensuring documentation was up to date, accurate, and provided clear guidelines for staff to follow. Following the inspection we received sufficient assurance that the health board was addressing the concern about documentation. We did not receive sufficient assurance that the health board was addressing the concern about mental capacity assessments and we went back to the health board to request further details. Documentation for the management of diabetes could be improved to ensure consistent pathways are followed and to demonstrate that staff are managing the condition appropriately.

Risk management

Incidents

We found that ward based clinical incidents were reported using an electronic system. Incidents were followed up by management and discussed at regular patient safety groups. The ward sister and deputy were also involved in discussions, reflection and they disseminated learning informally amongst the staff team. During the inspection we brought a concern to the attention of staff in the ward and they correctly initiated their incidents process. We were assured that incidents were managed appropriately on the ward and that learning took place amongst the staff team as a result.

Policies, procedures and clinical guidelines

We held discussions with the ward sister and staff. As a result of this it became evident that they were able to obtain a range of guidelines and policies which supported aspects of their patient activity (via the ward computer).

The senior nurse told us about clinical guidelines she had implemented since joining the team, for example, around pain management.

Effective systems for audit and clinical effectiveness

We held a discussion with the deputy ward sister and senior nurse in relation to clinical audits and found that there were suitable systems and processes in place to check aspects of the quality of patient care. Specifically, we saw that checks were being undertaken regularly of hand hygiene, healthcare acquired infections and pressure ulcers, nutrition, cleaning and falls. The results of audits and any changes to practice on the ward were shared informally with staff on an ongoing basis.

Staff were able to give examples where practices on the ward had changed as a result of quality assurance and audit activities. For example, the implementation of NEWS charts.

We saw that initiatives from the 1000 Lives campaign⁶ were being used, such as safety crosses displayed on the ward wall to make highly visible the incidence of avoidable adverse events. This meant the ward had considered and implemented a system in order to make the team and public aware of avoidable events. We saw that safety crosses were not always updated on a daily basis and we advised staff to do this in order to use the crosses in a meaningful way.

Patient safety

The ward used 'safety briefings' to ensure the whole staff team kept up to date with any patient safety risks or incidents. These were communicated to staff during handover which meant there was continuity in passing on relevant concerns across the staff team. This was an area of noteworthy practice.

At the time of our inspection some patients were presenting with confusion and/or had a diagnosis of dementia. Whilst this had been identified, and appropriate capacity assessments were carried out around discharge planning, the care records we saw did not always contain evidence that mental capacity issues had been considered around patients' care and treatment whilst on the ward. For example, one patient, where there were queries about their capacity, had refused any further physiotherapy and occupational therapy (OT) input and this had ceased. However, we queried whether the patient had the capacity to understand what it meant to stop having physiotherapy and OT input as this

⁶ **The 1000 Lives Campaign** aims to improve patient safety and increase healthcare quality across Wales.

could impact on the patient's future independence and rehabilitation. A capacity assessment had not been carried out to assess this. One patient had a 'do not attempt resuscitation' order (DNAR) in place which stated the patient did not have capacity and the family had provided consent. However, we could not find any evidence that the patient's capacity in relation to the decision about not being resuscitated had been assessed. This meant we could not be assured staff were always following the principles of the Mental Capacity Act (2005) when providing care and treatment to patients on the ward. We discussed this with senior staff so they could make suitable arrangements to address these issues. We also sought immediate assurance from the health board to ensure all patients' on the ward would be subject to appropriate capacity assessments, in line with legal requirements, to inform their ongoing care and treatment on the ward. Following the inspection we required further information from the health board in order to be assured this was being addressed.

Medicines management

Administration and recording of medicines

Medicines were administered on an individual basis from the treatment room. We observed staff administering medicines and found them to be skilled and competent, correctly positioning patients and making accurate recordings in patients' Medication Administration Records (MARs).

We checked the controlled drugs book and found this was being completed in line with legal requirements and health board policy, except for one entry which we found had not been timed. We saw that controlled drug checks were taking place weekly instead of daily, as recommended in relevant guidelines.

Recommendation

A twice daily stock level check by two registered nurses should be completed daily and documented in the controlled drug book.

We saw that there were checklists in place for auditing the defibrillation trolley and resuscitation trolley to ensure all equipment was in place. We saw that there were dates missing from nightly checks which suggested staff did not check every day as specified. We also saw that the list of contents were not ticked off. We made suggestions about how the checklist could be improved to give greater accountability for checks.

Storage of drugs

During the two day inspection we found that not all medication was stored securely to prevent access by unauthorised persons.

We found there was no lock on the treatment room door and brought this to the attention of staff. By the end of our inspection a lock had been put in place and we saw that staff were ensuring the lock was in use and the treatment room was secure.

We also found the fridge within the treatment room to be unlocked and one lid on one sharps bin was not secure, posing a health and safety risk to staff. We brought this to the immediate attention of the nurse in charge who resolved these issues immediately.

We found that oxygen was being stored in the corridor and we advised staff to ensure they complied with guidelines around the safe storage of oxygen. By the end of our inspection oxygen was being stored within a clinical area.

Recommendation

Oxygen should be safely stored in a ventilated area, secured to the wall with a hazard warning sign in place.

Documentation

Patient Assessment and Ward Management

We looked in detail at four patients' care plans and notes relating to their care. The organisation of paperwork made it extremely difficult to follow the care management of the patient and to understand at what stage care bundles had been initiated, the reason for this and the plan for ongoing care management of the patient.

Documentation overall was found to be disorganised, disjointed and we could not be assured that where records noted specific instructions for patients' treatment to be escalated, this could be identified by staff.

Specifically we found:

- **Instances of unsecure storage.** Several times during the inspection we found medical notes left out in the doctor's office with the room open and unlocked and the doctor off the ward.
- **Notes were disorganised and disjointed.** For example, one person's medical files contained a mixture of up to date and older paperwork. The patient's current 'DNAR' form was in their older folder marked 2011. We were not easily able to follow the care management of patients from the documentation in place or clearly identify the current needs of the patient.

- **Some care plans had been started and not finished.** Some care plans in files were blank so we were not able to tell whether these were in use.
- **There were a lack of dates, times and signatures across notes.** In particular, but not limited to, some of the physiotherapy notes and some care evaluation notes which did not have dates and meant we could not easily track when care/treatment had been provided.
- **Breach of patient confidentiality in one case** as notes had been photocopied onto a different patient's radiology referral forms. (This was brought to the attention of the nurse in charge who rectified this immediately).
- **We were told no standard OT assessment form was used to assess patient's needs** and OT notes were accessible only through a portal. This meant patient's holistic needs could not easily be seen at a glance.
- **Risk assessments – we could not see whether appropriate pathways were always followed.** For example, one patient had a waterlow assessment which placed them from the 'high risk' category to the 'very high risk' category. From the documentation it appeared that despite this increased risk, their next waterlow assessment only took place two weeks later. Documentation also reflected that patients were not always repositioned four hourly, in line with assessments.
- **NEWS pain scoring tools were incomplete.** The tools did not provide information about how often staff should complete them and where it was marked as daily, there were entries missing. It was also not clear from the documentation when staff should escalate concerns as a result.

We asked the health board through an immediate assurance letter to address these concerns and to ensure staff had access to sufficiently detailed, easy to follow, up to date assessments of patients' needs to support them in providing appropriate care and treatment.

We saw that where patients were assessed as requiring input from a specialist, appropriate referrals were made. We also saw multidisciplinary entries in patients' notes which indicated the involvement of a range of professionals to ensure patients' holistic health needs were being addressed.

Diabetes Care

The ward had access to a diabetic specialist nurse who attended the ward weekly. Staff told us they had received standard training on diabetes management but we were unable to confirm this with the training statistics provided.

We asked to see the records of two diabetic patients and we could not be assured that their diabetic needs were being managed appropriately because

paperwork was disjointed and we could not easily follow patients' pathways or care management. These concerns have been addressed in the section on documentation above.

In both cases patients did not have diabetes care plans in place to provide clear guidelines to staff about how their diabetes needs should be managed. We found that staff were monitoring both patients' blood glucose levels and had identified when readings were high or erratic. However, due to the disorganisation of records we were unable to see what had happened as a result.

Recommendation

Diabetic patients should have diabetes care plans and risk assessments in place to ensure staff follow clear guidelines in managing the condition.

We were unable to identify from the notes we saw whether either patient had been referred onto a diabetic specialist so we explored the referral system with staff. Staff told us they made ad hoc referrals and if a patient's readings went 'into the red' they relied on the ward doctor for advice and guidance.

Recommendation

There should be a clear care pathway in place that all staff are aware of regarding how to manage diabetes, when and how to make referrals to specialists.

In one set of notes we saw staff were monitoring the patient's food and fluid intake. However, there were gaps in the recording and qualified staff were not signing off the totals. This meant we could not be assured that staff would be able to quickly identify when a patient was at increased risk in terms of their food and fluid intake and escalate this risk to ensure appropriate management of their diabetes.

Recommendation

Food and fluid charts for diabetic patients should be consistently filled in and signed off by appropriately qualified staff who are able to evaluate and make a decision about when to escalate a patient's increased risk.

A hypo-box⁷ containing equipment and medication to treat a diabetic emergency was available on the ward. However, glucojuice⁸ was missing from the box. We escalated this to staff on the ward and staff had re-stocked this by the end of our inspection.

⁷ A **hypo box** provides staff with all the relevant equipment to treat a diabetic emergency as well as guidelines for the effective management of that emergency.

⁸ **GlucoJuice** is a shot-sized sugar boost that can help to treat mild or moderate hypoglycaemia.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Usk Ward at County Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: County Hospital

Ward/ Department: Usk Ward

Date of Inspection: 18 and 19 February 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	Addressed under the Fundamentals of Care below.			
	Delivery of the Fundamentals of Care			
Page 9	The ward should ensure patients and relatives are kept up to date on care and treatment information throughout their stay. The ward should consider how to make patients and relatives aware of whom they can ask for information.			
Page 10	The health board should ensure staff have			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	the tools needed to enable them to communicate with patients with hearing loss and additional communication needs in an appropriate, discreet way.			
Page 10	The health board should consider how staff can ensure patients' dignity is upheld when using toilet facilities, specifically by ensuring locks are in working order and the use of 'in use' signs.			
Page 11	Staff should encourage patients to be as independent as their condition allows, particularly in light of the length of time patients stay on the ward in preparation for discharge home.			
Page 11	There should be a clear definition of purpose for Usk Ward to ensure sufficient provision of OT and physiotherapy services to support patients to be as independent as their condition allows.			
Page 12	The health board should consider how to make the ward environment as accessible as possible to patients with confusion/dementia and complex or sensory needs, particularly in light of the type of patients now admitted onto the ward.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 13	The ward should complete their work in the day room to create a dementia friendly, accessible, stimulating environment where patients can be involved in a variety of activities.			
Page 14	The ward should provide appropriate activities and stimulation for patients, in light of the changing nature of the ward to accommodate older people staying for longer periods of time in preparation for discharge home.			
Page 14	Appropriate pain assessment tools should be used to accurately document and assess patients' pain to ensure appropriate management and escalation.			
Page 15	Bathrooms should be kept at a comfortable temperature for patient use.			
Page 15	The ward should ensure staffing levels are in place to allow patients to be assisted with personal care routines at their own pace.			
Page 16	Staff should review how meals are distributed and consider rolling the hot trolley along to			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	the other end of the corridor when serving meals to patients at this end of the ward to ensure safe distribution.			
Page 16	Staff should ensure they are available in both bays during mealtimes to assist patients to eat and drink where required.			
Page 17	Food and fluid charts should be kept up to date to assist with appropriate management of patients' nutritional needs.			
Page 17	The health board should ensure patients' nutritional needs are routinely assessed to inform appropriate management.			
Page 18	The health board should ensure patients' oral health needs are routinely assessed to inform appropriate management.			
Page 18	The health board should ensure patients' continence needs are routinely assessed to inform appropriate management.			
Page 20	The health board should ensure staff follow a consistent pathway in managing the risk of			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	patients' developing pressure sores. The health board should ensure documentation (care plans and monitoring charts) provide accurate, up to date, easy to follow assessment and guidelines for the appropriate care management of the patient.			
Quality of Staffing Management and Leadership				
Page 23	The ward sister and deputy ward sister should have access to their allocated supernumerary time in order to fulfil increasing management responsibilities.			
Page 24	The health board should ensure staff are supported to keep up to date with mandatory training to ensure they maintain their skills and can work safely and effectively with patients. The health board should ensure staff receive the training they require to support vulnerable patients in light of the changing nature of the ward (e.g. POVA, Mental Capacity Act and dementia/confusion).			
Page 25	The health board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Health Board should set out what, if any, action it will take to ensure that its Board is supportive in identifying and resolving service issues in a proactive and timely manner.			
Delivery of a Safe and Effective Service				
Page 28	A twice daily stock level check by two registered nurses should be completed daily and documented in the controlled drug book.			
Page 29	Oxygen should be safely stored in a ventilated area, secured to the wall with a hazard warning sign in place.			
Page 31	Diabetic patients should have diabetes care plans and risk assessments in place to ensure staff follow clear guidelines in managing the condition.			
Page 31	There should be a clear care pathway in place that all staff are aware of regarding how to manage diabetes, when and how to make referrals to specialists.			
Page 31	Food and fluid charts for diabetic patients should be consistently filled in and signed off by appropriately qualified staff who are able			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	to evaluate and make a decision about when to escalate a patient's increased risk.			

Health Board Representative:

Name (print):

Title:

Signature:

Date: