

Betsi Cadwaladr University Health Board

Unannounced Dignity and Essential Care Inspection

Date of inspection 25 and 26 June 2013

Contents

| | Page Number |
|---|--------------------|
| 1. Introduction | 1 |
| 2. Executive Summary | 2 |
| 3. Findings | 4 |
| Accident and Emergency Department (A&E) | 4 |
| Medical assessment Unit (MAU) | 9 |
| 4. Recommendations | 14 |
| 5. Next steps | 15 |
| Appendix A Roles and Responsibilities of Healthcare Inspectorate Wales. | 16 |
| Appendix B Background and Methodology for the Dignity and Essential Care Inspections | 18 |
| Appendix C Dignity and Essential Care themes, Human Rights and Standards for Health care Services in Wales | 20 |
| Appendix D Action Plan Template | 28 |

1. Introduction

1.1 On 25 and 26 June 2013, Healthcare Inspectorate Wales (HIW) undertook a Dignity and Essential Care inspection at the Wrexham Maelor Hospital in Wrexham, part of Betsi Cadwaladr University Health Board.

Dignity and Essential Care

1.2 Article three of the European Convention on Human Rights says that no one shall be treated in an inhuman or degrading way¹. The Human Rights Act 1998 places public authorities in the UK – including all NHS services – under an obligation to treat people with fairness, equality, dignity and respect.

1.3 Dignity is also one of the five United Nations Principles for Older People and is a key principle underpinning both the Welsh Government's Strategy for Older People and the National Service Framework for Older People in Wales. In 2007, the Welsh Government launched its *'Dignity in Care Programme for Wales'* an initiative aimed at ensuring there is zero tolerance of abuse of and disrespect for older people in the health and social care system.

1.4 Against this backdrop of international and UK human rights legislation and Welsh Government policy, in December 2011 Healthcare Inspectorate Wales (HIW) commenced a programme of unannounced *'Dignity and Essential Care Inspections'* to review the care of people in hospitals across Wales paying particular attention to older people. This programme follows on from HIW's Dignity and Respect Spot Checks which took place during 2009 and 2010.

¹ Inhuman treatment means treatment causing severe mental or physical harm, and 'degrading treatment' means treatment that is grossly humiliating and undignified.

Methodology of the Inspection

1.5 The 'Dignity and Essential Care Inspections' review the way a patient's dignity is maintained on a hospital ward/unit and the fundamental, basic nursing care that the patient receives. Information is gathered through speaking to patients, relatives and staff, reviewing patient medical records and carrying out observations.

1.6 The inspections capture a snapshot of the care patients receive on hospital wards/units, which may point to wider issues about the quality and safety of essential care and dignity. More information on how the inspections are carried out is available at Appendix B of this report.

Wrexham Maelor Hospital

1.7 Wrexham Maelor is a major acute hospital with 981 beds serving a catchment area of over half a million residents.

2. Executive Summary

2.1 Our Dignity and Essential Care Inspection visit to the Wrexham Maelor Hospital observed several areas of noteworthy practice. The standard of record keeping within both the A&E department and Medical Assessment Unit (MAU) were of an exceptionally high standard, with staff completing all the assessments and charts in 'real time'. We observed staff in both departments treating both patients and relatives with dignity and respect, and providing a high standard of care. Staff in both departments communicated well with patients and relatives and involved them in all aspects of care. Both departments were excellent at handover and discharge planning.

2.2 We have highlighted a number of areas for improvement that need to be implemented by the Health Board. However, one of the main issues highlighted during our inspection of both the A&E department and MAU was the inappropriate design and layout of the departments we identified specific concerns around:

- The lack of storage facilities which resulted in the patient areas being cluttered and in the MAU department Fire Exits were blocked.
- The availability of hand sanitisers and wash basins
- The lack of toilet facilities
- The size of the toilets and bathrooms

2.3 Other key issues identified from the inspection included:

- The lack of access to specialist mattresses for patients assessed at being at risk of developing pressure sores.
- The lack of resources for the A&E departments paediatric area, which resulted in the area being unable to function on a 24/7 basis.
- Access to and maintenance of the buzzer systems was poor.

3. Findings

3.1 We have structured our findings from the inspection around the key areas of Dignity and Essential Care for each unit visited. The recommendations arising from these findings are set out on page 15 of this report.

Accident and Emergency Unit (A&E)

Unit Environment

3.2 Overall the unit was generally clean and we observed a system in place which ensures each bay is cleaned following its use. However, there was some damage to the paintwork and woodwork due to the effects of excessive trolley use in the corridors. The patients we spoke to gave positive feedback.

3.3 There are overall design difficulties in the layout of the unit, with access to the majors section being through the minors section of the unit.

3.4 We found a lack of hand sanitisers available, with many of the holders missing and several of the soap holders were also empty. We noticed that there was a lack of wash basins available in the 'majors' area of the unit.

3.5 We observed that one of the resuscitation bays was being used as a storage area and was cluttered, this is due to an overall lack of storage space within the unit.

3.6 We observed at least three trolleys in the corridor with mattresses that required replacing. The senior nurse informed us that 20 new mattresses were on order.

3.7 Access to the sluice was a problem due to its poor location. There was a lack of toilet facilities in the clinical areas.

3.8 The chairs in the waiting areas were found to be very uncomfortable and unsuitable for use by elderly patients.

3.9 There was one vending machine within the unit, however, there was no provision within the vending machine for patients with diabetes. Patients or staff did not have access to water as there was no water cooler in the unit.

3.10 We identified a confidentiality issue in reception as a result of reception staff being unable to hear patients when they book in unless patients spoke very loudly which resulted in their personal information being audible by other patients in the waiting area. Also the reception staff had not received training to use the hearing loop system.

3.11 We observed triage staff coming out of their room into the waiting area and shouting for the next patient, as there was no other system available to them.

3.12 There was a separate area for children, however, this was not in use 24 hours a day due to lack of paediatric nurses; there are only two paediatric nurses in the unit.

3.13 We observed that many of the toys in the area were 'soft' toys and were unable to be cleaned; this had the potential to be an infection control issue.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.14 We observed staff caring for patients/families in a quiet respectful manner and always attempted to afford them dignity and respect. Staff were aware of the need for discretion when communicating sensitive information.

3.15 The staff were extremely welcoming, and we witnessed all staff assisting each other whenever possible, there was a strong team ethos within the unit.

3.16 The patients we spoke to were very complimentary about the care and the attitude of all the staff to them and their families.

3.17 The staffing levels for the unit were usually adequate. However, there was an issue with sickness and maternity leave on the day of our review. At no time did any of the staff feel they were unable to provide the care required by the patient.

3.18 We observed that not all staff were wearing their identification badges.

Management of Patients with Confusion/ Dementia

3.19 There was no recognised initiative in use within the unit at the time of our visit, however, staff were aware of the issues in relation to patients suffering from dementia.

3.20 We were informed that the unit had arrangements in place for the care of confused patients. However, depending on the patient this could mean a relative/carer sitting with them or in some cases a Health Care Assistant. Patients with confusion were transferred to the most appropriate area as soon as possible.

3.21 There were no issues highlighted in relation to the care of patients with confusion or dementia, however the staff we spoke to informed us that they were scheduled to undertake their dementia training the following month.

3.22 There were no signs in place on the toilet doors which would assist confused patients.

3.23 We were informed that the unit had arrangements in place for the assessment and management of psychiatric patients, patients were placed in a designated room within the unit and a member of staff allocated to the patient during their stay in unit. The unit had clear pathway for the management of psychiatric patients in place.

Care Planning

3.24 Patient assessments were undertaken and reviewed, this forms part of the units use of a concise, in-depth patient record, which was comprehensive and easy to follow.

3.25 The unit had introduced intentional rounding², which supports the staff in checking and monitoring the patient assessment and charts, we observed staff completing the charts in 'real time'.

3.26 The unit has introduced stroke pathway, fracture pathway, psychiatric pathway which allow staff to have access to specialist teams including psychiatric liaison team.

3.27 During a transfer of a patient from the 'majors' area to the Clinical Decisions Unit the staff provided clear information about the patient to the CDU staff along with a set of comprehensive documentation and assessments.

² Intentional rounding involves health professionals carrying out regular checks with individual patients at set intervals

Fluid and Nutrition

3.28 There were no patients in the unit during the review that required a hot meal, however, there were formal arrangements in place for patients requiring a hot meal to have one. Hot drinks and sandwiches are available throughout the day for all patients.

3.29 We observed patients being positioned properly to eat sandwiches and staff assisted those patients that need assistance. However, prior to meal time we did not observe staff cleaning the tables.

3.30 We observed staff encouraging patients to drink fluids. Fresh water was routinely made available with jugs and cups placed within easy reach of patients. However we did see a urine bottle next to a clean cup on a bedside table.

3.31 Fluid charts were completed as and when necessary and nutritional assessments were undertaken.

Pressure Sores

3.32 Risk assessments were carried out and SKIN bundles were in place, staff reported a recent focus on improvement in pressure sore prevention.

3.33 Patients who were assessed with a high risk of developing pressure sores were cared for appropriately and had access to the appropriate mattresses, these were usually sourced from the ward area. However, the unit had some issues with mattresses, 20 new mattresses were on order but had not yet arrived.

Personal Care and Hygiene

3.34 Patients on the unit appeared well cared for and their personal care needs were being met, staff informed us that personal care packs which contain a toothbrush and soap were obtained for patients needing them.

3.35 We did not observe patient being offered the opportunity to wash as none of the patients had been in the unit for more than four hours.

Toilet Needs

3.36 We observed patients being helped by staff to use the toileting method of their choice, however there was generally a lack of toilet facilities within the unit, there were no gender specific toilets available.

3.37 We observed that the commodes were not clean and were discoloured. The unit did not have a commode bundle in place. Commodes were stored in the sluice room which was very small and cluttered.

Buzzers

3.38 Buzzers were available in the Majors area of the unit but generally buzzers were not used or given to patients, therefore, staff are reliant on patients being able to shout for assistance or curtains being pulled back to facilitate observation. The layout of the Majors area is such that patients can be seen at all times except when the curtains are pulled.

3.39 There were emergency buzzers available in the patients' toilets, and waiting areas.

Communication

3.40 Staff communicated in both English and Welsh and moved easily between both languages depending on patient preference. A translation service was also readily available.

3.41 There was no evidence of communication aides for patients with visual impairment, such as pictorial signs or large clocks, staff felt these were inappropriate. Whilst there was a loop system in place for patients with hearing

impairment, as previously stated, staff were not aware that the loop system was in place and had never had any training in its use.

Medicines and Pain Management

3.42 The patients we spoke to did not raise any issues in relation to pain management. The patient records contained up to date pain assessments and there was evidence that pain intensity was being regularly reviewed and recorded.

3.43 We did not observe medicines being administered during our review.

Discharge Planning

3.44 We observed comprehensive, robust and systematic handovers between staff on the unit and the Clinical Decisions Unit. There was clear evidence in the patient record of discharge planning which commenced on their admission to the unit, with the staff providing patients with clear information through the use of leaflets. Staff took time to discuss the patient needs in detail.

Medical Assessment Unit (MAU)

Unit Environment

3.45 Overall the unit was generally clean, however, this was not a purpose built unit and as such the layout was not ideal. The patients we spoke to gave positive feedback about the environment.

3.46 The unit is severely lacking in space, specifically storage. This resulted in the unit being very cluttered with linen trolleys and patients equipment/aides being stored in patient areas. Due to the lack of storage facilities we found all the fire exits blocked, this issue was highlighted to the staff and dealt with immediately.

3.47 There plenty of where plenty of hand sanitisers available, however, there was no visible sign alerting visitors to the dispensers and their use.

3.48 The toilet and bathroom facilities were inadequate, in both number and size, patients with mobility issues or obese patients would have difficulty accessing the toilets and bathroom. There were no single sex bathrooms or toilets available on the unit.

Staff Attitude, Behaviour and Ability to Carry out Dignified Care

3.49 We observed staff caring for patients in a kind and professional way. Whilst we also observed staff asking patients how they preferred to be addressed, we noted that some members of staff addressed patients as 'lovely'. It should be noted that patients did not complain about this.

3.50 Staff were very quiet and discreet when imparting sensitive information to patients and their relatives at the bedside. There is no relatives/quiet room available to staff for breaking bad news.

3.51 There were some concerns expressed in relation to staffing levels, the staff felt that the skill mix on the unit was not always sufficient, however, the staff stated that the skill mix was slowly improving.

3.52 Overall staff felt well supported by the matron and site manager.

Management of Patients with Confusion/ Dementia

3.53 There was no recognised initiative in place, however, the 'butterfly scheme' was scheduled to be introduced into the unit next week, with staff booked onto the training programme. All staff had attended POVA training

3.54 Patients were allocated to bays according to need. We were informed that the unit had arrangements in place for the care of confused patients, this included relative/carer sitting with them or in some cases a member of staff. Staff were observed being kind and respectful to confused patients.

3.55 There were signs in place on the unit, however, they were not helpful, and patients who were not confused or had dementia had difficulty interpreting the signage.

Care Planning and Provision

3.56 Patient assessments were undertaken and reviewed, this forms part of the units high standard of record keeping, which was comprehensive and easy to follow. The staff use a Red Card system to highlight patients at risk.

3.57 The unit had introduced intentional rounding, which supports the staff in checking and monitoring the patient assessment and charts, we observed staff completing the charts in 'real time'.

3.58 Staff within the unit have access to specialist teams including, Learning Disabilities specialist nurse, Child and Adolescent Mental Health Services (CAMHS) and psychologist liaison team.

Fluid and Nutrition

3.59 We observed patients being positioned properly at meal times and being encouraged to eat out of bed. However, prior to meal time we did not observe staff cleaning the tables or offering patients the opportunity to wash their hands.

3.60 We observed staff coaxing patients to eat, however, once the patient had started eating the patients were left and were not observed to see if they could continue to feed themselves.

3.61 In some instances, we observed staff encouraging patients to drink fluids, however whilst the jugs were full, the cups were not and the jugs and cups were not within easy reach of patients.

3.62 We observed the food and fluid balance charts being completed at the time of monitoring and that the standard of record keeping was high.

Pressure Sores

3.63 Risk assessments were carried out and SKIN bundles were in place.

3.64 One of the patients had a grade 3 pressure sore, The IRI had been completed a POVA raised and the Tissue Viability Nurse had assessed the patient.

3.65 Patients who were assessed with a high risk of developing pressure sores were cared for appropriately, however access to the appropriate mattresses was not always possible, during the week days staff were able to source the necessary equipment, however, this was not possible on during the evening and week ends, the knock on effect of this had consequences for the patients.

Personal Care and Hygiene

3.66 Patients on the unit appeared well cared for and their personal care needs were being met. Personal care packs which contain a toothbrush and soap were issued to those patients needing them.

3.67 We observed patient being offered the opportunity to wash.

Toilet Needs

3.68 We observed patients being helped by staff to use the toileting method of their choice.

3.69 As previously mentioned there was generally a lack of toilet facilities within the unit and the toilets themselves were small, there were no gender specific toilets available.

3.70 We observed that the commodes were old but clean and green tags were being used correctly. Commodes were stored in the sluice room which was very small and cluttered.

Buzzers

3.71 We observed issues with access to buzzers. Few were in reach and they were of a cumbersome design and would be confusing to elderly and/ill patients. Not all the buzzers were in working order, with staff experiencing problems in getting the buzzers maintained.

3.72 There were buzzers available in the patients' toilets, and waiting areas.

Communication

3.73 Staff communicated in both English and Welsh and moved easily between both languages depending patient preference. A translation service was also readily available. No other communication aides seen.

3.74 We observed staff effectively communicating, explaining procedures and requesting consent from patients.

3.75 As previously mentioned whilst staff were very quiet and discreet when imparting sensitive information to patients and their relatives at the bedside, there is no relatives/quiet room available to staff for breaking bad news.

Medicines and Pain Management

3.76 The patient records contained up to date pain assessments and there as evidence that pain intensity was being regularly reviewed and recorded.

3.77 There was evidence that the pharmacist visited the ward daily to review medication. Staff also reviewed medication and took action when necessary.

3.78 We observed staff administering medication to the patients, staff explained and discussed in detail with patients their medication and where necessary assisted patient in taking their medication.

Discharge Planning

3.79 There was clear evidence in the patient record of discharge planning, with the staff providing patients and relatives with clear information, through face to face meetings and the use of leaflets. Staff took time to discuss the patients needs in detail.

4. Recommendations

4.1 Findings and associated recommendations were provided through verbal feedback throughout the inspection and more formally at the feedback meeting held at the end of the second day of the visit. Any immediate concerns emerging from the inspection were also notified to the Health Board via a management letter, following the inspection, so that immediate action could be taken.

4.2 In view of the findings arising from this review we make the following recommendations.

| Reference | Recommendation | Paragraph Reference |
|--|---|---------------------|
| Unit Environment | | |
| 1.1 | The Health Board should review the layout, design and size of rooms in the A&E and MAU departments. | 3.3 3.45 |
| 1.2 | The Health Board should undertake a review of the availability of hand sanitisers and hand washing facilities across both departments. | 3.4 3.47 |
| 1.3 | The Health Board should review storage arrangements in both the A&E and MAU departments to ensure that equipment is not being stored in patient areas and cannot at any time obstruct Fire Exits | 3.5 3.46 |
| 1.4 | The Health Board should ensure that there are a sufficient number of toilets and bathrooms available in both departments and are clearly signposted. | 3.7 3.48 |
| 1.5 | The Health Board should review the seating arrangements for patients in waiting areas, ensuring the seats are comfortable and suitable for elderly and infirm patients. | 3.8 |
| 1.6 | The Health Board should review the reception area in the A&E department and ensure that the reception staff are able to hear the patients, without compromising patient confidentiality. | 3.10 |
| 1.7 | The Health Board should ensure that staff in the triage area of the A&E department have an adequate system installed to allow staff to summon patients to the triage area without having to leave it. | 3.11 |
| 1.8 | The Health Board should ensure that any toys in the paediatric area of the A&E department can be cleaned appropriately. | 3.13 |
| Staff Attitude, Behaviour and Ability to Carry out Dignified Care | | |
| 1.9 | The Health Board should review the provision of a relatives room current staffing levels and skill mix in both departments | 3.51 |

| Reference | Recommendation | Paragraph Reference |
|---|---|---------------------|
| 1.10 | The Health Board should ensure the A&E departments paediatric area is fully resourced to ensure 24/7 working. | 3.17 |
| 1.11 | The Health Board should ensure that all staff are wearing identification badges as a means to identify themselves whilst on duty. | 3.18 |
| 1.12 | The Health Board should ensure the provision of a relatives room within the MAU department. | 3.5 |
| Management of Patients with Confusion or Dementia & Patients with Mental Health/psychiatric condition. | | |
| 1.13 | The Health Board should consider implementing in the A&E department an initiative to assist staff in caring for patients with confusion and dementia. | 3.19 |
| 1.14 | The Health Board should ensure that there is pictorial signs in place on all toilets and bathrooms in both the A&E and MAU departments. | 3.22 3.55 |
| Fluid and Nutrition | | |
| 1.15 | The Health Board should ensure that patients in the A&E have access to fresh drinking water, and that the vending machine is stocked with appropriate food for patients with special dietary requirements e.g. diabetic patients. | 3.9 |
| 1.16 | The Health Board should ensure that the patients' bedside tables are cleaned/cleared prior to meals being served in both departments. | 3.29 3.59 |
| 1.17 | The Health Board should ensure that patients are offered 'hand wipes' prior to eating their meals. | 3.59 |
| 1.18 | The Health Board should ensure that staff in the MAU department are reminded of the importance of assisting patients to eat and to ensure that jugs and cups are within easy reach to the patients at all times. | 3.60 3.61 |
| Pressure Sores | | |
| 1.19 | The Health Board should ensure that patients at risk of pressure sores should have access to the appropriate equipment at all times. | 3.33 3.65 |
| Personal Care and Hygiene | | |
| 1.20 | The Health Board should ensure that the A&E department has its own supply of personal packs for patients at all times | 3.34 3.35 |
| Toilet Needs | | |
| 1.21 | The Health Board should that there are a sufficient number of toilets available to patients in both departments. | 3.36 3.69 |
| 1.22 | The Health Board should ensure that a consistent approach to the effective cleaning of commodes is put in place in the A&E department. | 3.37 |

| Reference | Recommendation | Paragraph Reference |
|----------------------|--|---------------------|
| Buzzers | | |
| 1.23 | The Health Board should ensure that all buzzers in both departments are in good working order at all times | 3.38 3.71 |
| | | |
| Communication | | |
| 1.24 | The Health Board should ensure that staff in the A&E department are trained on the use of the loop system. | 3.41 |
| 1.25 | The Health Board should ensure that communication aides are available in both departments to assist patients with sensory impairment and that staff should be aware of them. | 3.41 3.73 |

5. Next Steps

5.1 The Health Board is required to complete an action plan to address the key issues highlighted in this report and submit it to HIW within two weeks of the final report being published. The action plan should clearly state when and how the issues we identified on the two units we visited have been addressed as well as timescales for ensuring the issues are not repeated elsewhere across the Health Board.

5.2 This action plan will then be published on HIW's website and monitored as part of HIW's regular monitoring process.

5.3 Healthcare Inspectorate Wales would like to thank Betsi Cadwaladr Health Board, especially staff from Accident and Emergency and Medical Assessment Unit who were extremely helpful throughout the inspection.

The Roles and Responsibilities of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative and employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality.

Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational

autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003.
- Care Standards Act 2000 and associated regulations.
- Mental Health Act 1983 and the Mental Health Act 2007.
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001.
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006.

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

Background and Methodology for the Dignity and Essential Care Inspections

Healthcare Inspectorate Wales' (HIW's) programme of Dignity and Essential Care Inspections (DECI) commenced in November 2011.

The inspection team comprises a HIW inspector, two practising and experienced nurses and a 'lay' reviewer.

The team uses a number of 'inspection tools' to gather information about the hospital ward/ unit. Visits include observations, speaking to patients, carers, relatives and staff and looking at health records. The inspection tools currently used for DECI inspections can be found on our website.

Once a hospital has been inspected a report of the findings is produced and presented to the Health Board who is then required to provide HIW with an action plan to address the key issues highlighted.

A number of external reports published by organisations such as The Patients Association, Public Services Ombudsman for Wales, Older People's Commissioner for Wales and Wales Audit Office were reviewed as well as information from the public and previous HIW inspections. This information led to us developing an inspection methodology which focuses on the following areas:

- Patient environment.
- Staff attitude / behaviour/ ability to carryout dignified care.
- Care planning and provision.
- Pressure sores.
- Fluid and nutrition.
- Personal care and hygiene.
- Toilet needs.

- Buzzers.
- Communication.
- Medicine management and pain management.
- Records management.
- Management of patients with confusion.
- Activities and stimulation.
- Discharge planning.

These inspections have been designed to review the care and treatment that all patients receive in hospital, especially older patients which research has proven can be particularly vulnerable during their hospital stay.

Dignity and Essential Care themes, Human Rights and Standards for Health Services in Wales

This document illustrates how the themes reviewed during a Dignity and Essential Care inspection relate to both 'Doing Well, Doing Better - Standards for Health Services in Wales and the European Convention on Human Rights'.

| Dignity and Essential Care Theme | European Convention on Human Rights | Doing Well, Doing Better Standards for Health Services in Wales |
|--|---|---|
| Ward environment | <p>Right to liberty and security (Article 5).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p> | <p>12. Environment</p> <p>Organisations and services comply with legislation and guidance to provide environments that are:</p> <p>d) Safe and secure. e) Protect privacy.</p> |
| Staff attitude, behaviour and ability to carry out dignified care | <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right not to be discriminated against (Article 14).</p> | <p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> |

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|---|---|---|
| | | <p>26. Workforce training and organisational development</p> <p>Organisations and services ensure that their workforce is provided with appropriate support to enable them to:</p> <ul style="list-style-type: none"> a) Maintain and develop competencies in order to be developed to their full potential; b) Participate in induction and mandatory training programmes. c) Have an annual personal appraisal and a personal development plan enabling them to develop their role. d) Demonstrate continuing professional and occupational development. e) Access opportunities to develop collaborative practice and team working. |
| <p>Management of patients with confusion or dementia</p> | <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p> | <p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <ul style="list-style-type: none"> a) Needs of individuals whatever their identity and background, and uphold their human rights. <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <ul style="list-style-type: none"> a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice. |
| <p>Care planning and provision</p> | <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and</p> | <p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <ul style="list-style-type: none"> a) Based on agreed best practice and |

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| | <p>security (Article 5).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right to freedom of expression (Article 10).</p> | <p>guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;</p> <p>b) That complies with safety and clinical directives in a timely way.</p> <p>c) Which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement; and c) working in partnership with other services and organisations, including social services and the third sector.</p> |
| <p>Communication</p> | <p>Right to freedom of expression (Article 10).</p> <p>Right not to be discriminated against (Article 14).</p> <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to respect for private and family life (Article 8).</p> | <p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>9. Patient information and consent</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing timely and accessible information on their condition, care, medication, treatment and support</p> |

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| | | <p>arrangements.</p> <p>b) Providing opportunities to discuss and agree options.</p> <p>c) Treating their information confidentially;</p> <p>d) obtaining informed consent, in line with best practice guidance.</p> <p>e) Assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.</p> <p>18. Communicating effectively</p> <p>Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:</p> <p>b) With patients, service users, carers and staff using a range of media and formats.</p> <p>c) About patients, service users and their carers.</p> <p>e) Addressing all language and communication needs.</p> |
| Fluid & nutrition | Right not to be tortured or treated in an inhuman or degrading way (Article 3). | <p>14. Nutrition</p> <p>Organisations and services will comply with legislation and guidance to ensure that:</p> <p>a) Patients' and service users' individual nutritional and fluid needs are assessed, recorded and addressed.</p> <p>b) Any necessary support with eating, drinking or feeding and swallowing is identified and provided.</p> <p>Where food and drink are provided:</p> <p>d) A choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all.</p> <p>e) Is accessible 24 hours a day.</p> |
| Pressure sores | Right not to be tortured or treated in an inhuman or degrading way (Article 3). | <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> |

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| | | <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> |
| Personal care and hygiene | <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> | <p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>10. Dignity and respect.</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> |
| Toilet needs | <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> | <p>2. Equality, diversity and human rights</p> <p>Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:</p> |

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| | | <p>a) Needs of individuals whatever their identity and background, and uphold their human rights.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> <p>10. Dignity and respect</p> <p>Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.</p> |
| <p>Buzzers</p> | <p>Right not to be tortured or treated in an inhuman or degrading way (Article 3).</p> <p>Right to liberty and security (Article 5).</p> | <p>7. Safe and clinically effective care</p> <p>Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:</p> <p>b) That complies with safety and clinical directives in a timely way.</p> <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales,</p> |

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| | | pathways and best practice. |
| Medicine and pain management | Right not to be tortured or treated in an inhuman or degrading way (Article 3). | <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>15. Medicines management</p> <p>Organisations and services will ensure that:</p> <p>a) They comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs.</p> <p>b) Clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice.</p> <p>c) There is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.</p> |
| Records management | Right to respect for private and family life (Article 8). | <p>20. Records management</p> <p>Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:</p> <p>a) Designed, prepared, reviewed and accessible to meet the required needs.</p> <p>b) Stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately.</p> <p>c) Accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance.</p> <p>d) Shared as appropriate.</p> |

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| <p>Discharge planning</p> | <p>Right to liberty and security (Article 5).</p> <p>Right to respect for private and family life (Article 8).</p> | <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>a) Providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice.</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> <p>c) Working in partnership with other services and organisations, including social services and the third sector.</p> |
| <p>Activities</p> | <p>Right to freedom of expression (Article 10).</p> <p>Right to liberty and security (Article 5).</p> | <p>8. Care planning and provision</p> <p>Organisations and services recognise and address the needs of patients, service users and their carers by:</p> <p>b) Providing support to develop competence in self-care and promote rehabilitation and re-enablement.</p> |

Action Plan Template

| Reference | Recommendation | Health Board Action | Responsible Officer | Target Date |
|---|----------------|---------------------|---------------------|-------------|
| Unit Environment | | | | |
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| Staff Attitude, Behaviour and Ability to Carry out Dignified Care | | | | |
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| Management of Patients with Confusion or Dementia & Patients with Mental Health/psychiatric condition. | | | | |
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| Care Planning and Provision | | | | |
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| Fluid and Nutrition | | | | |
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| Pressure Sores | | | | |
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| Personal Care and Hygiene | | | | |

| Reference | Recommendation | Health Board Action | Responsible Officer | Target Date |
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| Toilet Needs | | | | |
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| Buzzers | | | | |
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| Communication | | | | |
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| Medicines and Pain Management | | | | |
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| Discharge Planning | | | | |
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