

Dignity and Essential Care:

Improvement Plan

Hospital:

Ysbyty Eryri, Lôn Parc, Caernarfon, Gwynedd, LL55 2YE

Ward/ Department:

Padarn and Peblig

Date of Inspection:

11 and 12 December 2014

Page Number	Recommendation	Health board action	Responsible Officer	Timescale
	Delivery of the fundamentals of care			
8	<p>The health board should ensure that up to date information is available for patients.</p> <p>The health board should consider implementing a wider range of communication methods ,e.g. pictorial signage for patients with additional communication needs</p>	<p>The current information racks/information located across departments wards will be reviewed to ensure that information is up to date and relevant</p> <ol style="list-style-type: none">1) Pictorial signage for hospital to be reviewed and consistent approach agreed for wards and departments [use of Professor Bob Woods ward environment review to be used as guidance]2) Signage to include toilet/bathroom/bedroom/dining room/shower/etc.3) Lighting and colour coded bays should also be considered as a means of supporting dementia patients	<p>Locality Matron</p> <p>Locality Matron in conjunction with multi disciplinary team and Dementia lead nurse</p>	<p>Completed</p> <p>July 30th 2015</p>

		<p>4) Development of a business case to determine the above needs, to include a baseline assessment and costings.</p> <p>5) Introduction of the "this is me leaflet" to aid communication with patients with Dementia</p>	<p>Locality Matron</p> <p>Ward Managers</p>	<p>May 31st 2015</p> <p>Completed</p>
10	The health board should improve the system for monitoring patients comfort and pain [Peblig Ward]	<p>Pain assessment tool to be introduced for patients on Peblig Ward</p> <p>Medicine management nurse to arrange some clinical updates re pain assessment /management for Peblig Ward staff</p> <p>Patient safety and quality audit peer review to be undertaken as baseline of medicine management performance.</p> <p>Acute intervention team nurse practitioner to undertake teaching session with Peblig Ward staff regarding introduction of the new temperature, pulse and respiratory chart which incorporates pain assessment tool</p>	<p>Ward Manager</p> <p>Locality Matron/Ward Manager</p> <p>Independent locality matron</p> <p>Acute Intervention Team</p>	<p>Completed</p> <p>May 31st 2015</p> <p>Completed</p> <p>Completed</p>
12	Improve mealtime co- ordination, including hand washing facilities before meals, a system to identify patients who require assistance or who require restricted liquid intake.	<p>Introduction of red meal tray system for patients requiring assistance with feeding</p> <p>Red lid system on water jugs to be introduced on Peblig Ward for patients on fluid restriction</p> <p>Hand wipes to be offered before and after meals</p>	<p>Ward manager</p> <p>Ward manager</p> <p>Ward manager</p>	<p>30th April 2015</p> <p>30th April 2015</p> <p>Completed/ Ongoing</p>

	Ensure that records of fluids and meals consumed by patients are adequately recorded and monitored.	Quarterly audit for 12 months on the recording of patients fluid and dietary intake versus care plan assessed needs ,with results communicated to staff. This will be undertaken in addition to the Ward to Board quality assurance.	Ward manager	April 30 th [first audit] July/October Dec/March thereafter.
Quality of staffing management and leadership				
16	Ensure that record keeping by therapists accurately reflects the rehabilitation service including provision provided	<ol style="list-style-type: none"> 1) Occupational therapy services documentation protocol has been shared with all staff detailing the standards required. 2) Annual record keeping audit to be completed. 3) Good recordkeeping updates to be provided for all SALT staff. 4) Regular audits to be completed via management supervision process within service. 5) Physiotherapy/Podiatry staff to be reminded of record keeping standards. Annual notes audit in place to be repeated April 2016 	Occupational Therapy Lead Manager	June 2015
16	Review the overall leadership and management to minimise the delays in following up the issues relating to the inpatient services at Eryri	<p>Hospital management team meetings to be held bi monthly with all relevant disciplines in attendance</p> <p>Currently re structuring continues within the board, unable to define the management and clinical structure at community hospital level at this moment in time. The area director and nurse directors have been appointed and will commence 1st May 2015 , structures will then be reviewed during May/June</p>	<p>Locality Matron</p> <p>Area Director/Nurse</p>	<p>Completed/ongoing</p> <p>June 2015</p>
	Review the longer term plans regarding the	It is proposed that Eryri becomes the designated stroke	Area Director	July 2015

16	inpatient service provision at Eryri Hospital and ensure that the staffing levels and skill mix are adequate for this purpose	<p>centre for North West Wales .</p> <p>Staffing profiles for both nursing and therapy have been reviewed in line with the British Stroke Association guidelines</p> <p>The move to designated stroke centre will be confirmed by new Area team and therapy provision</p>	Area Director	<p>Completed</p> <p>July 2015</p>
17	Ensure that up to date information regarding the hospitals complaints procedure is made available to patients	<p>As part of the patient information review the concerns procedure and how to raise a concern will be displayed in appropriate areas around the hospital.</p> <p>Patient information folder should be made available at each bedside containing following minimum information:</p> <ol style="list-style-type: none"> 1. hospital telephone number 2. ward telephone number 3. visiting times and any restrictions 4. list of key staff groups who work in hospital and identification details 5. access to advocates 6. religious contacts/visits 7. mealtimes, and arrangements for supporting patients with eating and drinking 8. how to raise a concern 	<p>Locality Administrator</p> <p>Locality Administrator</p>	<p>30 April 2015</p> <p>30 April 2015</p>
Delivery of safe and effective services				
18	Ensure that risk management strategies following serious incidents are sustainable and monitored	<ol style="list-style-type: none"> 1) Security doors in place and fitted 2) Dementia support workers available for one to 	Matron	Completed

		<p>one if required – particularly to orientate confused patients on admission/transfer to the hospital</p> <p>3) Work towards the recommended safe staffing levels</p> <p>4) Quality and safety audits – (peer reviews) shared at hospital management meetings enabling quick action to reduce risks of Serious Incidents and demonstrate lessons learnt</p>		
19	Consider the specialist training required to cover the provision of services at Eryri hospital and to help staff cater for that specific patient group	<p>All staff to have performance review. Current compliance is 30%</p> <p>Training workforce plan to be developed for unit to incorporate</p> <ol style="list-style-type: none"> 1. protection of vulnerable adult 2. deprivation of liberty and mental capacity act training 3. Stroke modules 4. Dementia awareness 5. pain management 6. Dysphagia 7. news/deteriorating patient 8. palliative care modules 9. movement disorders [Parkinson's, Multiple Sclerosis, Motor Neurone Disease] 	<p>Ward Manager/Locality Matron/Therapy Manager</p> <p>Ward Manager/Locality Matron/Therapy Manager</p>	<p>March 2016</p> <p>June 2015</p>
20	Improve the system of auditing controlled drugs	Medicines Management nurse to review current audit trail of controlled drugs	Medicines Management Nurse	May 2015
20	Ensure that medication administration records are fully completed and that a clear audit trail is	Review medicines management guidance with medicine management lead nurse in respect of	Locality Matron	May 2015

	available of any medication refused by patients	recording drug omissions		
		Pharmacy technician to audit drug omissions weekly and feedback to ward manager/matron	Pharmacy technician	May 2015
		Patient safety and quality audit peer review to be used to monitor medication management issues	Locality Matron	May 2015
		Pharmacy technician to be member of hospital management team and feedback at this forum medicine management issues	Locality Matron	Completed/ongoing

Health Board Representative:

Name (print):Christine Lynes.....

Title:Associate Chief of Staff Nursing

Signature:

Date:9.4.15.....