

# Hospital Inspection Report (Unannounced)

Adelina Patti Ward, Ystradgynlais  
Community Hospital, Powys Teaching  
Health Board

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Ystradgynlais Community Hospital, Powys Teaching Health Board on 20 and 21 June 2023. The following hospital wards were reviewed during this inspection:

- Adelina Patti Ward - 20 beds providing general medical and rehabilitation services.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of six questionnaires were completed by patients or their carers and seven were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and one patient experience reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#)

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be good. Patients and their relatives spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner. We saw staff attending to patients in a calm and reassuring manner.

This is what the service did well:

- Good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner
- Patients were treated with dignity, respect, and compassion
- Patients were attended to promptly when they needed assistance.

### Delivery of Safe and Effective Care

Overall summary:

We found the provision of care on Adelina Patti ward to be safe and effective and the staff team were committed to providing patients with compassionate, safe, and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The ward was clean and tidy, and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

This is what we recommend the service can improve:

- Repair the locks to store room and sluice doors
- Storage of cleaning fluids
- Review and update the blood transfusion policy
- Improve access to medication out of hours

- Review the hospital security arrangements.

This is what the service did well:

- Provision of person centred care
- Care plans and supporting documentation detailed and easy to navigate
- Medication management
- Infection prevention and control.

## Quality of Management and Leadership

Overall summary:

We found good management and leadership on the ward, with staff, in general, commenting positively on the support that they received from the management team.

Staff told us that they were happy in their work and that an open and supportive culture existed.

This is what we recommend the service can improve:

- Some aspects of staff training
- Review the out of hours GP cover
- Ensure the confidentiality of patients' records
- Communication from senior managers.

This is what the service did well:

- Good support and oversight by ward manager
- Good auditing and reporting processes.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of six were completed. Patient comments included the following:

*“The hospital is spotlessly clean, all the staff are polite, friendly, helpful, professional.”*

*“Excellent in every way. Staff, food, care, availability to discuss with staff.”*

#### Person Centred

##### Health promotion

Health related information and pamphlets were available in various parts of the ward, many of which were bilingual.

We saw good interactions between staff and patients with staff attending to patients’ needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

##### Dignified and respectful care

We found that patients were treated with dignity, respect, and compassion by the staff team and patients and their relatives were full of praise for the staff.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients’ privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

##### Individualised care

We found that care was being planned and delivered in a way that identified and met patients’ individual needs and wishes.



Staff told us:

*“Person centred care is practiced really well on the ward and every member of the team practices this well and understands that every patient is individual so are their needs.”*

## **Timely**

### **Timely care**

We saw that patients were attended to promptly when they needed assistance. Staff were seen to anticipate patients’ needs through general observation. This enabled them to attend to patients in a timely way.

Patients told us that call bells were placed within reach and responded to promptly.

## **Equitable**

### **Communication and language**

Throughout the inspection, we saw staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients in an encouraging and inclusive manner.

The culture of the ward was fully bilingual. Welsh and English languages were treated equally enabling patients and relatives to communicate in a totally natural way in either language.

Patients confirmed that they were offered the option to communicate with staff in the language of their choice and several staff members spoke Welsh, which meant that Welsh speaking patients and relatives could converse with them in their first language.

### **Rights and Equality**

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients’ privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family.

Patients told us that staff had talked to them about their medical conditions and helped them to understand them.

We found that care was being provided in a way to promote and protect patients' rights.

We saw staff protecting the privacy and dignity of patients when delivering care. For example, doors to rooms were closed when care was being delivered.

Staff were aware of the need for patients and family to meet in private and were willing to accommodate this by utilising unused rooms.

Deprivation of Liberty Safeguards (DoLS) and Mental Capacity assessments were being conducted as and when needed.

Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient or their appointed family representative.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found that the delivery of care was safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

On examination of a sample of patients' care records we found that pressure area and falls risk assessments were being undertaken on admission and reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors.

However, we found that storage was an issue with equipment stored in various places around the ward i.e unused beds, mattresses, screens and chairs.

**The health board must ensure that there is sufficient storage available on the ward.**

We also found that locks on doors leading into the sluice and storeroom were not working. Cleaning liquids were seen stored on shelves within these rooms which presented a risk to patients if ingested.

**The health board must ensure that the locks on the doors leading into the sluice and storeroom are repaired and that cleaning materials are securely stored.**

We were also told that staff were required to lock up the whole hospital at 9.30pm each night. This involved two staff members checking all the rooms and ensuring that all windows and doors were closed and locked. Not only is this a safety issue for staff, it also means that two staff need to leave the ward area for a considerable length of time. In addition, we were informed that not all security cameras around the hospital site were working. In addition, we were told that the emergency bleep was not working.

**The health board must review the current security arrangements to ensure the safety of staff and patients.**

### **Infection, prevention, control and decontamination**

There were good housekeeping and maintenance arrangements in place. The communal areas and rooms we looked at were clean and tidy. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the ward.

There was a comprehensive infection control policy in place supported by comprehensive cleaning schedules.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. We suggest that outcomes of such audits be displayed for patients, visitors and staff to see.

### **Safeguarding of children and adults**

Patients told us that they felt safe on the ward.

There were written safeguarding policies and procedures in place.

We were told that there were no active safeguarding issues on the ward at the time of the inspection.

### **Blood management**

There was a blood transfusion policy in place. However, this was found to be in need of review. In addition, there was no standard operating procedure or specific care plan in place for the management of blood transfusions and blood products.

We were told that staff involved in blood transfusion and the management of blood products attended training and undertook regular competency assessments. However, we were told that training had lapsed due to COVID 19 restrictions.

**The health board must ensure that the blood transfusion policy is amended and that there is a standard operating procedure and specific care plan in place.**

**The health board must also ensure that all staff involved in blood transfusion and the management of blood products attended training.**

## **Management of medical devices and equipment**

The ward had a range of medical equipment available which was maintained appropriately.

### **Medicines Management**

Medicines management arrangements were generally safe, effective, and well organised.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

Medication was appropriately stored.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be generally well managed.

However, we found that two patients on enhanced observation did not have wrist bands on. This presented a risk of errors and the possibility of patients receiving the wrong medication.

**The health board must ensure that staff adhere to the medication management policy by making sure that all patients wear identification wrist bands.**

Staff told us that they sometimes experience problems in acquiring medication out of hours i.e evenings, during the night and weekends, and that this can cause delays in patients receiving medication.

**The health board must review the arrangements for the dispensing of medication out of hours.**

## **Effective**

### **Effective Care**

There was evidence of very good multi-disciplinary working between the nursing and medical staff.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

National Early Warning Score (NEWS) system and sepsis care pathway were reflected in the assessment and care planning process.

## **Nutrition and hydration**

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission.

Patients had access to fluids with water jugs available by the bedside.

Staff were seen helping patients to eat and drink. We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

All the meals are freshly cooked on site daily and looked well-presented and appetising. Patients told us that the food was very good.

We found an effective system to cater for individual patient needs with good communication between care and catering staff.

Staff told us:

*“The kitchen staff are really good if our patients want something they would like to eat, snacks are on hand.”*

## **Patient records**

The quality of the patients' records we looked at was very good, with written evaluations completed by the care staff at the end of each shift found to be comprehensive and reflective of any changes in the care provided.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we saw evidence that relatives were consulted and encouraged to make decisions around care provision.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

## **Efficient**

### **Efficient**

We saw staff striving to provide patients with efficient care.

There was a mix of patients receiving care on the ward which included patients with mental health care needs due to dementia, patients with high physical care needs and patients assessed as suitable for discharge and awaiting suitable care home placement or community care package.

Staff told us that they were, at times, finding it difficult to effectively meet the varying care demands stemming from the mix of patients.

We saw two patients on enhanced observation were seated near the nurses' station so that staff could monitor and attend to their needs. This was not the best location for these patients as the area was busy and, at times, noisy.

**The health board must monitor the mix of patients on the ward to ensure that patients' needs are fully met.**

**The health board must also review the arrangements for meeting the needs of patients on enhanced observation to ensure that they receive optimum care in a more suitable location on the ward.**

# Quality of Management and Leadership

## Staff feedback

Staff told us that they were well supported by the ward manager. However, they felt that communication from senior managers could be improved.

## Leadership

### Governance and Leadership

There was a clear structure in place to support the ward's governance and management arrangements.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place and we found that formal, documented staff performance and appraisal reviews were taking place on a regular basis.

## Workforce

### Skilled and Enabled Workforce

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the appropriate procedures had been followed when recruiting staff and that relevant recruitment checks had been undertaken prior to the commencement of employment.

Staff on the ward were encouraged to access both in house and external training opportunities. However, staff told us that, due to pressure of work, they do not always have protected time in order to complete training.

**The health board must ensure that staff have protected time, away from the clinical ward area, in order to complete training.**

Staff were expected to complete training in subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety



and Safeguarding as well as service specific training. However, the staff training information provided showed mandatory training completion rates to be variable.

**The health board must ensure that all staff complete all aspects of mandatory training.**

Staff told us that they would benefit from receiving cannulation and prescribing training. This would broaden staff skills and enhance the level of service provided to patients at the hospital.

**The health board should explore the possibility of providing cannulation and prescribing training to staff.**

## Culture

### People engagement, feedback and learning

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients.

We were told by staff that the number of complaints received about the service was very low.

We were told that the ward, and the hospital in general, was well supported and valued by the local community.

Patients and their relatives spoken with during the inspection told us that there was a mutual trusting and open culture on the ward.

Patients who were nearing discharge from the ward gave personal accounts of how the culture of the ward and staff had promoted improvement in their wellbeing.

Staff told us that they work well together and that they are well supported by the ward manager. However, staff were critical of the lack of communication from more senior managers. Staff comments included:

*“The ward staff mostly work well as a team, however communication can sometimes not be as good as it should.”*

**The health board must explore ways to improve communication between senior managers and staff.**

We found that not all staff we spoke with were aware of their responsibilities under the Duty of Candour regulations with some staff telling us that they had undertaken e-learning with others telling us that they had not received any training on the subject.

The health board must ensure that staff are aware of their responsibilities under Duty of Candour and that they receive appropriate training on the subject.

## Information

### Information governance and digital technology

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

However, there were numerous occasions throughout the inspection when we found confidential information relating to patients left unattended in unlocked trolleys and rooms.

The health board must ensure that confidential information is always kept securely.

## Whole system approach

### Partnership working and development

We were told that the ward was well supported by other professionals such as pharmacists, physiotherapists and dieticians.

We were told that the local GP practice was very supportive with a GP in attendance on a daily basis. However, we were told that there were difficulties in securing GP support out of hours.

The health board must monitor the out of hours GP cover provided to ensure that patients are receiving timely and effective care.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

# Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

## Appendix B - Immediate improvement plan

**Service:** Adelina Patti Ward, Ystradgynlais Hospital

**Date of inspection:** 20 and 21 June 2023

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

# Appendix C - Improvement plan

Service: Adelina Patti Ward, Ystradgynlais Hospital

Date of inspection: 20 and 21 June 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
We found that storage was an issue on the ward with equipment stored in various places around the ward i.e unused beds, mattresses, screens and chairs.	The health board must ensure that there is sufficient storage available on the ward.	<ul style="list-style-type: none"> <li>• Shift leader to ensure that equipment is in correct location.</li> <li>• Process for removal of surplus equipment in place.</li> <li>• Space identified and CSM confirms action complete site visit September 2023.</li> </ul>	Ward Manager	Completed September 2023
Locks on doors leading into the sluice and storeroom were not working. Cleaning liquids were seen stored on shelves within	The health board must ensure that the locks on the doors leading into the sluice and storeroom are	<ul style="list-style-type: none"> <li>• Replacement cupboards with locks sourced to ensure compliance.</li> </ul>	Community Services Manager (CSM)	September 2023

<p>these rooms which presented a risk to patients if ingested.</p>	<p>repaired and that cleaning materials are securely stored.</p>	<ul style="list-style-type: none"> <li>• Immediate action taken to ensure safer storage utilising lockable cupboard.</li> <li>• Locks to the doors repaired and working, all staff to be made aware of the need to keep doors locked</li> </ul>	<p>Ward Manager</p>	
<p>We were told that staff were required to lock up the whole hospital at 9.30pm each night. This involved two staff members checking all the rooms and ensuring that all windows and doors were closed and locked. Not only is this a safety issue for staff, it also means that two staff need to leave the ward area for a considerable length of time. In addition, we were informed that not all security cameras around the hospital site were working. In addition, we were told that the emergency bleep was not working.</p>	<p>The health board must review the current security arrangements to ensure the safety of staff and patients.</p>	<ul style="list-style-type: none"> <li>• There is no requirement for 2 staff to leave the ward to lock down the site of an evening.</li> <li>• The last person leaving from the late shift at 20.00 HRS locks the front hospital door and do not have responsibility for checking any other areas.</li> <li>• All staff in all departments are</li> </ul>	<p>CSM Assistant Director (AD)</p>	<p>Closed  Closed  Closed</p>

		<p>required to ensure their areas are secure before leaving for the day.</p> <ul style="list-style-type: none"> <li>• This has been confirmed through the site coordination forum.</li> <li>• Review of site security undertaken by Head of facilities and support services.</li> <li>• PTHB security review in progress pan Powys.</li> </ul>		<p>Closed</p> <p>Completed</p> <p>January 2024</p>
<p>Staff training in blood transfusion and the management of blood products had lapsed due to COVID 19 restrictions.</p>	<p>The health board must ensure that the blood transfusion policy is amended and that there is a standard operating procedure and specific care plan in place.</p> <p>The health board must also ensure that all staff involved in blood transfusion and the management of blood products attended training.</p>	<ul style="list-style-type: none"> <li>• Updated policy from 2023 redistributed to ward nursing team.</li> <li>• Ward plan developed to ensure compliance with training.</li> </ul>	<p>CSM</p> <p>Ward Manager</p>	<p>October 2023</p>



<p>Two patients on enhanced observation did not have wrist bands on. This presented a risk of errors and the possibility of patients receiving the wrong medication.</p>	<p>The health board must ensure that staff adhere to the medication management policy by making sure that all patients wear identification wrist bands.</p>	<ul style="list-style-type: none"> <li>• All staff reminded of the policy and procedure.</li> <li>• Weekly wrist band Audits implemented with monthly exception reporting to CSM in 1:1 and further escalation through Quality and safety community services meeting.</li> <li>• Immediate feedback provided to the ward team.</li> </ul>	<p>Ward Manager</p>	<p>Completed</p>
<p>Staff told us that they sometimes experience problems in acquiring medication out of hours i.e evenings, during the night and weekends, and that this can cause delays in patients receiving medication.</p>	<p>The health board must review the arrangements for the dispensing of medication out of hours.</p>	<ul style="list-style-type: none"> <li>• Request made to medicines management to review the process.</li> <li>• This is provided through an SLA.</li> <li>• Requirement for transport to undertake collection from local</li> </ul>	<p>CSM</p>	<p>Completed</p>

		acute health board pharmacy out of hours.		
<p>There was a mix of patients receiving care on the ward which included patients with mental health care needs due to dementia, patients with high physical care needs and patients assessed as suitable for discharge and awaiting suitable care home placement or community care package.</p> <p>Staff told us that they were, at times, finding it difficult to effectively meet the varying care demands stemming from the mix of patients.</p>	<p>The health board must monitor the mix of patients on the ward to ensure that patients' needs are fully met.</p>	<ul style="list-style-type: none"> <li>• Daily review of patient acuity in place using the safecare platform.</li> <li>• Increased staffing provided to enable enhanced levels of care.</li> <li>• Bi-Annual nurse staffing review in place.</li> <li>• Escalation processes confirmed with ward team.</li> <li>• Agreement to maximum number of complex patients = 4.</li> </ul>	<p>Head of Nursing (HON)</p> <p>CSM</p> <p>Ward Manager</p>	Completed.
<p>Two patients on enhanced observation were seated near the nurses' station so that staff could monitor and attend to their needs. This was not the</p>	<p>The health board must also review the arrangements for meeting the needs of patients on enhanced observation to ensure that they</p>	<ul style="list-style-type: none"> <li>• Daily review of patient acuity in place using the safecare platform.</li> </ul>	<p>HON</p> <p>Community Services Manager</p>	Completed

<p>best location for these patients as the area was busy and, at times, noisy.</p>	<p>receive optimum care in a more suitable location on the ward.</p>	<ul style="list-style-type: none"> <li>• Increased staffing provided to enable enhanced levels of care.</li> <li>• Bi-Annual nurse staffing review in place.</li> <li>• Escalation processes confirmed with ward team.</li> <li>• Agreement to maximum number of complex patients = 4.</li> </ul>	<p>Ward Manager</p>	
<p>Staff on the ward were encouraged to access both in house and external training opportunities. However, staff told us that, due to pressure of work, they do not always have protected time in order to complete training.</p>	<p>The health board must ensure that staff have protected time, away from the clinical ward area, in order to complete training.</p>	<ul style="list-style-type: none"> <li>• Training days to be built into the rostering process to ensure mandatory training needs are met.</li> </ul>	<p>Ward Manager</p>	<p>October 2023</p>

<p>Staff training information provided showed mandatory training completion rates to be variable.</p>	<p>The health board must ensure that all staff complete all aspects of mandatory training.</p>	<ul style="list-style-type: none"> <li>• Training days to be built into the rostering process to ensure mandatory training needs are met.</li> </ul>	<p>Ward Manager</p>	<p>October 2023</p>
<p>Staff told us that they would benefit from receiving cannulation and prescribing training. This would broaden staff skills and enhance the level of service provided to patients at the hospital.</p>	<p>The health board should explore the possibility of providing cannulation and prescribing training to staff.</p>	<ul style="list-style-type: none"> <li>• Plan in place with education team to provide cannulation training. This includes training aids to enable the local team to undertake practice sessions to maintain competencies.</li> <li>• Funding agreed</li> </ul>	<p>Ward Manager</p>	<p>October 2023</p>
<p>However, staff were critical of the lack of communication from more senior managers.</p>	<p>The health board must explore ways to improve communication between senior managers and staff.</p>	<ul style="list-style-type: none"> <li>• Community services manager is present on site twice a week and present in ward environment.</li> <li>• Ward managers meetings held bi-</li> </ul>	<p>Head of Nursing</p>	<p>October 2023</p>

monthly for quality and safety.

- Monthly 1:1's in place with ward managers and CSM.
- Monthly senior leaders meeting in place with Head of Nursing.
- Monthly staff meetings in place on ward to ensure dissemination of information.
- Communication boards on ward to include the name and contact details of all managers connected to the service.
- Staff survey to be undertaken to gain further feedback.

<p>Not all staff we spoke with were aware of their responsibilities under the Duty of Candour regulations with some staff telling us that they had undertaken e-learning with others telling us that they had not received any training on the subject.</p>	<p>The health board must ensure that staff are aware of their responsibilities under Duty of Candour and that they receive appropriate training on the subject.</p>	<ul style="list-style-type: none"> <li>• April 2023 document shared and discussion undertaken at ward meeting.</li> <li>• Frequent discussion with quality and safety lead in place to facilitate compliance with duty of candour.</li> <li>• Concerns to be escalated through service group quality and safety meeting.</li> </ul>	<p>Ward Manager CSM</p>	<p>November 2023</p>
<p>There were numerous occasions throughout the inspection when we found confidential information relating to patients left unattended in unlocked trolleys and rooms.</p>	<p>The health board must ensure that confidential information is always kept securely.</p>	<ul style="list-style-type: none"> <li>• Staff meeting held immediately following visit.</li> <li>• All staff received e-mail update.</li> <li>• Doctors office is now locked at all times with door signage in place.</li> </ul>	<p>Ward Manager</p>	<p>Complete</p>

<p>The local GP practice was very supportive with a GP in attendance on a daily basis. However, we were told that there were difficulties in securing GP support out of hours.</p>	<p>The health board must monitor the out of hours GP cover provided to ensure that patients are receiving timely and effective care.</p>	<ul style="list-style-type: none"> <li>• Service Level review being undertaken.</li> </ul>	<p>Assistant Director</p>	<p>November 2023</p>
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print):** Linzi Shone

**Job role:** Professional Head of Nursing

**Date:** 22/09/2023