

Hospital Inspection Report (Unannounced)

Morris Ward, Wrexham Maelor
Hospital, Betsi Cadwaladr University
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:

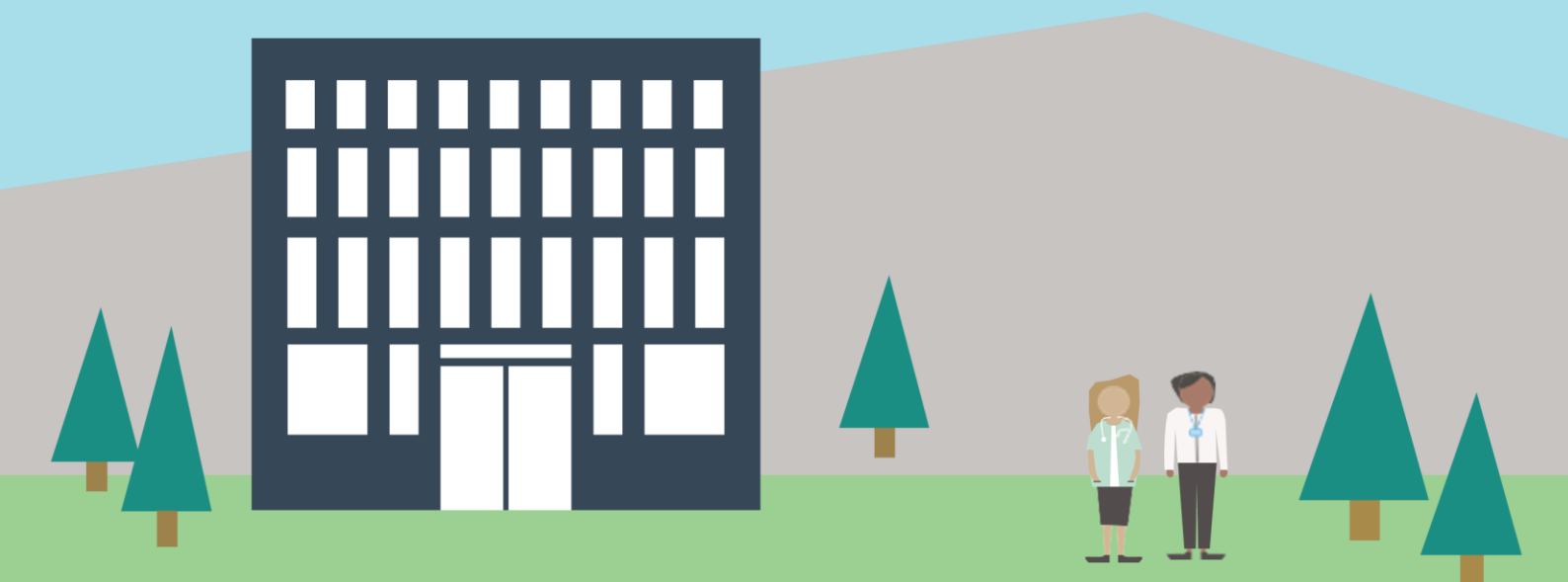
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board on 12 and 13 September 2023. The following hospital ward was reviewed during this inspection:

- Morris Ward - 27 beds providing older persons and Parkinson's care 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 eight questionnaires were completed by patients or their carers and three 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 reviewer. 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 generally good. The majority of 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, generally, supporting patients in a dignified and respectful manner. We saw staff attending to patients in a calm and reassuring manner. However, two patients and their relatives told us that they were not always involved in discussions around care planning and discharge arrangements and that care was not always provided in a sensitive and timely way. One patient told us that they were not always treated with dignity and respect.

This is what we recommend the service can improve:

- Ensure that assessment and care planning is consistent and reflective of the care provided and that supporting documentation, such as dietary and fluid intake charts and catheter care records, are accurately maintained
- Family involvement in the planning and provision of care
- Ensure that staff treat patients with dignity and respect at all times
- Ensure that staff respond to patients in a timely way
- Provision of lounge or quiet room on the ward for patients and relatives to use
- Review the provision of bathroom facilities on the ward
- Continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.
- Promote the use of Welsh on the ward.

This is what the service did well:

- Good interactions between staff
- Food provision
- General environment and cleanliness.

Delivery of Safe and Effective Care

We found the provision of care on Morris 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.

Patient care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety. However, we found that documentation did not always reflect the care provided. We also found that fluid balance charts and catheter care documentation were not being completed consistently.

This is what we recommend the service can improve:

- Some aspects of risk management
- Some aspects of care documentation
- Deprivation of Liberty Safeguards (DoLS) assessments not always documented
- Consider the use of red trays to identify those patients who required assistance with eating and drinking and provide specialist equipment, such as plates and cutlery, to promote and maintain patient independence
- Repair or replace the damaged chairs within the corridor outside the ward entrance.

This is what the service did well:

- Provision of person-centred care
- Risk management
- Multidisciplinary working
- Provision of activities
- Dementia support worker
- Dementia café
- Medication management
- Infection prevention and control.

Quality of Management and Leadership

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.

Most staff members told us that they were generally 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 to include Duty of Candour training

- Move to electronic records management system.

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 eight were completed.

Patients were generally positive about the care provided. However, two patients told us that they were not always involved in making decisions about their care, and that care was not always provided in a sensitive and timely way. One patient told us that they were not always treated with dignity and respect. These matters are highlighted below as areas for improvement.

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 patient 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.

The dementia care support workers encourage patients to take part in various activities in order to keep them active and occupied.

Patients had access to a well thought out and well-presented dementia café. However, the location of the café meant that patients had to be accompanied by a staff member in order to make use of the facility. Apart from the café, there was no other space on the ward, such as a lounge or quiet room, for patients and relatives to use independently.

The health board should consider the provision of a lounge or quiet room on the ward for patients and relatives to use.

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. However, one respondent to the HIW questionnaire told us that this was not always the case.

The health board must ensure that patients are treated with dignity and respect at all times.

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

We saw that staff were making an effort to ensure that patients were clean and that they were encouraged and assisted to change out of their night attire into daytime clothing to maintain independence.

Patients told us that they were happy with the way that staff maintained their privacy and we saw doors to bedrooms and curtains being drawn around patients when personal care was being given.

Individualised care

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

Most patients told us that they and their relatives were involved in the planning of care and the use of 'This is Me' document assisted staff in ensuring that patients' individual needs and preferences were identified. However, two respondents to the HIW questionnaire told us that this was not always the case and that they were not always listened to and involved in the planning of care.

The health board must ensure that patients and their named representatives are listened to and that they are involved in the planning of care.

The quality of care documentation was variable with some of the care plans we viewed not always accurately reflecting the level and quality of care being provided. In addition, fluid balance charts and catheter care records were not completed consistently.

The health board must ensure that assessment and care planning is consistent and reflective of the care provided and that supporting documentation, such as dietary and fluid intake charts and catheter care records, are accurately maintained.

We found that pressure area and skin integrity risk assessment were updated regularly and that referrals to the tissue viability specialist nurse were made where necessary.

There were two showers on the ward for patients' use but no bath.

The health board must review the provision of bathroom facilities on the ward to ensure that the current facilities are sufficient and that patients have a choice of a shower or bath.

There were good multi-disciplinary discussions taking place during the board round around patients' needs. The printed handover sheets used by staff were updated daily and reflected changes in patients' condition and care needs.

We found that patients' wishes with regards resuscitation in the event of collapse were being discussed with the patients and their nominated family representatives and that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation was being completed where needed.

Timely

Timely care

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. However, two respondents to the HIW questionnaire told us that this was not always the case.

The health board must ensure that staff respond to patients in a timely way.

There were good multidisciplinary discharge planning processes in place. However, some patients were being accommodated for longer than was needed due to delays in social worker assessments or the availability of suitable community care packages.

The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.

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.

Only a small number of staff spoke Welsh, which meant that Welsh speaking patients and relatives could not always converse in their first language.

The health board must take steps to further promote the use of Welsh on the ward through encouraging staff to undertake Welsh language training.

Rights and Equality

We saw staff being kind and respectful to patients and patients spoken with confirmed that staff were kind and sensitive when carrying out care.

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

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

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

We found the application of Deprivation of Liberty Safeguards (DoLS) to be variable with some patients who were under close supervision and restrictions on their movements due to the doors to the ward being locked.

The health board must ensure that staff are provided with training and guidance relating to DoLS and that DoLS is applied consistently in relation to those patients whose movements are restricted due to being under close supervision or due to the doors to the ward being locked.

Delivery of Safe and Effective Care

Safe

Risk management

We found that the delivery of care was generally 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.

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 pots of thickener powder were being stored in an unlocked cupboard in the ward kitchen, the door to which was unlocked. Some of the pots had been opened but there was no date of opening recorded. This issue was brought to the attention of the ward manager who took immediate steps to remove the thickener. This is referred to further in Appendix A of this report.

Infection, prevention, control and decontamination

There were very good housekeeping 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.

We saw that the covers on the chairs within the corridor outside of the ward were damaged making them difficult to clean and increasing the risk of cross infection.

The health board must repair or replace the damaged chairs within the corridor outside the ward entrance.

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, and we were told that staff involved in blood transfusion and the management of blood products attended training and undertook regular competency assessments.

We were told that blood transfusions are rarely undertaken on the ward. However, staff members spoken with were clear about the process to follow.

Management of medical devices and equipment

The ward had a range of medical equipment available, and records showed that the equipment was maintained appropriately.

We were told that the maintenance department were very responsive when equipment such as intravenous infusion pumps and call bells are reported. However, they take longer to respond to issues such as flaking paint or missing wall tiles and that this can reflect negatively on the ward's IPC scoring.

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.

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

There was evidence of pain assessments taking place and nurses, when administering medication were asking patients if they needed any pain relief.

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 was reflected in the assessment and care planning process and there was a designated sepsis trolley on the ward, the contents of which was being checked daily.

Nutrition and hydration

We found the provision of food and drink to be 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. However, red trays were not being used to identify those patients who required assistance with eating and drinking and there was little evidence of specialist equipment such as plates and cutlery being used to promote and maintain patient independence.

The health board should consider the use of red trays to identify those patients who required assistance with eating and drinking and provide specialist equipment, such as plates and cutlery, to promote and maintain patient independence.

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

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

Patient records

The quality of the patients' records we looked at was generally good and fairly easy to navigate.

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

Records were being maintained in both paper and electronic formats. We recommended that all patient records be maintained electronically.

The health board should move to an all electronic patient records management system.

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.

Quality of Management and Leadership

Staff

Staff responses to the questionnaire were generally positive in respect of most areas of the service.

Most of the staff who completed the questionnaire felt that patient care is the organisation's top priority and felt they would be happy with the standard of care provided by the organisation for themselves, friends or family.

Most of the staff felt that they were adequately supported in their work and that senior managers were visible and committed to patient care.

Not all respondents felt that they had fair and equal access to workplace opportunities and that the workplace was supportive of equality and diversity.

Staff comments included the following:

“Good teamwork and staff go above and beyond to care for our patients and families. The tea rooms has played a huge role in this too. The benefits are priceless.”

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.

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. Records showed good training completion rates.

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 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.

Learning, improvement and research

Quality improvement activities

Regular audits were being undertaken to monitor and improve the quality of care provided.

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.

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
We found pots of thickener powder stored in an unlocked cupboard in the ward kitchen, the door to which was unlocked. Some of the pots had been opened but there was no date of opening recorded.	This presented a risk of harm to patients if ingested.	This issue was brought to the attention of the ward manager.	Immediate steps were taken to remove the thickener for safe storage.

Appendix B - Immediate improvement plan

Service: Morris Ward, Wrexham Maelor Hospital

Date of inspection: 12 and 13 September 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 identified 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: Morris ward, Wrexham Maelor Hospital

Date of inspection: 12 and 13 September 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
Apart from the dementia café (Morris Ward Tea Rooms / Activities area), there was no other space on the ward, such as a lounge or quiet room, for patients and relatives to use independently of staff.	The health board should consider the provision of a lounge or quiet room on the ward for patients and relatives to use.	Review of space on Morris Ward to consider options for area in addition to the Morris Ward Tea Rooms /Activities area.	Head of Nursing	31/12/2023
A patient told us that they were not always treated with dignity and respect.	The health board must ensure that patients are treated with dignity and respect at all times.	Matron and Peer review audits to be continued monthly (in place). 'Talk to Us' Sessions carried out by Directorate Senior Team speaking directly to patients on wards. Review themes and trends of patient feedback through the	Head of Nursing Head of Nursing	31/12/2023

		<p>East Patient and Carer Experience Group on a quarterly cycle.</p> <p>Oversee any associated learning plans that evolve as a result of trend analysis.</p>		
<p>We found the quality of care documentation to be variable with some of the care plans we viewed not always accurately reflecting the level and quality of care being provided. In addition, fluid balance charts and catheter care records were not completed consistently.</p>	<p>The health board must ensure that assessment and care planning is consistent and reflective of the care provided and that supporting documentation, such as dietary and fluid intake charts and catheter care records, are accurately maintained.</p>	<p>Matron and Peer review audits to be continued (in place) regarding quality of documentation and individualised care.</p> <p>Enhanced Falls Audit programme to be implemented auditing quality of assessment in reflection of the patient (review of up to 9 assessments per day).</p> <p>Falls audit and Matron/Peer review outcomes to be reviewed through ward review cycle with Head of Nursing.</p> <p>Matron for Acutely Ill Patient to continue audit and teaching</p>	<p>Head of Nursing</p> <p>Head of Nursing</p> <p>Head of Nursing</p> <p>Associate Director of Nursing</p>	<p>31/03/2024</p>

		programme in relation to Fluid Balance		
There were two showers on the ward for patients' use but no bath. This means that patients did not have sufficient choice.	The health board must review the provision of bathroom facilities on the ward to ensure that the current facilities are sufficient and that patients have a choice of a shower or bath.	Review of bathroom facilities and space on Morris Ward (to include costings) to consider the choice for patients use.	Senior Estates Officer	30/11/2023
Two patients told us that staff did not always respond to them in a timely way. This means that patients had to wait for assistance from staff which could compromise their dignity, cause distress and result in harm.	The health board must ensure that staff respond to patients in a timely way.	Monitoring of response times via Matron and Peer review audits to continue. Review at 3 months.	Head of Nursing	31/12/2023
We found that some patients were being accommodated for longer than was needed due to delays in social worker assessments or the availability of suitable community care packages. This means that patients were not receiving care in the most appropriate environment.	The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.	Regular reviews of patients with delays in their journey to be undertaken. Delays for clinically optimised patients to be reviewed through the Integrated Health Community weekly	East IHC Senior Leadership Team	31/03/2024

		partnership escalation meeting.		
Only a small number of staff on the ward spoke Welsh. This meant that Welsh speaking patients and relatives could not always converse in their first language.	The health board must take steps to further promote the use of Welsh on the ward through encouraging staff to undertake Welsh language training.	All staff to complete Welsh Language Awareness e-learning. Welsh Language training to be offered to all staff on the ward.	Matron	31/12/2023
We found the application of Deprivation of Liberty Safeguards (DoLS) to be variable with some patients who were under close supervision and restrictions on their movements due to the doors to the ward being locked.	The health board must ensure that staff are provided with training and guidance relating to DoLS and that DoLS is applied consistently in relation to those patients whose movements are restricted due to being under close supervision or due to the doors to the ward being locked.	All staff to complete DoLS awareness sessions provided by Safeguarding team or via e-learning. DOLs audits to be undertaken on a monthly basis, for 6 months to provide assurance that the application of DOLs is robust Audits results to be reviewed and exceptions escalated to the East Safeguarding Forum	East Safeguarding Lead	31/03/2024 30/04/2024
The covers on the chairs within the corridor outside of the ward were damaged making them difficult to clean and increasing the risk of cross infection.	The health board must repair or replace the damaged chairs within the corridor outside the ward entrance.	Estates team to replace or repair damaged chairs in the corridor outside the ward entrance.	Senior Estates Officer	31/12/2023

<p>Red trays were not being used to identify those patents who required assistance with eating and drinking and there was little evidence of specialist equipment such as plates and cutlery being used to promote and maintain patient independence.</p>	<p>The health board should consider the use of red trays to identify those patents who required assistance with eating and drinking and provide specialist equipment, such as plates and cutlery, to promote and maintain patient independence.</p>	<p>East Nutrition & Hydration group to consider Quality Improvement project for the use of specialist equipment and use of red trays with Morris Ward as trial area.</p> <p>The catering department to ensure that there is sufficient provision of specialist equipment to maintain and promote independence of patients</p>	<p>Head of Nursing</p> <p>Head of Catering Services</p>	<p>31/12/2023</p>
<p>Records were being maintained in both paper and electronic formats. We recommended that all patient records be maintained electronically.</p>	<p>The health board should move to an all-electronic patient records management system.</p>	<p>Informatics team to review paper documentation and provide timeframes for fully electronic record keeping system.</p>	<p>J B or Informatics Senior Officer</p>	<p>31/01/2024</p>
<p>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.</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>	<p>All Morris Ward Staff to receive Duty of Candour awareness/training supported by the Practice Development Nurse.</p> <p>New starters induction to be refreshed to include Duty of Candour oversight.</p>	<p>Head of Nursing</p> <p>Practice Development Nurse</p>	<p>31/01/2024</p> <p>31/01/2024</p>

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): Michelle Greene

Job role: IHC director East

Date: 20/11/2023