Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Brynheulog Ward, Montgomery County Infirmary, Powys Teaching Health Board

Inspection date: 21 and 22 November 2023

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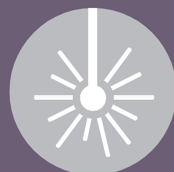

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

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 of Brynheulog ward, Montgomery County Infirmary, Powys Teaching Health Board on 21 and 22 November 2023.

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 seven questionnaires were completed by patients or their carers and two 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 good. Patients and their relatives spoken with during the inspection told us they were very happy 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 we recommend the service can improve:

- Improve signage to the ward
- Install an automatic door to ward
- Storage of equipment.

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
- Provision for patients to communicate with staff in the language of their choice
- Patients were attended to promptly when they needed assistance.

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care on Brynheulog 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.

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:

- Some aspects of infection prevention and control
- Implement a system of staff prompts for pressure area care and continence management
- Ensure that evaluation records are reflective of the care given
- Ensure that a second nurse signs to confirm syringe driver checks
- Some aspects of medication management
- Ensure social worker involvement in MDT
- Ensure that DOLS are reviewed prior to expiry of authorisation.

This is what the service did well:

- Provision of person centred and individualised care
- Care plans and supporting documentation easy to navigate
- One to one care provision and supporting documentation.

Quality of Management and Leadership

Overall summary:

We found good management and leadership on the ward, with staff commenting positively on the support that they received from the management team. This included an ethos of continual improvement, and a commitment to deliver a high standard of care to patients.

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:

- Ensure that all staff complete mandatory training.

This is what the service did well:

- Good support and oversight by the ward manager
- Good auditing and reporting processes
- Management of concerns and incidents.

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 seven were completed. Patients' comments about the care provided by staff on Brynheulog ward were very positive and included the following:

> *"Staff go the extra mile to ensure that patients are advised about changes at home and supported in communicating with loved ones - empathetic care and positive attitude."*
>
> *"Always clean, staff very attentive."*
>
> *"More places like Newtown Hospital please."*

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. Both 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.

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.

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.

Patients confirmed that they were offered the option to communicate with staff in the language of their choice, and a small number of staff members spoke Welsh. This 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.

Staff we spoke with had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity processes and we found that assessments were being conducted as and when needed. However, we found that one patient's DoLS assessment had not been reviewed within the specified time frame.

The health board must ensure that DoLS assessments are reviewed prior to expiry of authorisation.

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

We found that there was generally good access within the ward environment for people with mobility needs. However, this could be further enhanced with the provision of automatic doors on to the ward.

In addition, the health board should give consideration to improving signage to the ward, as the current arrangement is somewhat confusing.

The health board should, during future refurbishment work, consider installing automatic doors to improve access on to the ward and consider improving signage.

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. However, we found that it was difficult to track when patients required turning. Turing charts were not being used on the ward and this meant that staff had to check the assessments within nursing documentation on care files to establish when patients should be turned. In addition, patient evaluation notes were not always updated to reflect when patients had been turned.

The health board must review the pressure area management documentation process to ensure that staff can, at a glance, see when patients require turning.

The health board must also ensure that staff update the evaluation notes to accurately reflect when patients have been turned.

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 including in an unused bathroom.

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

There were generally good maintenance systems in place with repairs undertaken in a timely manner. However, we found that screws were protruding where objects have been removed from walls. These could cause injury to patients, visitors and staff should they accidentally fall against them, or brush past them.

The health board must ensure that screws protruding from walls on the ward are removed.

Infection, prevention, control and decontamination
There were generally 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. However, some dust and cobwebs were evident around the security camera system.

The health board must ensure that all areas of the ward are kept clean and free from dust and cobwebs.

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.

The health board should ensure that outcomes of audits are displayed on the ward 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
We were told that blood transfusions were not carried out on the ward and if a patient required a blood transfusion, then they would be transferred to another hospital for treatment.

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

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

Medicines management arrangements were generally safe, effective, and well organised. However, we found that the controlled drug storage cupboard contained medication prescribed to patients no longer accommodated on the ward some of which was out of date.

The health board must ensure that medication no longer required is disposed of in a timely way.

We also found that oxygen was not always formally prescribed before being administered to patients.

The health board must ensure that oxygen is prescribed before being administered to patients.

Effective

Effective Care

There was evidence of very good multi-disciplinary working between the nursing, medical staff and other multidisciplinary professionals. However, we were told that there was not always a social worker in attendance during multidisciplinary team meetings and that this caused issues particularly in relation to discharge planning.

The health board must continue to engage with senior managers within the local authority with view to ensuring social work attendance at MDT meetings.

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. However, any changes or escalation resulting from NEWS or sepsis assessments were not always reflected in patients' care evaluation notes.

The health board must ensure that staff accurately reflect actions taken in response to changes in NEWS or sepsis assessments within patients' care evaluation notes.

We found that pain was being assessed and managed appropriately with medication prescribed and administered in a timely way. However, patients' care evaluation notes did not always reflect this and there was no record of the effectiveness of administered pain relief medication.

The health board must ensure that staff update patients' care evaluation notes to reflect any changes in the assessment or care planning relating to pain management and also record the effectiveness of administered pain relief medication.

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. However, we did not see staff encouraging patients to wash their hands before and after meals to reduce the risk of cross infection.

The health board must ensure that staff encourage patients to wash their hands before and after meals to reduce the risk of cross infection.

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.

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.

Records were maintained in both paper and electronic formats. We suggested that an instruction document be developed for agency staff or newly appointed staff to assist them in navigating the electronic records management system.

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.

Quality of Management and Leadership

Staff

During the inspection, we invited staff to complete a questionnaire to tell us their views on working for the service. Only two responses were received. Due to the low number of staff responses, we are unable to include any findings in this report as the results are inconclusive. However, staff we spoke with during the inspection were generally happy with the working environment and commented positively on the support that they received from the ward manager.

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. 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 and Safety and Safeguarding as well as service specific training. The staff training information provided showed mandatory training completion rates to be just over 72%.

The health board must continue with efforts to ensure that all staff complete all aspects of mandatory training.

Records showed that 68 % of staff had received formal, documented annual appraisals with arrangements in place for the remaining staff to receive an appraisal in the very near future.

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.

There was a patient experience notice board on the ward containing bilingual information about Llais, Putting Things Right, NHS Experience Feedback and how to contact the health board's concerns, quality and safety team.

Staff told us that they work well together and that they are well supported by the ward manager.

Staff were aware of their responsibilities under Duty of Candour and there was information about the Duty of Candour on the health board's intranet site. The ward manager and deputy ward managers had completed Duty of Candour training. However, other staff members had not received any formal Duty of Candour training.

The health board must ensure that all staff receive appropriate training on Duty of Candour.

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
As previously mentioned, there were good auditing and reporting processes in place to support the development of the service.

Concerns and incidents were managed appropriately with action points and learning highlighted.

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.

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: Brynheulog Ward

Date of inspection: 21 and 22 November 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: **Brynheulog Ward**

Date of inspection: **21 and 22 November 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 one patient's DoLS assessment had not been reviewed within the specified time frame.	The health board must ensure that DoLS assessments are reviewed prior to expiry of authorisation.	• DoLs reviews added to Patient Status At a Glance (PSAG) board to ensure that all staff are aware of patients that require review • DoLs review date to be added to the ward handover sheet - This practice to be shared with ward managers across PTHB inpatient wards. • Role of DoLs link nurse to be re-established.	Ward Manager(WM) Ward manager/ Head of Nursing (HoN)	Complete February 2024 To be shared at next ward leaders meeting End of January 2024

In addition, the health board should give consideration to improving signage to the ward, as the current arrangement is somewhat confusing.	The health board should, during any future refurbishment work, consider installing automatic doors to improve access on to the ward and consider improving signage.	• CSM to contact head of estates for discussion to review signage. • Quote received - sign ordered and awaiting delivery. • Audit of signage across other ward areas • Current PTHB wide review of improved security options on sites which will include automatic doors/ swipe access	Community Services Manager (CSM)/ Ward Manager	Signage completed January 2024 Security review ongoing
It was difficult to track when patients required. Turning charts were not being used on the ward and this meant that staff had to check the assessments within nursing documentation on care files to establish when patients should be turned.	The health board must review the pressure area management documentation process to ensure that staff can, at a glance, see when patients require turning.	• White boards to be Above bed spaces to monitor position changes and continence needs. • Boards to be ordered and implemented	Ward manager	February 2024
Patients evaluation notes were not always updated to reflect when patients had been turned.	The health board must also ensure that staff update the evaluation	• Review with digital lead nurse to enable time to be correctly entered on	Ward manager	February 2024

	notes to accurately reflect when patients have been turned.	skin bundle - if achievable to be shared widely with inpatient areas		
Storage was an issue with equipment stored in various places around the ward including in an unused bathroom.	The health board must ensure that there is sufficient storage available on the ward.	• Progress - WM and CSM reviewed and raised through Community Services Group (CSG) operational meeting & Capital control group. • Potential for funding through charitable funds for reconfiguration of storage rooms.	CSM/ Ward Manager	September 2024
Screws were protruding where objects have been removed from walls. These could cause injury to patients, visitors and staff should they accidentally fall against them, or brush past them.	The health board must ensure that screws protruding from walls on the ward are removed.	• Screws to be removed and holes filled during ward decoration	Ward manger/ estates	February 2024
Dust and cobwebs were evident around the security camera system.	The health board must ensure that all areas of the ward are kept clean and free from dust and cobwebs.	• Cobwebs to be removed and review of cleaning schedule with facilities supervisor.	Ward manager/ Facilities supervisor	Complete

		• Findings shared with broader health board facilities lead.		
Outcomes of audits were not displayed for patients, visitors and staff to see.	The health board should ensure that outcomes of audits are displayed on the ward for patients, visitors and staff to see.	• Current investment in electronic audit system • How we are doing boards are being upgraded to ensure consistent evidence of Audits and performance in a simplified format.	Ward manager/ CSM/ HoN	April 2024
The controlled drug storage cupboard contained medication prescribed to patients no longer accommodated on the ward some of which was out of date.	The health board must ensure that medication no longer required is disposed of in a timely way.	• Monthly check implemented to ensure that no medications remain on ward for discharged patients • Medications now removed from ward	Ward Manager/ pharmacy	Complete
Oxygen was not always formally prescribed before being administered to patients.	The health board must ensure that oxygen is prescribed before being administered to patients.	• All patients requiring oxygen therapy to have it prescribed on drug chart. • Nursing staff will ensure that anyone requiring oxygen has a prescription.	Ward Manager/ pharmacy technician	Complete

		• Pharmacy to audit prescribed O2 compliance.		
We were told that there was not always a social worker in attendance during multidisciplinary team meetings and that this caused issues particularly in relation to discharge planning.	The health board must continue to engage with senior managers within the local authority with view to ensuring social work attendance at MDT meetings.	• Contact with local authority to discuss improvement in social worker attendance at MDT meetings. • Ongoing presence to be monitored and reported through operational group.	Ward Manager/ CSM/ AD	February 2024
Patients' care evaluation notes did not always reflect this and there was no record of the effectiveness of administered pain relief medication.	The health board must ensure that staff update patients' care evaluation notes to reflect any changes in the assessment or care planning relating to pain management and also record the effectiveness of administered pain relief medication.	• Improvement of documentation of patient feedback of the effect from analgesia given. • Staff updated through huddles and ward meetings.	Ward manager	Complete
We did not see staff encouraging patients to wash their hands before and after meals to reduce the risk of cross infection.	The health board must ensure that staff encourage patients to wash their hands before and after meals to reduce the risk of cross infection.	• Staff reminded to support patients to wash their hands before and after meals.	Ward manager	Complete

		• To ensure that assistance is given to bed bound patients. • Hand wipes are included on patient trays (and are available in between meals)		
The staff training information provided showed mandatory training completion rates to be just over 72%.	The health board must continue with efforts to ensure that all staff complete all aspects of mandatory training.	• Bryn Heulog ward has shown an improved trajectory in compliance compared to previous years - this needs to be monitored and assurance provided for continued improvement. • Staff to be reminded of requirements to meet obligations with regards to statutory and mandatory training. • Protected time offered where possible.	Ward Manager/ CSM/ HoN	June 2024

		• Aim to achieve 85% compliance by June 2024.		
The ward manager and deputy ward managers had completed Duty of Candour training. However, other staff members had not received any formal Duty of Candour training.	The health board must ensure that all staff receive appropriate training on Duty of Candour.	• All staff to have an awareness of Duty of Candour (DoC) and the requirements expected of them and PTHB within this process. • Duty of Candor training available on ESR- team to reach 85% compliance by May 2024. • Update to staff at huddles and meetings to ensure language becomes familiar and awareness raised surrounding DoC. • Display of DoC materials in ward for patients and staff.	Ward Manager/ CSM/ HoN	May 2024

		• Datix training to ensure correct level of harm is recorded. • Daily datix review in place to ensure DoC is commenced where identified.		

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: 15/01/2024