

**Dignity and Essential Care
Inspection (unannounced)**
Hywel Dda University Health
Board,
Prince Philip Hospital,
Ward 6 – Elective Orthopaedic

23 September 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection in Ward 6, Prince Philip Hospital part of the Hywel Dda University Health Board on 23 September 2014.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service

2. Methodology

HIW's dignity and essential care inspections, review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Hywel Dda University Health Board was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. The Health Board is responsible for the health and wellbeing of the population across Carmarthenshire, Ceredigion and Pembrokeshire. It also provides a range of services for the residents of south Gwynedd and Powys. The Health Board covers a quarter of the landmass in Wales, with a population of approximately 375,061 people.

The community and secondary care services are delivered through:

- Four hospitals; Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli and Withybush Hospital in Haverfordwest
- Eight community hospitals
- Eleven health centres

Prince Philip Hospital, Llanelli is an acute hospital which opened in 1990. There are approximately 225 inpatient beds that support acute and elective services for General Medicine; General Surgery; Orthopaedic; Urology ; Acute Stroke and Rehabilitation which are outlined as follows:

- Clinical Decisions Unit
- Ward 1 – General Medicine/Elderly Medicine
- Ward 3 – General Medicine/Respiratory
- Ward 4 – General Medicine/Cardiology/Gastroenterology
- Ward 5 – General Medicine/Diabetology
- Ward 6 – Elective Orthopaedic
- Ward 7 – Elective Surgical Ward/Breast Unit

The Hospital's Acute Critical Illness facilities include a level II Emergency Department; Coronary Care Unit and Critical Care Unit. Other hospital services include a Surgical Day Case unit; an Endoscopy Unit; and Radiology and Pathology Departments. There is also a Hospice facility on site which provides an Inpatient Palliative Care Service and Day Outpatient Treatment Centre. The main Outpatient Department provides consultation clinics for a range of specialities which support diagnostic and therapeutic interventions.

Ward 6 – Elective Orthopaedic

Ward 6 is a very busy clinical area which has 28 ring fenced inpatient and day beds for the provision of elective orthopaedic services. The ward specializes in hip, knee, shoulder and foot surgery. The patient acuity and dependency on this ward is high and the workload is acute and intense, reflecting patients who are pre and post operative. On the day of this inspection the 28 ring fenced beds had been reduced to 21 with seven beds given over to medical patients. The remaining beds were full due to 11 patients having been admitted that morning.

4. Summary

Overall the standard of care and the manner of the staff was very good. People felt that the quality of their experience whilst on the ward was high and they were very complementary regarding all aspects of their stay.

Feedback from patient questionnaires was positive on staff attitudes and how care was provided. People felt that their dignity and privacy was respected during their stay.

People could feel confident that they were kept informed verbally regarding their care. However we could not assure people that the quality of the written documentation reflected the good standard of care given on the ward.

We saw that nursing care was provided with compassion and empathy for the person to whom it was being delivered. However there were some areas of improvement required regarding confidentiality and support for people living with sensory impairment.

Staff encouraged people to socialise and to maintain friendships. There were suitable arrangements in place to promote rest and patients told us they were comfortable and pain free. We saw appropriate assistance and encouragement being provided to promote good personal hygiene, although there could be room for development in promoting healthy foot care. We were satisfied that people received appropriate nutrition and hydration. However, there are some areas which could improve the mealtime experience such as some specific staff attitudes and protected mealtimes.

People were supported to use the toileting method of their choice, although continence assessments and related documentation was not always evident or fully completed. We saw that every attempt was made to ensure that peoples' skin integrity was maintained.

People could be confident that the service, at the time of the inspection, was noted to be well run. There was evidence of effective leadership and good team working. Nurse staffing met the required standards and staff were clear how to escalate staffing issues if problems arose. However this had not been instigated to cover the ward clerk's absence

Generally we were satisfied that staff paid attention to issues associated with the delivery of a safe and effective healthcare service. The ward environment was clean, fresh and good standards of hygiene appeared to be maintained. Conversations with people indicated that they were satisfied with the cleanliness in their area. There was good medicine management and nursing

quality and safety records. There were areas for improvement in diabetic care. There was however one significant concern (that did not concern nursing staff) which we highlighted by sending an Immediate Assurance letter to the health board on the 24 September 2014. This is discussed further in the content of the report.

5. Findings

Quality of the Patient Experience

Overall the standard of care and the manner of staff was very good. People felt the quality of their experience whilst on the ward was high and they were very complementary regarding all aspects of their stay.

Feedback from patient questionnaires was positive on staff attitudes and how care was provided. People felt their dignity and privacy were respected during their stay.

During this inspection, we distributed 15 (HIW) questionnaires to patients and relatives in order to obtain people's views on the services provided within Ward 6. In addition, we spoke with a small number of relatives who were in the ward waiting to take people home.

Thirteen questionnaires were completed. 10 people indicated that they strongly agreed that the ward was clean adding comments such as;

"cleaning very thorough"

"cleanliness etc., in the ward, corridor and toilets is of a high standard"

Four patients felt that there was some untidiness on the ward with one stating;

"normal busy ward clutter".

One comment stated that the fabric of the ward was "shabby" and "cosmetically poor" although "cleaning was very good".

Eleven people strongly agreed that they were satisfied with the care, support and attitudes of the nursing staff. Comments to support their views were;

"All the staff at ward 6 in Prince Philip Llanelli are A1"

"nurses brilliant, can't wish for better"

"I can not speak too highly of all levels of staff I have come into contact with"

"They all work extremely hard while keeping cheerful despite the pressures they are under"

When questioned regarding their views on the overall care they had received, nine of the thirteen rated it as 10 (excellent); two rated it as nine, and two recorded 'not applicable' as they were relatives.

Six people who completed the questionnaire provided us with additional views in relation to their hospital stay. All indicated satisfaction with the care and described the staff as "*compassionate, helpful, kind, warm and friendly*".

During discussions with one person we were told that there was no plug in the sink which was inconvenient for those who could not shower but would like to wash down. It was also suggested that a seat in the bathroom would be helpful for people who could not stand for long periods. These aids would maintain peoples' dignity and promote independence.

We also saw that there were no payphones for people to make private telephone calls. One person didn't own a mobile phone but the ward staff confirmed people were able to use the ward telephone to speak with relatives.

People told us that they were treated with dignity and respect and that staff were helpful and polite. They felt that clear explanations were given with regard to procedures and medication and they were aware of expected treatments and discharge plans.

Delivery of the Fundamentals of Care

Communication and information

People must receive full information about their care in a language and manner sensitive to their needs

People could feel confident that they were kept informed verbally regarding their care; however we could not assure people that the quality of the written documentation reflected the good standard of care given on the ward.

We observed staff communicating appropriately and supporting people during their stay on the ward. This made people feel safe and respected.

We observed interaction between staff and patients/relatives which was in accordance with the standard required by the 'Fundamentals of Care'¹. The majority of patients and relatives we spoke with during the inspection confirmed that they felt adequately informed about their care management and treatment.

We witnessed that people received information about their care in a language and manner which was sensitive to their needs – for example we saw medical and nursing staff talking with people in Welsh or English, in a considerate, unhurried manner.

However, we found that written information was not robust and did not adequately reflect the care given. The deputy Ward Manager explained that there was new documentation throughout the health board which did not lend itself well to surgical orthopaedics and therefore the ward used some of the older documentation alongside the new. Further inspection of the older documentation found poor quality in the photocopying and inconsistency in the packs with some pages missing or duplicated. Although the patient notes contained the relevant personal information, the initial assessment of health needs (which were tick boxes) were not fully completed. There were very few risk assessments and no action plans to mitigate any identified risks. We saw, and discussion with staff confirmed, that care plans were generic and not patient centred. Therefore there was no evidence that individualised care was promoted. There were documented entries that care had been given as

¹ *The Fundamentals of Care*, Welsh Assembly Government 2003

planned but no evidence of evaluation to ensure that the care was effective. We did see good use of the National Early Warning Score² chart, which identifies any changes in the patient's condition. There was no evidence that the records were written in real time; for example, one set of notes had no entry since 3:30 am that morning. There were also instances where there were gaps in the daily recordings; for example, one set of notes had no recordings for 24 hours.

There was no evidence of discharge planning or referrals to appropriate community services seen in peoples nursing notes. We were told that day patients notes would not include discharge planning until return from theatre, to ensure all relevant information could be included in the referral forms. However one person told us there had been an assessment by the Occupational Therapist indicating fitness for discharge home but this was not documented in either the person's nursing or medical notes.

We noted that there were two sets of nursing patient notes. One kept at the bedside and one at the nurse station. Different documents were filed in each set of notes. It was therefore difficult to navigate one set of documentation without reference to the other, making the system cumbersome and a potential for risk. Neither permanent or bank staff were provided with clear guidance to provide care and support to each patient in accordance with their needs, wishes and preferences.

Recommendation

Documentation needs to identify individual nursing needs, outline interventions and evaluate effectiveness of treatment in real time. This needs to be set out in a user friendly format.

We looked at the patients' medical notes and saw that there were instances where the medical doctors had recorded information, had signed but had not printed their name or designation. Good practice requires that doctors sign and then print their name and designation. This clarifies who is making the record, decisions or agreeing the decisions. This is a requirement in the Good Medical Practice³ guidance: Domain 1 sec 21.

² National Early Warning Score is a colour-coded observation chart used in hospitals to record routine clinical data and track a patient's clinical condition.

³ *Good Medical Practice* is the guidance on duties of a doctor registered with the General Medical Council

Recommendation

Doctors need to sign, print and state their designation when making recordings in patients' notes.

Staff had a good understanding of the complaints system and the Ward Manager provided examples of how they communicated with relatives who had voiced concerns. We saw guidance on how to make a complaint or raise a concern on the notice board in the ward area. People did not raise any issues whilst we were on the ward.

Respecting people

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

We saw that nursing care was provided with compassion and empathy for the person to whom it was being delivered. However there were some areas of improvement required regarding confidentiality and support for people living with sensory impairment.

We observed many examples of friendly and respectful interactions between staff and patients. The ward used the red peg⁴ sign to ensure privacy and we saw staff taking into account peoples' ability and preserving dignity by closing curtains before undertaking any personal or nursing care. Staff attitudes were courteous and polite.

Staff told us, and we observed examples whereby confidentiality was maintained by discussing any personal matters at quieter times, by speaking discreetly behind bed curtains or by using the Ward manager's office. However, we observed the handover of two people from the ward staff to theatre staff being undertaken in the thoroughfare of the ward. This was not respectful nor

⁴ The **RED pegs** are intended to maintain patients' privacy and dignity by ensuring that curtains and screens are closed properly with the use of a red peg. 'Care in progress' signs will also be connected to the pegs, both of which will make staff stop and think prior to entering closed curtained areas.

was it private. We also noted that the process blocked the direct path to the emergency trolley should this have been required.

Recommendation

Handover of patients from ward staff to theatre staff should be undertaken at the bedside to ensure confidentiality and respect.

There were no colour coded doors to assist people living with any sensory impairment to identify bathrooms and toilets however the locks on doors were all in good working order to maintain privacy and dignity.

Recommendation

Toilet and washroom facilities should have colour coded doors to assist people who are living with sensory impairment.

Promoting independence

The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.

HIW did not feel it necessary to look at this area in depth on this occasion.

Relationships

People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.

Staff encouraged people to socialise and to maintain friendships.

We saw that the ward had structured visiting times and staff told us there was flexibility within reasonable hours when required. They also stated they were always sensitive to the privacy and needs of other people, especially those who had recently returned from theatre, when allowing visitors outside of the structured visiting times.

There was no day room facility where patients and/or relatives could sit away from the ward environment. This did not encourage socialisation or promote recuperation.

All staff wore identification badges and this helped build relationships with people who had difficulties remembering names and designations.

Rest, sleep and activity

Consideration is given to people's environment and comfort so that they may rest and sleep.

There were suitable arrangements in place to promote rest and patients told us they were comfortable.

We saw that there were adequate amounts of pillows and blankets available. The linen trolley was well stocked. This meant that people were able to access additional bedding for comfort when required.

There was no dedicated rest time during the day however people stated that they were able to sleep well at night. The ward, although busy, was quiet and calm and conducive to rest, however people, due to their conditions, were being disturbed frequently by doctors and allied professionals.

There were televisions in each bay and in the cubicles although these were not visible if any of the privacy curtains were closed.

Ensuring comfort, alleviating pain

People must be helped to be as comfortable and pain free as their circumstances allow

Patients told us they were comfortable and they were pain free.

We saw in the patient medication charts that analgesia was prescribed where required. This ensured that people received appropriate pain relief and the effects of the medication were monitored. We saw the use of a pain assessment tool however there were no care plans to evidence the care given. Notwithstanding this, all people spoken with gave positive feedback on the management of any pain.

We saw staff readjusting patients' bedding to assist with comfort. Staff were able to explain why this was important which meant that staff had an awareness of their duty in ensuring patients were comfortable.

Personal hygiene, appearance and foot care

People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.

We saw appropriate assistance and or encouragement being provided to promote good personal hygiene, although there could be room for

development in promoting healthy foot care, in particular around staff training.

People stated that they were encouraged to wear day clothes and this was evident on the day. All patients spoken with on the day of inspection looked clean and well cared for.

There were shower facilities on the ward and people were supported, where required to access these. People told us they were encouraged to be as independent as possible with washing and dressing.

There was no evidence of any assessments or care plans with regard to foot care. Staff stated they had not received any training in this topic. This is an area that needs training especially with regard to diabetic foot care and the associated complications.

Recommendation

Staff should receive training in foot care and associated complications.

Eating and drinking

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

We were satisfied that people received appropriate nutrition and hydration. However, there were some areas which could improve the mealtime experience such as some specific staff attitude and protected mealtimes.

On the whole people who spoke with us stated that the food was good. The meals served appeared appetising. Hot drinks and snacks were served during the day.

We found that people did not have a choice as to where they would like to eat their meal. This was because the ward did not have a separate dining area. We did not receive any negative comments from people about having to eat and drink at their bedside. We observed people being assisted to sit in an upright position and the bed tables were cleaned and placed within reach prior to the food being served. People were offered hand wipes prior to eating their meals.

Direct observation of a mealtime confirmed that hotel service staff undertook the serving of the food. This was done with very little respect. There was no choice of portion size and food trays were put on the tables with no

conversation or eye contact. People did not make any comments on this; however it did not help make mealtime an enjoyable experience.

Recommendation

The Hotel Services Manager needs to ensure that staff working on the wards treat people with dignity and respect.

The ward had signage for protected mealtime⁵ arrangements however due to an emergency situation we saw a patient being assessed by doctors and tests being undertaken by technicians. The Ward Manager stated it was difficult to maintain protected mealtimes at all times, because people had recently returned from theatre and required post surgery assessment.

Staff spoken to understood the Red Tray system⁶ and confirmed that the ward use this when a person requiring assistance is identified. There was no one requiring assistance on the day of inspection.

Oral health and hygiene

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

HIW did not feel it necessary to look at this area in depth on this occasion because from observation of practice we were satisfied that patients were able or assisted to maintain good oral hygiene.

Toilet needs

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

⁵ 'Protected Mealtimes'. This is a period of time over lunch and evening meals, when all activities on a hospital ward are meant to stop. This arrangement is put in place so that nurses and housekeepers are available to help serve the food and give assistance to patients who need help. Protected mealtimes also prevent unnecessary interruptions to patients' mealtimes.

⁶ The Red Tray system helps to reduce nutritional risk in hospitals by providing a signal that vulnerable patients need help and support from staff, or on occasions where patients have been assessed as having a poor dietary intake.

People were supported to use the toileting method of their choice although continence assessments and related documentation was not always evident or fully completed.

We saw evidence of continence assessments in some patient's notes which showed that the continence needs of some people were being assessed. We also saw documentation regarding catheter care, where appropriate, although these were not fully completed. We could not therefore be sure that care was being offered to all people appropriately and in a timely manner.

Recommendation

Continence assessments must be undertaken on admission and any related documentation must be completed in real time.

People stated that they were offered a choice of toilet method. They had ready access to buzzers and no one reported difficulty obtaining the support that they needed in a timely fashion.

Toilet facilities were easily located due to the clear male/female signs on the doors. All were found to be clean and were equipped with toilet paper, soap dispenser and paper towel dispenser.

Commodes inspected were clean with signage to show that the commode had been cleaned.

We saw that continence products were stored out of the plastic packaging in the sluice room. This reduced the efficacy of the products as well as being an infection control issue.

Recommendation

Continence products need to be stored within the plastic packaging.

Preventing Pressure Sores

People must be helped to look after their skin and every effort made to prevent them developing pressure sores.

We saw that every attempt was made to ensure that peoples' skin integrity was maintained.

On admission to the ward everyone had an assessment on the condition of their skin. We saw evidence in the patients' nursing files that appropriate

pressure prevention tools were being used to assess and monitor for any break down in skin integrity. Staff stated that when required, people were given pressure relieving aids and staff could contact the Tissue Viability Nurse for advice.

We also observed safety crosses being used on the ward to communicate with the public the wards' performance on the incidence of pressure areas. This meant the ward promoted an open culture around this issue and people could easily access information about pressure areas should they wish to do so.

Quality of Staffing, Management and Leadership

People can be confident that the service, at the time of the inspection, was noted to be well run. There was evidence of effective leadership and good team working. Nurse staffing met the required standards and staff were clear how to escalate staffing issues if problems arose. However this had not been instigated to cover the ward clerk's absence.

The Deputy Ward Manager was on duty when we arrived and was visibly busy helping with the day to day running of the ward; assisting with patient care whilst also undertaking the duties of the ward clerk who was on leave. The Ward Manager was on duty in the afternoon.

Recommendation

Arrangements should be in place to ensure ward clerk cover is available for sick /annual leave.

The guiding principles for nurse staffing issued by the Chief Nursing Officer for Wales, state that on a medical ward during the day there should be no more than seven patients allocated to each registered nurse. On the day of inspection this standard was met.

We were informed by the Ward Manager that sickness levels within the ward were unusually high at the time. However staff turnover was low and this meant that people usually received care from a cohesive, established staff team.

There was a clear professional accountability in place; a Ward Manager/Deputy was in charge and two teams (blue and yellow) of nurses had allocated patients for whom they were responsible. The healthcare support workers were working under the direction of the nurse.

There was a programme of staff training, although it was reported that not all staff had attended all health board mandatory training. We did not review in detail the training records held during this inspection.

It was evident that the Ward Manager and Senior Nurse worked effectively to ensure that peoples' health, safety and welfare needs were met. Conversations with other members of the ward team also demonstrated that an open and honest management style existed which encouraged staff to raise any concerns about the delivery of care. We were also told by staff and people that the Ward Manager, Deputy and Senior Nurse were always visible. General observations during this inspection clearly confirmed the efforts made by the entire staff team to support people in a calm and compassionate way.

Delivery of a Safe and Effective Service

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Generally we were satisfied that staff paid attention to issues associated with the delivery of a safe and effective service. The ward environment was clean, fresh and good standards of hygiene appeared to be maintained. Conversations with people indicated that they were satisfied with the cleanliness in their area. There was good medicine management and nursing quality and safety records. There were areas for improvement in diabetic care. There was however one significant concern (that did not concern nursing staff) which we highlighted by sending an Immediate Assurance letter to the Health board on the 24 September 2014.

Environment

There was not adequate storage space on the ward. There was one small room which was very cluttered and equipment was stored on the floors and high on shelves. We discussed this with senior nurses and the Ward Manager indicated that the issue in part was due to physiotherapy equipment being stored inappropriately. This needs to be addressed in accordance with national health and safety and infection control guidance.

We also inspected the sluice room and found that the macerator (for disposing of bodily waste) had a sign stating that it was "prone to overflowing" and there were instructions not to store cardboard boxes on the floor. However by late afternoon a delivery had arrived and there were cardboard boxes surrounding the machine.

Recommendation

There must be a macerator on the ward which is in a safe working condition.

We also saw that toothbrushes and denture pots were stored in this room which could be an infection control issue.

Recommendation

Oral hygiene products need to be stored in a more suitable room.

Diabetes Management

All staff had received training in the care of diabetic people and had some understanding of the “ThinkGlucose” initiative⁷ although staff stated it was not being delivered on the ward at present. Staff were unsure of the DAFNE⁸ /DAFYDD⁹ concept but stated they would contact the Clinical Nurse Specialist if they required assistance. This is not specific to this ward and the health board have already identified this as an area where they can improve.

Individual patient documentation evidenced that the type of diabetes was recorded in the initial assessment to the ward and although the documentation was difficult to navigate, with records being stored in two different files, we saw evidence of appropriate medical and nursing reviews of the person’s condition. There was no care plan available and no evidence that foot screening had been undertaken. Discussion with staff indicated that they were not aware of the foot screening tool. This needs addressing as the ward specialises in orthopaedic foot surgery. There was a food chart which recorded nutritional intake and was completed appropriately. This ensures the person eats a healthy diet suitable for diabetics.

Recommendation

Staff need to be aware of the Diabetic Foot Screening tool.

People were encouraged to self medicate and self manage their diabetes. This empowers the person, and offers some control over their own medication and well being. We observed that medication was stored and administered appropriately. We also saw that Hypo boxes¹⁰ were available in the case of a

⁷ Think Glucose’ is a national initiative led by the NHS Institute for Innovation and Improvement. It aims to improve inpatient diabetes care including effective use of the inpatient diabetes specialist team

⁸ DAFNE (Dose Adjustment For Normal Eating) is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

⁹ DAFYDD (Dose Adjustment For Your Daily Diet) is an education programme for people with Type 1 diabetes.

¹⁰ A “hypo box” provides staff with all the relevant equipment to treat a diabetic emergency as well as guidelines for the effective management of that emergency.

diabetic emergency. This had been used over the previous weekend but had not been replenished. This was undertaken whilst we were on the ward.

Leaflets and information from Diabetes UK was easily accessible for people to read if they wished. This meant people had access to further information about their diabetes needs should they want it. There was a good choice of diabetic food on the menu and clear reference that it was suitable for diabetic people. However one diabetic person did not seem to understand the condition and questioned the need for a special diet. Staff did not seem to notice this lack of understanding and did not refer to the specialist diabetic team or offer further information.

Recommendation

Staff need to offer further advice and/or referrals to diabetic teams when appropriate.

Medicines Management

Due to the way in which the ward was run, with patients intermittently going to and coming back from theatre we did not have the opportunity to observe a full medicines round during this inspection. We did however observe medicines being given individually during the inspection and these were administered correctly according to the Nursing and Midwifery Council: Standards for Medicines Management.¹¹

There was a self administration of medication policy available in the Ward Manager's office for people who wished to take their medication independently. There were also locked lockers by people's bedsides for the safe storage of the medication.

We viewed the controlled drugs register and found all to be correct. We noted that the register was checked daily by the night staff. The ward had a dedicated pharmacist who visited daily and also checked the register. People could therefore be confident that their medication was being administered, stored and monitored in a safe and competent manner.

¹¹ Nursing and Midwifery Council: Standards for medicines management 2010

There was a red “do not disturb” tabard¹² system in use, although staff stated that it did not really stop interruptions.

Record Keeping

The Ward Manager explained the DATIX¹³ system and was clearly familiar with its use. We were told that all staff had responsibility for recording information on the system.

There was evidence of the overarching principles of the 1000 Lives Initiative¹⁴ being implemented on the ward and there was documented evidence of the use of appropriate “bundles” (which are recognised processes, interventions and documentation for specific nursing care). There was very little use of the All Wales Pathways.¹⁵

There was evidence that the Fundamentals of Care¹⁶ had been embedded in to the ward practices, with monthly audits being undertaken and the outcomes cascaded to staff individually or through three monthly meetings. There was evidence of new “how are we doing boards” which shared this information with public visiting the ward. This shows that the ward, on the whole, had good robust systems of management documentation and the information was gathered and audited systematically. This information guides and improves peoples’ care.

The Ward Manager told us that the Quality Monitoring system covered falls, pressure areas and hand washing. There had been no post operative infection

¹² The red tabard is worn over the registered nurse’s uniform during every drug round. It helps to improve the safety of medicines administration and enables the nurse to concentrate without distraction whilst informing other members of staff the exact job being carried out.

¹³ DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

¹⁴ The *1000 Lives Campaign* aims to improve patient safety and increase healthcare quality across Wales.

¹⁵ All Wales Pathways are both a tool and a concept which embed guidelines, protocols and locally agreed, evidence based, patient-centred, best practice into everyday use for the individual patient.

¹⁶ *The Fundamentals of Care*, Welsh Assembly Government 2003.

incidents recorded in the last 3 years. This meant that people were receiving care in an environment with a good standard of infection control.

We looked at patients' medical notes (the records where doctors write) and found that one Doctor was not recording his decision making in patient medical notes as required by the *Good Medical Practice* guidance on duties of a doctor registered with the General Medical Council. The guidance states;

“Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards”

We saw on one occasion the Doctor had not written any record since the person had returned from theatre eight days earlier. When we questioned the nursing staff regarding this issue, they confirmed that this Doctor only gave verbal information on peoples' care. We discussed this with the Ward Manager who also confirmed that this was not an isolated finding and this Doctor had been reported to Senior Medical staff on other occasions. We highlighted this in the feedback session to Senior Nurses at the end of the inspection day (23 September 2014). However due to the severity of the concern we sent an Immediate Assurance letter on 24 September 2014. This letter requested assurance that the situation is being investigated and appropriate action taken. HIW received a response on 6 October 2014 but have requested further information and clarity on some issues in regard to the format of the investigation undertaken by HDUHB

Recommendation

Senior Medical staff need to ensure that Doctors adhere to the Good Medical Practice guidance on duties of a doctor registered with the General Medical Council and take appropriate action when this is not maintained.

During the morning of the inspection we also overheard a telephone conversation whereby staff on the ward had identified a discrepancy between the theatre list and the ward list. This was evidence of a good effective monitoring process on the ward. We observed the ward nurse accompanying the person to theatre to ensure the documentation was corrected and handover to theatre staff was robust. This ensured safe practice.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Ward 6 at the Prince Philip Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Prince Philip

Ward/ Department: Ward 6

Date of Inspection: 23 September 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
8	There were no recommendations identified on this occasion.			
Delivery of the Fundamentals of Care				
10	Documentation needs to identify individual nursing needs, outline interventions and evaluate effectiveness of treatment in real time. This needs to be set out in a user friendly format.	<p>Formal evaluation of the HDUHB Nursing Documentation templates, facilitated by Swansea University, is in progress. The use of generic care plans will be reviewed as part of this evaluation.</p> <p>The HDUHB nursing documentation audit tool is</p>	Assistant Director of Nursing – Practice	End Dec 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>currently under review to ensure it incorporates not only professional record keeping but also compliance with completion of records and evaluation of care.</p> <p>Further education to be provided in order to support the nursing team to adapt and individualise patients care plans.</p> <p>Standardisation between wards as to where notes are to be kept is currently being addressed across all acute wards of Prince Phillip hospital</p>	<p>Scheduled and Unscheduled Care Directorate Nurses and Senior Nurse Manager for Unscheduled Care (East) -</p>	<p>End Dec 2014</p>
11	<p>Doctors need to sign, print and state their designation when making recordings in patients' notes.</p>	<p>Share this recommendation with the Acute Services Clinical Director</p> <p>Compliance and Performance to be monitored by the Acute Services Clinical Director</p> <p>Letter circulated to Orthopaedic Medical Staff 8/10/2014</p>	<p>Head of Nursing Acute Services</p> <p>Acute Services Clinical Director</p> <p>Acute Services Clinical Director</p>	<p>24/9/2014</p> <p>Ongoing</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
				Oct 8 th 2014
12	Handover of patients from ward staff to theatre staff should be undertaken at the bedside to ensure confidentiality and respect.	<p>Guidelines for checking patient out of the ward for transfer to Operating Department currently being reviewed</p> <p>Ward Staff to maintain dignity and respect by checking the patient at the bedside prior to theatre: new process to – For_ review in December 2014 to obtain staff and patient feedback</p>	<p>Senior Nurse Theatres</p> <p>Ward 6 Charge Nurse</p>	<p>Jan 2015</p> <p>December 2014</p>
12	Toilet and washroom facilities should have colour coded doors to assist people who are living with sensory impairment.	<p>Estates have been informed 28/10/2014 of the specific requirement /recommendation re Ward 6 PPH. The painting and signage of the doors of hygiene facilities doors across all in-patient areas will be part of timetabled, HDUHB wide refurbishment programme which reflects the Kings Fund, evidence based principles for a dementia –friendly environment</p> <p>Senior Nurse forum and Estates Lead will timetable to implement and monitor completion of work.</p>	<p>Operations Manager Estates PPH</p> <p>Acute Service Head of Nursing/Directorate Nurses for Scheduled and Unscheduled care</p>	<p>Progress Review April 2015</p> <p>Progress Review April 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
14	Staff should receive training in foot care and associated complications.	2 Staff to attend next available training 17/12/14 and become ward champions in foot care. 2 staff to then attend each training as available Consultant Orthopaedic surgeons specialising in foot and ankle surgery are available for advice 3 days a week	Ward 6 Charge Nurse	Dec 2014 and Ongoing
15	The Hotel Services Manager needs to ensure that staff working on the wards treat people with dignity and respect.	Share report with Hotel Services Manager to address immediate concerns highlighted Individual Concerned reviewed by Hotel Services Coordinator about performance Hotel Services Manager to ensure Individual Performance Reviews undertaken with all Hotel Services Staff to identify training updates and objectives for improvement	Head of Nursing Acute Services Hotel Services Coordinator Prince Phillip Hospital Hotel Services Coordinator Prince Phillip Hospital	24/9/14 Completed 25/9/2014 Completed Nov 2014 and Ongoing

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15	Ward staff need to be reminded to challenge any interruption to mealtime to ensure that patients receive adequate time to eat their meals in an unhurried, undisturbed manner.	The importance of protected mealtimes to be reinforced by Nursing and Catering staff. No Investigations , clerking , ward rounds are permitted unless urgent No Visiting is permitted unless to assist in feeding	Ward 6 Charge Nurse	November 14 - completed
16	Continence assessments must be undertaken on admission and any related documentation must be completed in real time.	Staff to ensure Continence assessments are undertaken on admission on all patients . Documentation to be monitored monthly by Ward Manager Identify Continence champion from Ward Nursing team , train appropriately and support implementation of role within ward team	Ward 6 Charge Nurse Ward 6 Charge Nurse	Nov 2014 and Ongoing Training undertaken 28/10/14 – roll out of role ongoing
Quality of Staffing Management and Leadership				
18	Arrangements should be in place to ensure ward clerk cover is available for sick /annual leave.	Ward clerk cover to be provided in the event of Long Term Sickness Identify Through Professional Development	Ward 6 Charge Nurse Ward 6 Charge	Completed 29/9/14

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Reviews Health Care Support Workers to undergo training for the role to provide additional flexibility in the event of sickness	Nurse	January 2015 and ongoing
Delivery of a Safe and Effective Service				
19	There must be a macerator on the ward which is in a safe working condition.	Macerator to be replaced by estates within 3 Months unless further breakdowns occur, as currently functioning safely	Operations Manager Estates, PPH	Jan 2015
19	Oral hygiene products need to be stored in a more suitable room.	Oral Hygiene products are now stored in the treatment room	Ward 6 Charge Nurse	Completed 25/9/14
20	Staff need to be aware of the Diabetic Foot Screening tool.	2 Staff to attend next available training 17/12/14 and become ward champions in foot care. 2 staff to then attend each training as available Consultant Orthopaedic surgeons specialising in foot and ankle surgery are available for advice 3 days a week	Ward 6 Charge Nurse	Ongoing
21 	Staff need to offer further advice and/or referrals to diabetic teams when appropriate.	Ward 5 and 7 are the current Pilot Areas for the Think Glucose campaign within PPH. Roll out of Think Glucose Campaign to all areas in PPH	H DUHB Think Glucose Coordinator and Diabetes Specialist	End 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Staff to attend diabetic updates Oct/Nov 2014 on the introduction of the new diabetic patient referral form and Blood Glucose monitoring guidance. Training also given in the new Diabetic Ketoacidosis Treatment and monitoring algorithm</p> <p>Identify Diabetic champions to train appropriately and support the implementation of role within the ward team</p>	<p>Teams</p> <p>Ward 6 Charge Nurse</p> <p>Ward 6 Charge Nurse</p>	<p>Ongoing - 65% staff attended by end October 14</p> <p>2 Champions identified Nov 2014; Roll out of role ongoing</p>
23	Senior Medical staff need to ensure that Doctors adhere to the <i>Good Medical Practice</i> guidance on duties of a doctor registered with the General Medical Council and take appropriate action when this is not maintained.	<p>Escalate concerns regarding the performance of Orthopaedic Staff Grade in not maintaining accurate record keeping in medical case notes to Acute Services Director</p> <p>Formal Performance Review to be undertaken by Acute Services Clinical Director</p>	<p>Head of Nursing – Acute Services</p> <p>Acute Services Clinical Director</p>	<p>Completed 24/9/14</p> <p>Completed 25/9/14</p>

Health Board Representative:

Name (print):

Title:

Signature:

Date: