Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Dignity and Essential Care Inspection (unannounced)

Betsi Cadwaladr University Health Board:

Chirk Community Hospital - Ceiriog Ward

15 and 16 January 2015

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Digital ISBN 978-1-4734-2746-4

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Ceiriog Ward at Chirk Community Hospital, part of Betsi Cadwaladr University Health Board on the 15th and 16th January 2015.

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

Betsi Cadwaladr University Health Board (BCUHB) is currently the largest health organisation in Wales, providing a range of primary, community, mental health and acute hospital services. It serves a population of around 676,000 people across the six counties of North Wales, namely Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, as well as some parts of mid Wales, Cheshire and Shropshire.

BCUHB is responsible for three district general hospitals: Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital. There are also 18 other acute and community hospitals across North Wales, including Chirk Community Hospital, which is located off St John's Street, Chirk, Wrexham, LL14 5LN.

The original Chirk and District Hospital was demolished in the 1980s and Chirk Community Hospital was newly built and re-opened in 1990. Ceiriog Ward comprises of 31 inpatient care beds primarily for care of the elderly, rehabilitation and palliative care. A range of other services are provided at Chirk Community Hospital, including inpatient and outpatient physiotherapy, occupational therapy and speech and language therapy services, outpatient clinics and community healthcare support groups.

This report covers HIW's inspection of the inpatient services at Ceiriog Ward, undertaken on 15th and 16th January 2015.

4. Summary

Overall patients and relatives expressed high satisfaction with the care and treatment received on Ceiriog Ward. People told us that staff were kind and caring. The ward layout had been thoughtfully designed to enhance light and space, to aid patients with orientation and to maximise staff members' visibility of the three larger ward areas.

Patients and relatives confirmed that staff were good at communicating and keeping them informed throughout the patient's stay. Patients had access to useful written information about the hospital; we have recommended however that written information is kept up to date and that other communication methods (suitable for patients' additional learning and communication needs) are considered.

We observed patients being treated with dignity and respect. Staff were discreet when attending to patients' personal care needs and took their time to deliver care at the patients' pace. The patients we saw looked well presented and comfortable; patients were being monitored in terms of comfort and pain and where necessary pressure relieving equipment was provided.

Patients were advised to bring in their own toiletries but the ward had stocks available when needed. Continence products were supplied in accordance with individual patient assessments. We felt that the ward layout contributed towards people's independence and orientation and the toilets and bathrooms were conveniently located and signposted. There were two day rooms for patients but one of these was being used to store mobility equipment. Some of the doors to store rooms in the inpatient unit had been left open. We have therefore recommended improvements in these areas.

The ward provided a suitable environment in which patients could rest and sleep during the day; extra pillows and bedding were available. Lights in the bay areas were turned off after lunch time and prior to visiting times between 3.00 and 7.00 p.m. to encourage rest and sleep. Recreational facilities were limited and we have recommended that the ward looks into the possibility of improving the radio and television facilities for patients.

Patients told us that the meals and choice of food available was good. However we found that the overall meal co-ordination needed to be improved and have made several recommendations in this area.

We found that the ward sister was exemplary in her role and had strong leadership and management skills. There were robust auditing and communication systems on the ward and patient care was delivered by a good skill mix of staff who were clearly patient focussed. Staff members were highly

motivated and took pride in their work which we commended. We have advised the health board to closely monitor staffing levels due to the complexity of patients' needs, the number of student placements and time that staff require to complete/update patient records and documentation.

We were informed that all significant events are logged and that staff members were eager to learn from these to prevent similar occurrences. Clinical guidelines, policies and procedures were easily accessible to staff and regular audits and safety checks were being undertaken on the ward to promote people's safety and welfare.

Overall we found that various assessments had been completed regarding patients' needs and we observed individualised, person centred care being delivered. However this practice was not reflected in the care planning documentation and therefore we have made recommendations for improvement. We have also recommended that additional assessments and care planning tools be considered for people who have dementia or a cognitive impairment.

We have advised the health board to consider confidentiality when storing patient records in ward areas and recommended that the ring binders used to file patient records were generally improved.

At various points during the inspection we saw that some of the doors to storage rooms, including the medication room, had been left open when unattended. We have therefore recommended that these rooms are closed and locked when not in use.

We observed part of a medication round and found that safe systems were in place for the storage, administration and dispensing of medication.

5 Findings

Quality of the Patient Experience

Overall patients and relatives expressed high satisfaction with the care and treatment received on Ceiriog Ward. People told us that staff were kind and caring. The ward layout had been thoughtfully designed to enhance light and space, to aid patients with orientation and to maximise staff members' visibility of the three larger ward areas.

During the course of the inspection we spoke with many patients and their relatives. We also obtained 9 HIW questionnaires which asked patients about their views of the ward area, hospital staff and general care received. These results indicated high satisfaction in all of these areas and, overall, the patients rated the care and treatment received on Ceiriog Ward between nine and ten out of ten. Some of the additional comments made by patients and relatives were:

> *[Ward] "Sister always smiles and says hello despite being busy"*
>
> *"Staff do all they can, care and attention is very good"*
>
> *"Well looked after"*
>
> *"Staff very very good and responsive to changing needs"*
>
> *"Staff here can't do enough for you"*

Some of the relatives commented on the calming atmosphere within the ward environment, which we also noted. The inpatient unit had been thoughtfully designed and this spacious circular section of the hospital consisted of three colour coded bays and a fourth 'step down' bay. The coloured coded bays housed eight patient beds which were positioned to maximise visibility from the staff and nurses' station. The fourth bay included three 'step down' inpatient beds for more independent patients whose discharge arrangements were being finalised; this bay was also within close proximity of the staff members' station. Each bay had a side room that contained an en suite toilet and hand washing facilities.

Patients had access to two day rooms, one of which was used as a combined dining/sitting room.

Delivery of the Fundamentals of Care

Patients and relatives confirmed that staff were good at communicating and keeping them informed throughout the patient's stay. Patients had access to useful written information about the hospital; we have recommended however that written information is kept up to date and that other communication methods (suitable for patients' additional learning and communication needs) are considered.

We observed patients being treated with dignity and respect. Staff were discreet when attending to patients' personal care needs and took their time to deliver care at the patients' pace. The patients we saw looked well presented and comfortable; patients were being monitored in terms of comfort and pain and where necessary pressure relieving equipment was provided.

Patients were advised to bring in their own toiletries but the ward had stocks available when needed. Continence products were supplied in accordance with individual patients' assessment and additional stocks were available on the ward.

We found that the ward layout contributed towards people's independence and orientation and the toilets and bathrooms were conveniently located and signposted. There were two day rooms for patients but one of these was being used to store mobility equipment. Some of the doors to store rooms in the inpatient unit had been left open. We have therefore recommended improvements in these areas.

The ward provided a suitable environment in which patients could rest and sleep during the day; extra pillows and bedding were available. The lights were turned off in the bay areas after lunch time and prior to visiting times between 3.00 and 7.00 p.m., thus promoting sleep and rest. Recreational facilities were limited and we have recommended that the ward looks into the possibility of improving the radio and television facilities for patients.

Patients told us that the meals and choice of food available was good. However we found that the overall meal co-ordination needed to be improved and have made several recommendations in this area.

Communication and information

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

Patients who responded to HIW's questionnaire confirmed that staff called them by their preferred name; that staff listened and were always polite to them, their friends and family. Conversations with patients and relatives indicated that staff were sensitive to their needs and were good at keeping them informed at each stage of their care and treatment. One of the relatives said they had attended a case conference with some of the hospital team and this had been extremely beneficial to help them plan for the patient's discharge. We observed part of a ward round and heard the consultant taking time to talk with patients about their care and treatment.

Patients and visitors had access to useful information about Chirk Hospital on the health board's website and in information booklets which were available in the ward area. Some information in the patient leaflet was out of date, as the staff uniform colours and the number of inpatient beds have subsequently changed. Other leaflets we saw included one for relatives and friends following bereavement, a support group for people with memory loss and a Parkinson's support group.

Recommendation

The health board must ensure that their website and written information for patients and visitors is regularly reviewed and updated.

Written information was in English but we were told that a Welsh translation is available for Welsh speaking people. Some of the staff members had a Welsh speaking symbol embroidered on their uniform, this was useful as patients and visitors could easily identify Welsh speaking staff. One of the noticeboards in the dining room was changed on a daily basis to note the year, date and weather that day. This information is helpful to remind patients of the date and time of year; however we suggested that additional communication methods, for example symbols or pictures, be considered for this purpose. Suitable communication methods should also be considered for patients who have cognitive or visual impairment or patients with additional learning needs.

Recommendation

The health board should consider introducing additional communication methods for people who have a cognitive, visual impairment or additional learning needs.

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 observed that patients were being treated with respect and dignity and that staff were taking their individual needs and abilities into account. Staff took their time with patients and provided care at their pace. Personal care was provided discreetly; a 'do not disturb' notice was attached to all the curtains around patient beds and these notices were clearly visible when the curtains were drawn.

Toilets and bathrooms were located between bays and there were appropriate symbols for male and female toilets, bathroom and shower room. We found that the toilets and bathrooms were clean and free of clutter.

Promoting independence

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

We found that the ward layout contributed towards people's independence and orientation. The entrance to the three main bays had different coloured door frames which helped patients and visitors to locate their bay. Pictorial signs or symbols were fixed to toilet and bathroom doors; these and the day rooms were conveniently located and easily accessible for patients.

We observed staff supervising or assisting patients with various aspects of their care and we saw physiotherapists providing rehabilitative care to several patients. We heard that one patient had gone out for a home visit with occupational and physiotherapists for part of the day, the purpose of which was to assess what support and aids/equipment the patient would need for their discharge home. Staff told us that they work closely with the therapy services to deliver care that aims to maximise patients' potential for rehabilitation.

Relationships

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

Visiting times on the ward are between 3.00 and 7.00 p.m. Staff told us that relatives can visit outside these hours when in the patient's best interest. A

relatives' room is available for over night stays, alternatively close family and friends can stay with the patient in a side ward.

One staff member felt that the long visiting times can sometimes impact on patients' privacy, for example when personal care is given or if a patient wants to discuss anything in confidence. However, overall, the staff member felt that patients and visitors benefit from the longer visiting hours. Relatives indicated that their involvement with the patients' care is encouraged and they appreciate the flexibility of the long visiting hours.

Rest, sleep and activity

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

We observed that the ward provided a suitable environment in which patients could rest and sleep during the day.

None of the bays had a television set. Lights were turned off after lunch between 2.00 and 3.00 p.m. which enabled patients to have a rest before the long visiting hours from 3.00 to 7.00 p.m. Each side ward and the day room had a television, although we were told that the hospital is located in an area where the TV signal is poor. One of the patients told us that the television in the day room is therefore rarely watched. We were told that patients should be able to listen to the radio through the ward's intercom system. However these have never worked properly and therefore the ward staff were advising patients to bring their own radio in if they wish.

Recommendation

Explore the possibility of improving the radio and television facilities for patients.

Further opportunities should be explored to provide recreational stimulation for patients.

We saw that there was plenty of linen and pillows available; patients told us that staff always provide extra bedding if they request more.

There was a large day room and a conservatory area for patients. We were told by one staff member that these rooms were rarely used. However we noticed that five patients came to eat in the dining area at lunch time and the lounge area was accessed by several patients at various points during our inspection. Games, including scrabble and dominoes, were available and one of the relatives told us that they had enjoyed a game of dominoes with a few of

the patients the previous day. We saw that equipment was stored in the conservatory area and therefore this may discourage patients to use this room.

Recommendation

The health board is advised not to use areas, primarily designated for patients, to store equipment.

Ensuring comfort, alleviating pain

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

Our review of nursing and medical records demonstrated that assessments were being undertaken to measure and evaluate patients' pain. Some of the patients we spoke with confirmed they are able to receive pain relief when they need it. We looked at a sample of medication administration records which demonstrated that patients had an up to date pain score. However there was no evidence of any specialist tools for the patients who were unable to articulate their state of pain and comfort.

Recommendation

We have made a recommendation under the Documentation section of this report (page 23) which should take into account any specialist tools for individualised person centred care planning and evaluation.

All the patients that we saw looked comfortable. One of the patients told us that she had a bad night the previous night but that staff had been very supportive and spent a great deal of time with her to alleviate her discomfort.

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.

Overall we saw that patients were well cared for and looked well presented. Throughout our inspection we observed staff supervising or assisting patients with their personal appearance and hygiene needs; some of the patients were independent in these areas. We saw that patients' privacy and dignity was being preserved and that curtains were drawn and washing provisions were brought to those patients unable to leave their bedsides.

We saw that people were wearing their own clothes but the ward had a stock of additional clothing if patients needed.

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 spoke with the cooks/kitchen staff and viewed samples of the menus. The kitchen staff and dietician, who we saw during her weekly visit to Ceiriog Ward, commented that the food choices in the hospital are limited as the menus are prepared on a three week rotation by Wrexham Maelor Hospital and the food stock delivered accordingly. Whilst there was no evidence that patients' dietary requirements were not being met, we would suggest that this is something that the health board explores further, to improve the flexibility of meal choices available at Chirk Hospital. The kitchen at Chirk closes around 7 p.m. but the ward has emergency food stock available and staff can also access the kitchen if needed.

Patients were being weighed weekly and we were informed that the dietician advises ward staff regarding patients' diet and nutrition. We saw evidence of this practice when we looked at a sample of patients' records.

The cooks confirmed that they cater for patients who have specialist dietary requirements. However we saw that they only had a small number of pamphlets regarding nutrition and specific dietary requirements and most of these dated back some 20 years. Unlike ward staff, the cooks had not received specific training for special dietary requirements but were proactive in undertaking their own research to obtain further information to ensure the patients' safety and that their dietary needs were being met.

Recommendation

The health board is advised to provide up to date written information for the cooks/kitchen staff and to explore training opportunities regarding nutrition and specialist diets for them.

We recommended that the overall meal co-ordination on the ward be improved.

One of the cooks delivered the food to the dining area on a trolley; staff queued up with individual plates and trays and the food was individually dished up by the cook.

Five of the patients were sitting in the dining room but we noticed that staff took meals out to the patients in the bay areas first. Whilst queuing up by the trolley staff had their backs to the patients in the dining room and were talking socially amongst themselves. A couple of patients became agitated and we heard one asking “what are we waiting for?” and another patient asking “what are they [staff] talking about”. As a result one of the patients was served their meal before the others. One of the patients did not looked comfortably positioned by the dining table and was leaning over to eat her food, thus increasing the possibility of spilling food on her lap.

Although patients were given hand wipes prior to the meal being served we observed that the tables for patients eating by their bedside were not cleared or tidied up first. Desert bowls did not have a lid on and therefore by the time patients had finished their main meal their desert could have gone cold. We spoke about this with the kitchen staff who told us that lids used to be supplied but are no longer provided due to cost cutting measures. This has caused additional problems with transporting deserts as the dishes can no longer be stacked and if the desert is spilled the staff or patients risk being scalded.

A symbol was used on the patient information board to denote patients who needed assistance at meal times. We did not see evidence of the red tray system, that is used by some hospitals as an additional method of identifying patients who require assistance. However we saw some of the student nurses helping and encouraging patients at meal times.

When patients had finished eating a trolley was taken to each bay and any food left on plates was emptied into buckets in front of the patients. This could be unpleasant for some patients who were feeling unwell.

Recommendation

The health board must improve the overall mealtime co-ordination to take into consideration:

- ***Preparation of patients and tables prior to mealtimes***
- ***Transportation and serving of food, to consider food covers***
- ***Collection of, and emptying of food from, plates***
- ***Co-ordination of service between patients in bays and patients sitting in the dining room***
- ***Patients who require additional assistance at mealtimes***

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

On patients' records we saw that assessments had been undertaken for oral health and mouth care. Staff told us that patients who were immobile were provided with bowls to clean their own teeth. Patients were advised to bring their own toothbrushes and toothpaste but we saw that a stock of denture pots, toothbrushes and toothpaste was also available on the ward.

Toilet needs

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

We observed patients being supervised and assisted to use the toilet and bathroom facilities and that staff were discreet. Patients told us that staff answer call bells in a timely way. When we arrived, at approximately 9.45 a.m., on the first morning the call bells had been out of order since approximately 8.00 a.m. The ward manager had already reported this problem to the health board and was actively looking at ways to resolve the problem, which gave us confidence in her management skills. When the call bells could not be fixed that day a staff member went out to purchase individual bells for patients; we saw that bells had also been placed in toilets and bathrooms.

Toilets and bathrooms were equipped with liquid soap and disposable towels to prevent cross infection. The ward also had a supply of commodes and continence products. There was evidence that waste was disposed of appropriately and a cleaning schedule was in place to ensure that commodes were quickly cleaned.

Preventing pressure sores

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

A review of the documentation confirmed that staff were undertaking regular rounds (referred to as intentional rounding[1]) of patients on the ward to

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[1] **Intentional rounding** is a structured process where nurses on wards in acute and community hospitals and care home staff carry out regular checks with

reposition and relieve any pressure from being in bed or in the same position for a long time.

We saw that risk assessments were being completed and suitable equipment, such as air mattresses and cushions, had been supplied accordingly. The application of the All Wales SKIN bundle[2] was being regularly monitored and updated by staff to reduce the likelihood of patients developing pressure sores.

[2] SKIN bundle is a series of documentation for ward staff to complete and to monitor that patients receive the appropriate care to prevent skin pressure damage.

Quality of Staffing, Management and Leadership

We found that the ward sister was exemplary in her role and had strong leadership and management skills. There were robust auditing and communication systems on the ward and patient care was delivered by a good skill mix of staff who were clearly patient focussed. Staff members were highly motivated and took pride in their work which we commended. We have advised the health board to closely monitor staffing levels due to the complexity of patients' needs, the number of student placements and the time required to complete patient records and documentation.

Ward Management

From our observations and discussions with several staff, patients and relatives we found evidence that the ward sister was exemplary in her role and had excellent leadership and management skills. The ward was well organised and there were robust auditing and communication systems in place.

Staff told us that they felt well supported by the ward manager and gave us individual examples of personal and professional support they had received. Staff confirmed that they were also well supported by the deputy ward manager and that overall there was a productive, respectful working relationship between all the staff.

The ward manager and deputy manager conducted their work in a professional yet friendly and approachable manner. We saw a cohesive and highly motivated staff team who were enthusiastic and took pride in their roles and we commended them for this.

The ward manager was clear about the limitations and the care that could be provided on Ceiriog Ward. She gave us an example demonstrating that patient safety was paramount; the ward manager had not given in to pressure and had rejected requests for services that they could not provide due to a lack of, or insufficient, resources.

Staffing levels and skill mix and professional accountability

Ceiriog Ward has 31 inpatient beds in total, including three bays for eight patients, a step down bay for three patients and four side wards. We were informed that all beds are occupied most of the time, as we found during the inspection.

The usual staffing levels comprises of one 'floating support' staff, who assists with patient care anywhere on the ward during the day, plus a qualified nurse and one healthcare assistant per bay and side ward in the mornings (six staff),

reducing to five staff members (two-three nurses and/or two-three healthcare assistants) in the afternoons and two nurse and two healthcare assistants over night. At the time of our inspection an additional staff member was providing one-to-one support for a patient who had dementia.

Patients' care and treatment was also being supported by consultants, general practitioners, the ward sister, deputy sister, a discharge co-ordinator, a dietician and occupational and physiotherapy staff, a housekeeper, cleaner, porter and cooks/kitchen staff, nursing students and a ward clerk/ward assistant.

From our observations and discussions with a number of the staff members above, there was evidence that staff work extremely closely and effectively together. We saw a team of highly motivated and competent staff members, where patients' care was their main focus. However on one of the days we inspected there were a lot of nursing students on the ward and we learned that this group was there one day a week for 10 weeks. As a result the staff nurses' time was being taken up to provide the necessary support. That day, staff had to deal with an emergency situation; one patient's food was accidentally left on the side and, when served, the patient said that it was cold, but declined the offer of an alternative meal.

The following day the floating support work was being undertaken by the ward sister. The ward sister's role should be supernumerary to the ward staff[3] and, combined with what we found above and the patients' complex needs, we queried whether the staffing levels were sufficient.

Staff told us that although they work very well as a team there are times when it can be difficult to fit everything in. Sometimes it is not possible to spend as much time as they need with patients. At the time of our inspection several of the patients had cognitive impairment, additional learning needs or were receiving palliative or end of life care.

Recommendation

We would advise the health board to closely monitor the staffing levels on Ceiriog Ward and to review the staffing levels required to care for the complexity of patients' needs, the time needed to deliver rehabilitative

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[3] The Chief Nursing Officer's All Wales Guiding Principles for Nurse Staffing is that "*The ward sister/charge nurse should not be included in the numbers when calculating patients per registered nurse*".

and palliative care, to support student placements and to complete patient records and documentation.

Staff confirmed that the staff turnover and sickness on Ceiriog Ward is low and many of the staff we spoke with attributed this to the high morale and good working relationships between the team. We observed a good team spirit on the ward and we were impressed with the contribution of the support staff, including the housekeeper, porter and ward clerk/assistant as part of the overall team.

Effective systems for the organisation of clinical care

We saw effective systems for the organisation of clinical care and patient pathway, from the patients' admission, the delivery of care and treatment, rehabilitation or palliative care through to discharge planning. Referrals for patient admissions are made via Wrexham Maelor Hospital. Two general practitioners (GP) from Chirk are linked to, and work very closely with, the ward. A GP visits daily to follow up any patient support/advice required; a consultant visits on a weekly basis. A communication book is used by ward staff to log information for the GP's and consultants and we observed ward staff discussing patient care with GP's during the course of our inspection.

Ceiriog Ward is also supported by an enhanced care team, which includes a small team of administrators (based at the hospital), therapists and district nurses. The team liaise closely with ward staff, patients and their families/representatives to expedite patients' safe discharge through the provision of an enhanced care package which is reviewed after the first few weeks of discharge.

Training and development

There was a strong emphasis on the ward for learning and development opportunities. The training matrix for mandatory courses was on display on the noticeboard and reminded staff when they last received training and when their refresher dates were due. Some of the staff told us that they had received training in specialist areas such as dementia and nutrition. Two of the nurses

acted as the ward 'butterfly champions[4]'. Staff told us that information learnt during courses is cascaded at team meetings.

We spoke with the porter who had worked at the hospital for over 22 years and was in the process of completing a national vocational qualification in customer care.

In addition to nursing students the physiotherapy team leader said that therapists also support student placements from various universities. Staff nurses told us that they mentor students and hold frequent awareness sessions to improve the students' learning and development. We observed that students were closely supervised and treated respectfully by staff; we spoke with some of the students who indicated that they felt well supported and valued on the ward.

Handling of complaints and concerns

The hospital's complaints procedure was referred to in the patient information leaflet and a separate complaints leaflet could be provided upon request. We saw a supply of the health board's leaflet inviting patients and visitors to make comments or suggestions about their stay/visit. A visitors' book was available on the ward and we also saw a whiteboard on entry to the ward inviting people to write their comments.

There were no ongoing complaints at the time of our inspection and the ward sister told us that the last complaint was approximately 6 months ago but this was not directly related to the ward. Discussions with the ward sister demonstrated that any concerns or complaints received would be responded to swiftly and appropriately.

[4] The Butterfly Scheme is a UK wide hospital scheme to identify people who have dementia or a memory impairment and therefore may require additional support with certain aspects of their daily care and routines (http://butterflyscheme.org.uk/)

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.

We were informed that all significant events are logged and that staff members were eager to learn from these to prevent similar occurrences. Clinical guidelines, policies and procedures were easily accessible to staff and regular audits and safety checks were being undertaken on the ward to promote people's safety and welfare.

Overall we found that various assessments had been completed regarding patients' needs and we observed individualised, person centred care being delivered. However this practice was not reflected in the care planning documentation and therefore we have made recommendations for improvement. We have also recommended that additional assessments and care planning tools be considered for people who have dementia or a cognitive impairment.

We have advised the health board to consider confidentiality when storing patient records in ward areas and recommended that the ring binders used to file patient records were generally improved.

At various points during the inspection we saw that some of the doors to storage rooms, including medication room, had been left open when unattended. We have therefore recommended that these rooms are closed and locked when not in use.

We observed part of a medication round and found that safe systems were in place for the storage, administration and dispensing of medication.

Risk management

We discussed how significant events were being recorded on the ward. One of the senior staff members told us that they are possibly over cautious in

reporting clinical incidents on the Datix[5] system in the spirit of being open and eager to learn from these to prevent similar occurrences.

We did not identify any issues relating to significant incidents or events during this inspection.

Policies, procedures and clinical guidelines

All staff have access to clinical guidelines and procedures online. Hard copies of these are retained by the ward sister but are also accessible to staff. Each staff member is provided with access to the computer, which they can access on the ward or in one of the offices.

Effective systems for audit and clinical effectiveness

From the patients' records we viewed, we saw that systems were in place to monitor patient care and that infection control audits were regularly being undertaken. We were provided with or saw copies of infection control, cleaning and hand washing audits, which were up to date. We were informed that information is input into the care metrics system.[6] We also observed a safety briefing meeting between staff, during which audit results were discussed and updated; we were told that these brief meetings were held up to three times a day. Audit information and results are also discussed during monthly team meetings.

Patient safety

The ward layout meant that patients could be observed from the main staff work station outside the bays. Patients told us that staff respond to buzzers or requests for assistance in a timely way.

A system for intentional rounding, which involves staff checking patients at regular intervals throughout the day, was in place and was observed during the inspection. We looked at the intentional rounding charts and saw that most of these were up to date with the exception of a few gaps.

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[5] Datix is a software system for recording, monitoring and analysing information regarding serious incidents.

[6] The Care Metrics, known as the Fundamentals of Care System, was developed by the NHS to review the quality of care provided in hospitals.

The GP and staff responded quickly to an emergency during the inspection. Paramedics were called and the patient was transferred to the general hospital.

We observed that the ward areas were generally uncluttered. However some of the store room doors were open at various points during the inspection. Some of the rooms contained various health and cleaning products and there were no staff members in close vicinity of these areas at the time. Potentially therefore patients could walk into store rooms and be at risk of harm if they come into contact with these products or if they are used unsafely.

Recommendation

Ward staff should ensure that store rooms are closed and locked when unattended.

From the training matrix we saw that staff had received protection of vulnerable adults (POVA) training and the ward sister told us that, when necessary, advice is sought through the health board's adult protection team.

Medicines management

We observed part of a medication round during the inspection.

Ward routine and approach

A copy of the health board's policy for the safe storage, administration and dispensing of drugs was kept in the ward sister's office and staff confirmed that they were aware of this policy. Ward staff told us that they consult with the pharmacy services at Wrexham Maelor hospital and a pharmacist visits Ceiriog ward at least once weekly to audit prescriptions and to discuss or advise on any issues as required.

Storage of drugs

We saw that medication, including controlled drugs, was being stored appropriately in locked cupboards. However there were occasions when the store room had been left open.

Recommendation

Ensure that the door to the medication storage room is always closed and locked when not in use.

Preparation of patients, medication administration and medication charts

A lockable medication trolley was available for each coloured bay and was used to deliver medication. During our observations we saw that the trolley was never left unattended. The nurse administering medication wore a red tabard[7] as a way of alerting other staff not to disturb her during the medication administration round, thus promoting patient safety.

We observed that all patients were wearing an identification band, which was individually checked prior to their medication being administered. Patients had been positioned appropriately and had sufficient drinks to swallow their medication. Patients were observed taking the medication by the nurse before the medication administration chart was completed.

We looked through a sample of medication administration charts and saw these had been fully completed.

From our discussions with staff the system for medication prescribed and dispensed for patients going home seemed to be well organised.

Documentation

Patient Assessment

We viewed a sample of patients' medical and nursing records. From these we saw that patients' needs were appropriately assessed on admission. However, although care planning documentation had been completed, the information did not reflect the individualised person centred care that we had observed in practice. Examples of the care plan actions we saw were "encourage diet and fluids" and "maintain dignity". Care plan evaluation sheets referred to general terms such as "all needs met" and "assisted for ADLs" (activities of daily living). Therefore we found that the care planning information was insufficient and did not represent the actual care and assistance being provided in accordance with patients' individual daily routines, wishes and preferences.

[7] The **Red Tabard** system 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.

Recommendation

The health board is advised to improve their care planning process to incorporate person centred care. Training in person centred care planning would be advisable.

Although the ward operated the Butterfly system to identify patients who had dementia or memory problems, we did not see any associated specialist assessments or care planning documentation. We did not see any mental capacity assessments for people who had a cognitive impairment, although we were informed that deprivation of liberty safeguards (DOLS)[8] authorisations had been sought for some patients.

Recommendation

The health board is advised to consider additional specialist assessment and care planning tools for patients who have dementia or a cognitive impairment.

Information for patients was held in individual ring binders, colour coded per bay. Some of the ring binders were full and as a result some of the papers had ripped or become loose. Not all the information followed in logical order, for example the main care planning documentation that staff would require on a day to day basis, was held at the back of the folder. Some information was duplicated, for example there were various communication sheets in different parts of the file.

Recommendation

Review patients' medical and nursing records to ensure that information can be easily located and that duplications, wherever possible, are prevented.

We were shown the patient status at a glance (PSAG) board, which identifies patients who require additional assistance in some areas of their care, for example diet and nutrition and cognition. The patient records were stored in trolleys outside the bay, which were open during our inspection.

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[8] The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS) came into effect on 1st April 2009. Further information can be obtained on http://www.hscic.gov.uk/dols.

Recommendation

The confidentiality of patient information should be considered to ensure that information and records cannot be viewed by other patients and visitors.

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 Ceiriog Ward at Chirk Community 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: Chirk Community Hospital

Ward/ Department: Ceiriog

Date of Inspection: 15th and 16th January 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	N/A			
	Delivery of the Fundamentals of Care			
8	The health board must ensure that their website and written information for patients and visitors is regularly reviewed and updated**.**			
8	The health board should consider introducing additional communication methods for people			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	who have a cognitive, visual impairment or additional learning needs.			
10	Explore the possibility of improving the radio and television facilities for patients. Further opportunities should be explored to provide recreational stimulation for patients.			
11	The health board is advised not to use areas, primarily designated for patients, to store equipment.			
11	We have made a recommendation under the Documentation section of this report (page 23) which should take into account any specialist tools for individualised person centred care planning and evaluation.			
12	The health board is advised to provide up to date written information regarding specialist dietary requirements to the cooks/kitchen staff and to explore training opportunities for them.			
13	The health board must improve the overall			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	mealtime co-ordination to take into consideration: • Preparation of patients and tables prior to mealtimes • Transportation and serving of food; consider food covers for desert bowls • Collection of, and emptying of food from, plates • Co-ordination of service between patients in bays and patients sitting in the dining room • Patients who require additional assistance at mealtimes			
	Quality of Staffing Management and Leadership			
17	We would advise the health board to closely monitor the staffing levels on Ceiriog Ward and to review the staffing levels required to			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	care for the complexity of patients' needs, the time needed to deliver rehabilitative and palliative care, to support student placements and to complete patient records and documentation.			
	Delivery of a Safe and Effective Service			
21	Ward staff should ensure that store rooms, including medication storage room, are closed and locked when unattended.			
22	Ensure that the door to the medication storage room is always closed and locked when not in use.			
23	The health board is advised to improve their care planning process to incorporate person centred care. Training in person centred care planning would be advisable.			
24	The health board is advised to consider additional specialist assessment and care planning tools for patients who have dementia or a cognitive impairment.			
24	Review patients' medical and nursing records to ensure that information can be easily			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	located and that duplications, wherever possible, are prevented.			
25	The confidentiality of patient information should be considered to ensure that information and records cannot be viewed by other patients and visitors.			

Health Board Representative:

Name (print): .....

Title: .....

Signature: .....

Date: .....