

## **Hospital Inspection (Unannounced)**

**Betsi Cadwaladr University  
Health Board: Community  
Hospitals – Penrhos  
Stanley, Mold and Denbigh**

**24 and 25 November 2015**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of three community hospitals within Betsi Cadwaladr University Health Board on 24<sup>th</sup> and 25<sup>th</sup> November 2015, which were:

Penrhos Stanley, Holyhead:

- Cybi Ward
- Fali Ward

Denbigh Community Hospital:

- Llewni Ward
- Famau Ward

Mold Community Hospital:

- Delyn Ward
- Clwyd Ward

Information on HIW's inspection methodology can be found in Section 6.

## 2. Context

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

BCUHB is responsible for the operation of three district general hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital), as well as 18 acute and community hospitals and a network of over 90 health centres, clinics, community health team bases and mental health units. The Health Board also coordinates the work of 115 GP practices and NHS services provided by dentists, opticians and pharmacies in North Wales.<sup>1</sup>

On 8 June 2015 BCUHB was placed in Special Measures<sup>2</sup>. Consequently BCUHB's progress in key areas<sup>3</sup> highlighted by the Minister for Health and Social Care is regularly reviewed by Welsh Government officials, HIW and the Wales Audit Office.

This inspection focussed on inpatient services across six wards of three community hospitals:

### **Penrhos Stanley**

The hospital opened in 1986 and has 43 inpatient beds across two wards, namely Cybi Ward and Fali Ward. The inpatient specialities are care of the elderly and rehabilitation care.

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<sup>1</sup> Information in this paragraph accessed 2 December 2015 via:

<http://www.wales.nhs.uk/sitesplus/861/page/40836>

<sup>2</sup> Where there are serious concerns regarding the service delivery, quality and safety of care and/or organisational effectiveness of a NHS body, the Welsh Ministers may take out intervention, of which the fourth and final step is Special Measures. See further information via:

<http://www.wales.nhs.uk/sitesplus/documents/862/Att21iNHSWalesEscalationandInterventionArrangementsReportMarch2014.pdf>

<sup>3</sup> As set out in June 2015: <http://www.wales.nhs.uk/sitesplus/861/news/37708/>

### **Denbigh Community Hospital**

The hospital has 40 inpatient beds across two wards, namely Llewni and Famau. The inpatient specialties are care of the elderly, palliative care and GP medical beds.

### **Mold Community Hospital**

The hospital opened in 1985 and has 40 inpatient beds across two wards, namely Delyn and Clwyd. The inpatient specialties are care of the elderly and GP medical beds.

Additionally, the hospitals above provide outpatient and community clinics, minor injuries unit, dental and x-ray services. HIW did not inspect these services on this occasion.

### 3. Summary

This inspection formed part of HIW's routine hospital inspection programme throughout Wales in 2015-6. During the previous year, HIW carried out Dignity and Essential Care Inspections (DECI) across Wales. In BCUHB these took place in departments or wards within all three district general hospitals, Llandudno General Hospital, Eryri Hospital and Chirk Community Hospital. Some of the broad themes needing improvement from these inspections included:

- staff training
- staffing levels and resources
- the resources and therapy services available to promote re-ablement/rehabilitation
- general medication practices.

Subsequently BCUHB submitted improvement plans for the areas or wards inspected. These plans demonstrated that the improvements identified had either been addressed or there was evidence that progress had been made by the Health Board in response to these matters. However, these areas were considered again during this inspection and our findings are included under the relevant sections of this report.

#### **Additional Explanatory Notes – Fali Ward, Penrhos Stanley**

During the course of our inspection, we found significant shortcomings on Fali Ward, some of which could have potentially posed an immediate risk to patient safety. As a result, HIW provided verbal feedback the same day and arranged an urgent meeting with BCUHB managers the day after the inspection. These matters were also followed up in writing through our immediate assurance process. We referred one patient to the local authority to be considered under the protection of vulnerable adults (POVA)<sup>4</sup> procedures.

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<sup>4</sup> Further information about POVA can be found via:  
[http://ssiacymru.org.uk/home.php?page\\_id=3014](http://ssiacymru.org.uk/home.php?page_id=3014)

Where applicable, our findings relating to the concerns unique to Fali Ward have been highlighted as an indented paragraph under the relevant theme and/or standard within this report.

Whilst the Health Board's initial response to our immediate assurance letter indicated that substantial actions have been undertaken to improve care practices and standards on Fali Ward, further clarification and detail was required by HIW and as such we requested an updated response from the Health Board. The updated response again provided insufficient assurance to demonstrate that the risks to patient safety had been adequately reduced. Consequently HIW met with four of the Health Board's management representatives on 19<sup>th</sup> January 2016 and received further verbal assurances of the actions taken to provide safe and effective care to patients. At the time of writing this report, the Health Board is to provide a written summary of these actions which will be further evaluated and followed up under HIW's inspection and escalation processes.

## **Summary of Findings for all wards:**

### **Quality of the patient experience**

Overall, we found patients had a good experience of care in the hospitals we visited. We received several positive comments about the staff and the care and treatment received. However, patients indicated that staff were sometimes too busy to provide individualised or timely care.

In two of the hospitals we visited, we found that some patients' discharge from hospital was delayed because they were waiting for further support from physiotherapy and/or occupational therapy. Therefore, we have asked the Health Board to confirm the availability of these services, in particular at Penrhos Stanley and Mold Community Hospital, to enable patients to be discharged from hospital in a timely way.

### **Delivery of Safe and Effective Care**

With the exception of Fali Ward (see below), staff were delivering safe and effective care in line with the Health and Care Standards. Additionally, we found that staff training and the delivery of care to people with dementia had improved since our 2014-5 DECI inspections.

Ward environments were generally clean, tidy and free from hazards.



Staff questionnaire responses indicated that the overall communication with staff could be improved, so that learning can take place following significant incidents.

We advised the Health Board to review staffing levels on all wards to enable the staff to provide individualised care and to facilitate discharge planning in a more timely way.

We found that the records completed about patients' care and treatment was generally good, although there were inconsistencies in some areas. For instance, we found gaps in falls assessment documentation and there were various duplications amongst the large volume of information held. Medication practices needed to be improved on Fali and Cybi Wards. Therefore we have advised the Health Board to improve these areas.

***Fali Ward:***

Staff practices fell well below standards in several areas. In particular, there were significant shortfalls in record keeping and medication practices. Due to the potential risks to patient safety, HIW sought immediate written assurance from the Health Board in relation to these matters. Furthermore as a result of our findings, it was necessary for HIW to refer one patient to the local authority under the POVA procedures. At the time of writing this report this matter remains under investigation, although plans were immediately put in place by BCUHB to safeguard the patient in question.

**Quality of Management and Leadership**

A management restructure, establishing a head of nursing in each of the three regional areas within the Health Board, had not long been implemented. Therefore some of organisational changes were not yet embedded at ward level. However, we found evidence of strong leadership and management by the five ward managers we saw. Two of the managers were relatively new to their management role but appeared to be well supported by the matron, who was also based at Denbigh hospital.

We found that staff were able to access training opportunities and work was in progress to ensure that all staff would be up to date with mandatory training within the next three months. However, as already stated, we have advised the Health Board to review the overall staffing levels in all the wards we inspected.

We received a mixed response from 30 staff members across all wards and hospitals, with the highest satisfaction overall being expressed by staff working at Denbigh Hospital. Whilst 27 of the staff agreed that patient care was the

organisation's top priority, there were signs that staff did not always feel supported by their managers or the organisation. Therefore we have advised the Health Board to consider what steps can be taken to address some of the issues raised by staff, as noted in the Quality of Management and Leadership section of this report (page 27-28).

***Fali Ward:***

The serious shortcomings we found on Fali Ward led HIW to question the effectiveness of the Health Board's governance arrangements for the overall management and leadership of this ward. Subsequently we have been informed about the staffing changes and additional resources put in place to support and sustain effective leadership and management of this ward.

## 4. Findings

### *Quality of the Patient Experience*

Overall, we found patients had a good experience of care in the hospitals we visited. We received several positive comments about the staff and the care and treatment received. However, patients indicated that staff were sometimes too busy to provide individualised or timely care.

In a couple of the hospitals we visited, we found the some patients' discharge from hospital was delayed because they were waiting for further support from physiotherapy and/or occupational therapy. Therefore, we have asked the Health Board to confirm the availability of these services, in particular at Penrhos Stanley and Mold Community Hospital, to enable patients to be discharged from hospital in a timely way.

#### **Individual care**

*People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs. (Standard 4.1)*

We obtained 53 HIW patient questionnaires, including:

- 15 questionnaires from Penrhos Stanley – 4 from Cybi Ward and 11 from Fali Ward
- 17 questionnaires from Denbigh Community Hospital – 9 from Llewni Ward and 8 from Famau Ward
- 21 questionnaires from Mold. Community Hospital – 9 from Delyn Ward and 12 from Clwyd Ward.

Forty nine of the patients/relatives rated the overall care and treatment received as very good or excellent. This included all of the patients/relatives on Llewni, Famau and Delyn Wards. Out of the 11 responses from Fali Ward, two people rated the care and treatment as below average and one rated this as average. Out of the 12 responses on Clwyd Ward, one person rated the overall care and treatment as average.

Questionnaire responses indicated that staff were always polite to patients and their family. Patients/relatives used words such as "excellent", "lovely", "helpful"

and “*very good*” to describe staff. On the whole, patients said that staff were sensitive when carrying out their care and treatment.

We observed that patients were treated with dignity; staff were kind and courteous. However, we found that patients’ dignity was sometimes compromised due to the wards not being adequately staffed on occasions. For example, one of the patients on Famau Ward said they could be waiting over 20 minutes to be taken to the toilet. Another patient on this ward commented about using a continence pad when they never used one previously, adding “*can’t wait for staff to come to take me to toilet*”. A patient on Clwyd Ward said that nurses can sometimes get diverted due to being short staffed, which impaired them from going to the toilet when they needed.

***Improvement needed***

***Our recommendation for improvement regarding staffing levels, under the Staff and Resources section (page 24 of this report), should take patients’ comments into consideration. Patients’ dignity should not be compromised due to inadequate staffing levels.***

*Care provision must respect people’s choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1)*

Staff members’ responses to our questionnaire confirmed that patients’ independence is promoted. Several of the patients on Llewni Ward told us that they enjoyed going to the lounge to watch television with other patients. On Cybi Ward, we were informed that a volunteer comes in weekly to play the piano and that the day room is also used for activities such as art and crafts.

However, some of the patients on Delyn Ward commented about having “*nothing to do*” or about being “*bored*”. We observed that a number of patients on this ward had limited mobility which restricted them from being able to access opportunities.

On Fali Ward during the afternoon, we observed that the lights were off in the day room, although the television was on. No one used the room while we were there.

***Improvement needed***

***The Health Board should consider what other activities and opportunities could be introduced to promote patients’ independence.***

We received comments from patients and relatives which indicated that the availability of therapy services was affecting their rehabilitation and discharge plans.

Whereas the care on Fali Ward was described as “*excellent*” by one of the relatives, they added that the lack of staff in the re-ablement<sup>5</sup> team had resulted in the patient’s discharge from hospital being delayed. Another relative on this ward said that getting physiotherapy was slow. Also on Fali Ward, a carer said that only some of the staff walk the patient, indicating that this was not enough to help improve the patient’s mobility. On Clwyd Ward, one of the patients said they would like more physiotherapy.

The lack of adequate therapy services was also identified during our 2014/15 inspections.

### ***Improvement needed***

***The Health Board is to notify HIW of the availability of therapy staff, in particular at Penrhos Stanley and Mold Community Hospital, to facilitate timely discharge from hospital.***

*Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2).*

There was evidence that patients were treated as individuals and that their views and choices were respected by staff.

### ***Fali Ward***

Concerns were raised regarding the general attitudes and approaches of some of the staff on Fali Ward. For example, one of the patients said that one staff member favoured other patients. We witnessed another patient, when they asked to go to the toilet, being responded to insensitively by a staff member. A relative of another patient we spoke with commented

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<sup>5</sup> The re-ablement team consists of occupational and physiotherapists, with a focus on rehabilitation services to speed up the patient’s discharge from hospital, whenever possible.

that staff were too busy to provide individualised care. We observed that care delivery was task-based (doing **for**, not **with** the patient) and that staff interactions with patients were brief, therefore did not go far enough to enhance their sense of wellbeing.

### **Improvement needed**

***In addition to the immediate assurance responses already received by HIW, the Health Board should consider how the improvements implemented, to promote a more positive staff culture on Fali Ward, can be sustained.***

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).*

The concerns and complaints process was explained to us by ward managers. We found that the systems to record and to respond to these were satisfactory and consistent with the NHS complaints arrangements known as 'Putting Things Right'<sup>6</sup>.

We did not carry out an in-depth inspection on the systems for obtaining patient feedback on this occasion. However, from the staff questionnaire responses, we could not be confident that a consistent approach was being used to obtain and share patient feedback with staff teams.

### **Improvement needed**

***The Health Board is to notify HIW of the systems in place to obtain patient feedback, the frequency and how feedback is acted upon at ward level and by the wider organisation.***

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<sup>6</sup> *Putting Things Right* was introduced by the Welsh Government in April 2011 to manage concerns and complaints about NHS care and treatment in Wales.

## ***Delivery of Safe and Effective Care***

**With the exception of Fali Ward staff were delivering safe and effective care in line with the Health and Care Standards. Additionally, we found that staff training and the delivery of care to people with dementia had improved since our 2014-5 DECI inspections.**

**Ward environments were generally clean, tidy and free from hazards.**

**Staff questionnaire responses indicated that the overall communication with staff could be improved, so that learning can take place following significant incidents.**

**We advised the Health Board to review staffing levels on all wards to enable the staff to provide individualised care and to facilitate discharge planning in a more timely way.**

**We found that the records completed about patients' care and treatment was generally good, although there were inconsistencies in some areas. For instance, we found gaps in falls assessment documentation and there were various duplications amongst the large volume of information held. Medication practices needed to be improved on Fali and Cybi Wards. Therefore we have advised the Health Board to improve these areas.**

### ***Fali Ward:***

**Staff practices fell well below standards in several areas. In particular, there were significant shortfalls in record keeping and medication practices. Due to the potential risks to patient safety, HIW sought immediate written assurance from the Health Board in relation to these matters. Furthermore as a result of our findings, it was necessary for us to refer one patient to the local authority under the POVA procedures. At the time of writing this report this matter is under investigation, although plans were put in place by BCUHB to safeguard the person immediately after the inspection.**

### **Staying healthy**

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)*

We saw systems in place to identify patients who needed additional support, for example patients who had memory problems or patients diagnosed with dementia. When looking at a sample of patient records, we saw that forms such as ‘This is Me’<sup>7</sup> had been completed by the patient’s family representative. These forms provide useful information about the patient’s usual daily routines, likes and dislikes.

There were suitable health promotion leaflets in all the clinical and public waiting areas we visited.

24 questionnaires from patients or their relatives confirmed that staff always listened and talked to them about the patient’s medical conditions. However, 8 patients or their relatives disagreed, with some of them implying that staff were too busy. A small number of the patients we spoke with, including patients who had been in the hospital for several weeks, did not know what discharge arrangements were planned or in place for them.

### ***Improvement needed***

***A consistent approach needs to be taken to ensure that patients and/or their relatives are kept up to date about the patients’ medical condition and hospital discharge arrangements.***

### **Safe care**

*People’s health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.  
(Standard 2.1)*

When looking at records we saw that patients were, if relevant, being assessed in accordance with the Mental Capacity Act 2005 and associated Deprivation of

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<sup>7</sup> ‘This is Me’ is a practical tool from the Alzheimer’s Society for people with dementia and/or their relatives to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. [www.alzheimers.org.uk/thisisme](http://www.alzheimers.org.uk/thisisme)



Liberty Safeguards (DOLS)<sup>8</sup>. However, we observed one patient (who had dementia) on Delyn Ward started to leave the ward unattended. Whilst the situation was quickly resolved and the patient was guided safely back by a relative and staff member, we saw that there was no authorisation on the patient's file, as would have been appropriate for this patient under DOLS. The patient was known to walk around and if the patient did leave the ward unattended, this could pose an immediate risk to her safety. Therefore we sought immediate written assurance from the Health Board on the action taken to ensure the patient's continued safety. The Health Board has confirmed that a DOLS authorisation is now in place as part of the care plan for this patient and that further DOLS training has been arranged for staff, to be completed by January 2016.

We found evidence that regular audits were being undertaken to monitor and reduce risks where possible. Audit results for areas such as the incidence of pressure ulcers, sepsis and patient falls were prominently displayed on ward noticeboards. We were informed that these results were updated onto the Health Board's system and discussed with staff. However, we saw that the results on display in Clwyd Ward had not been updated from 11 days ago.

One of the ward managers informed us that she regularly undertakes ward spot checks, although these were not currently being documented.

***Improvement needed***

***Staff should be reminded to update the results of the daily audits being undertaken at ward level.***

***Other audits undertaken by managers should be documented and the findings shared with staff.***

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<sup>8</sup> DOLS aim to make sure that people in hospitals, supported living or care homes are only deprived of their liberty in a safe way and only when it is in the person's best interest and there is no other way to look after them.

[https://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=1327](https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1327)

During our general observations, we saw that patient safety alerts were displayed in staff or meeting rooms. In the questionnaire responses, staff members said they would report an incident that could have hurt staff or patients. However a third of staff across all the hospitals disagreed that they are informed about errors, near misses or incidents that happen in the organisation.

### ***Improvement needed***

***The process for reporting and feeding back information regarding errors, near misses and/or incidents should be reviewed. The Health Board should be able to demonstrate how the lessons learned from incidents have been disseminated amongst staff.***

*People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage. (Standard 2.2).*

From our examination of patient records we saw examples of where patients had been referred to and assessed by a tissue viability specialist nurse. The documentation we saw demonstrated that the actual care being delivered to patients reflected what had been written in their assessments, care plans and wound charts. We also found that SKIN bundles<sup>9</sup> were being completed at regular intervals.

### ***Fali Ward***

There was no evidence that instruction from the tissue viability nurse (received some 4-6 weeks previously), to increase the frequency of intentional rounding<sup>10</sup> for one patient from four hours to two hours, was being carried out. Potentially, this meant that the patient's tissue damage could become worse due to specialist instructions not being followed by staff. We requested that this patient's needs be urgently reviewed and that any changes needed were implemented and clearly documented.

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<sup>9</sup> SKIN (Surface, Keep Moving, Incontinence, Nutrition) bundle is a tool to monitor and document the care provided to patients who are assessed at risk of pressure ulcers.

<sup>10</sup> Intentional rounding is a structured approach where staff conduct checks on patients at set times during the day to assess and manage their care needs.

***Improvement needed***

***Patient records must be adequately maintained to demonstrate that their current/changing needs are being met. This should take into account any specialist advice/instructions received.***

*People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability. (Standard 2.3)*

On Fali, Famau and Llewni Wards, we found that the records for patients at risk of falls were inconsistent. Falls risk assessments had not always been completed or there were gaps in these records.

***Improvement needed***

***Relevant falls assessment and care planning documentation must be consistently completed and maintained for all patients who are at risk of falls.***

*Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).*

Patients and relatives confirmed that the ward environments are always clean and tidy, as we also observed. We were informed that regular cleaning audits take place and we saw that cleaning schedules were in place. Wards contained adequate stocks of hand sanitisers, liquid soap and disposable paper towels to reduce cross infection.

There was a lack of storage space on some wards. On Cybi and Fali Wards, we saw that clean commodes were being stored in the dirty utility area. Additionally, on Fali Ward we saw that items, including shampoo, were being stored in the sluice room.

***Improvement needed***

***Review overall storage facilities on wards to ensure that clean and dirty utility rooms are not being used to store inappropriate items.***

A small number of patients in a couple of hospitals were being nursed in isolation to reduce the spread of infection. We saw that notices were displayed to alert staff/visitors of the infection control guidelines to be followed before entering and on departing these rooms.

We observed that staff were wearing protective gloves and aprons at appropriate times. However, not all the housekeeping staff on Cybi Ward were wearing aprons in accordance with good practice infection control guidance<sup>11</sup>.

### ***Improvement needed***

***The Health Board should ensure that all staff providing direct care adhere to the principles of Standard Infection Control Principles at all times.***

*People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).*

With the exception of one ward (Fali), there was evidence that patients were being supported if they needed help to eat and drink. Patients, overall, said they liked the food. When we looked at patient records we saw that assessments and care plans covered their diet and nutrition and that specialist advice had been sought where necessary.

### ***Fali Ward***

Out of eleven questionnaire responses, four patients or their relatives said that patients received the help they required at mealtimes. However, two patients and one relative disagreed that they received help from staff to eat and drink or that they were not able to eat food at their own pace. Two of the relatives we spoke with expressed concerns as the patients had hardly eaten anything while in hospital. They said that staff were too busy to provide the time patients required to eat and drink. Another patient told us that they had explained to staff they needed a smaller spoon to eat with but this was not provided, therefore a friend brought one in.

When we looked at one of the patient's records there was evidence that the patient's liquid and food intake was poor. There had been a

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<sup>11</sup> For example, NHS Professionals, Standard Infection Control Precautions (2010).

significant deterioration in the week prior to our inspection and we also saw that there were gaps in the person's fluid and food charts, indicating that the person's dietary and fluid intake was not being appropriately monitored. There was no evidence that the patient had been referred for specialist dietary advice. Despite clear evidence in the patient's daily records that the patient's health condition had deteriorated in the last week, the multi-disciplinary team ward round, which was held the day before our inspection described the patient's condition as 'stable'.

Our findings above were included on HIW's immediate assurance letter and improvement plan to the Health Board. We also referred the patient concerned to the local authority, under the Protection of Vulnerable Adults (POVA) procedures.

### ***Improvement needed***

***In addition to the immediate assurance response already received by HIW, the Health Board should confirm what action has been put in place to ensure that all patients on Fali Ward receive sufficient help and support to meet their nutritional and hydration needs.***

*People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).*

We checked the systems for storing, recording and administering medication and also observed medication administration practices on some of the wards. With the exception of Fali Ward, we saw that safe systems were in place to ensure that people received the correct medication and dose at the right time. We looked at a sample of patients' medication charts and saw that these had been completed in full.

Cybi Ward stored medication in individualised boxes for each patient. This was an effective system to help prevent medication being administered to the wrong person.

### ***Cybi and Fali Wards***

However, some of the medicines management and practices on both Cybi and Fali Wards fell well below the standards required. One of the

nurses on Fali Ward did not follow safe practices when administering medication. On both Fali and Cybi Wards, we found several gaps where the fridge temperature (containing medication requiring refrigeration) and the daily stock checks of controlled drugs<sup>12</sup> had not been documented.

A meeting was held the day after our inspection between HIW and the Health Board to discuss our findings, following which HIW provided a list of the poor medication practices we found alongside an immediate assurance letter and improvement plan. Consequently, the Health Board has taken several steps to improve the medication practices. However, HIW has requested further information to help determine whether the steps taken are sufficient or whether further action may be required.

### ***Improvement needed***

***The risk to patient safety must be reduced by ensuring staff are adequately trained and competent in safe medication practices and who adhere to relevant medication guidelines at all times.***

***A staff signature sheet should be available for all staff who are responsible for administering medication.***

Some staff who administered medication were familiar with the red tabard system<sup>13</sup>. However we found that the tabards were not routinely being worn as staff said they were uncomfortable or that the system had been tried but was unsuccessful.

We saw that the medication policy available in Famau and Llewni Wards was dated 2011 with a review date of 2014. According to the ward manager, this was the up to date version. However, to avoid confusion, they agreed to double check this and to correct the version dates.

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<sup>12</sup> Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. For more information see: <http://www.nhs.uk/chq/Pages/1391.aspx?CategoryID=73>

<sup>13</sup> The red tabard system is an effective method to prevent the person administering medication from being disturbed during this process. This system can speed up the medication administration time and help to prevent errors.

We could not be confident that the controlled drugs medication cupboard on Delyn and Llewni Wards conformed with the British Standard 2881:1989 and the Misuse of Drugs (Safe Custody) regulations 1973. Therefore we requested that these cupboards be checked and, if needed, replaced.

### ***Improvement needed***

***The Health Board is to notify HIW whether the controlled drugs cupboards on all the wards we inspected conform to British Standard requirements, or what arrangements have been taken to ensure compliance.***

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7)*

We spoke with several staff members during our inspection and looked at a sample of their training records. There was evidence that staff had received children and adult safeguarding training or were due to be provided with this training in the next three months.

From our conversations with staff, there was evidence that they knew what to do to protect the welfare and safety of patients who may be at risk. Systems were in place to ensure that serious incidents are recorded and acted upon.

We saw that patient safety notices and alerts were displayed in areas accessed by staff.

### **Effective care**

*In communicating with people, health services proactively meet individual language and communication needs. (Standard 3.2)*

A range of effective communication methods was used to share information with patients and visitors. For example, we saw that notices and signage were displayed in large font and/or included pictorial illustrations or relevant symbols.

Most of the standard written information was available in Welsh and English. Welsh speaking staff had an embroidered symbol on their uniform so that they could be easily identified.

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5)*

We looked at a minimum of two patient records on each ward. With the exception of Fali Ward we found that the quality was satisfactory and, in some instances, very good.

Files included comprehensive information made up of assessments, care plans, relevant care bundles<sup>14</sup> and daily records. There were two files per patient, one for the nursing documentation and the other for the medical and members of the multi-disciplinary team (for example, tissue viability nurse, dietician and physiotherapists). However, we found duplications between nursing and medical notes and it was not always easy to locate information amid the large volume of documentation and care bundles in some the patients' files.

On Famau Ward, there were gaps in one patient's pressure ulcer and urinary catheter nursing care pathways.

Across all the wards, we found that some entries had not been signed by the staff completing the record or did not include their designation.

### ***Fali Ward***

On Fali Ward, the quality of the two patient records we looked at was poor. Due to the potential risks to patients, we presented our overall findings to hospital managers the same day and followed this up during a meeting with senior health board managers the following day, in line with our immediate assurance process. In addition to the issues already mentioned in this section, we found that:

- A serious error had been made on staff handover notes when a DNAR (Do Not Attempt to Resuscitate) was accidentally recorded against one of the patients, when in fact no such order existed. The handover notes were amended with immediate effect, but we

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<sup>14</sup> A bundle is a structured way for documenting the delivery of care to patients and improving patient outcomes. Further information about bundles can be obtained via: <http://www.ihl.org/resources/Pages/ImprovementStories/WhatsaBundle.aspx>



expressed concerns regarding the potential serious consequence for this patient should this error had otherwise remained unnoticed.

- One of the patient's notes identified a need for a Speech and Language Therapy (SALT) assessment. There was no evidence (when we inspected over four weeks later) that this had ever been sought.
- A relative's involvement in helping her parent at mealtimes was not documented anywhere.
- The care plans for the patients had not been updated to reflect their changing needs.
- Some of the handwritten records, including staff signatures were illegible.

As mentioned previously in this report (page 5), these matters were immediately escalated to the Health Board as per HIW's inspection and escalation processes. Since our inspection, the Health Board has taken substantial steps to improve standards and to ensure that patients on Fali Ward receive safe care.

### ***Improvement needed***

***The Health Board should review its current system for maintaining patient records. Wherever possible, steps should be taken to condense the overall information for completion and to reduce unnecessary duplications.***

***Staff should be reminded to maintain patient records and include their signatures and designation, in accordance with the current professional standards for record keeping.***

## *Quality of Management and Leadership*

A management restructure, establishing a head of nursing role in each of the three regional areas within the Health Board, had not long been implemented. Therefore some of the organisational changes were not yet embedded at ward level. However, we found evidence of strong leadership and management by the five ward managers we saw. Two of the managers were relatively new to their management role but appeared to be well supported by the matron, who was also based in the hospital.

We found that staff were able to access training opportunities and work was in progress to ensure that all staff would be up to date with mandatory training within the next three months. However, as already stated, we have advised the Health Board to review the overall staffing levels in all the wards we inspected.

We received a mixed response from 30 staff members across all wards and hospitals, with the highest satisfaction overall being expressed by staff working at Denbigh Hospital. Whilst 27 of the staff agreed that patient care was the organisation's top priority, there were signs that staff did not always feel supported by their managers or the organisation. Therefore we have advised the Health Board to consider what steps can be taken to address some of the issues raised by staff, as noted later in this section.

### *Fali Ward:*

The serious shortcomings we found on Fali Ward led HIW to question the effectiveness of the Health Board's governance arrangements for the overall management and leadership of this ward. Subsequently we have been informed about the staffing changes and additional resources put in place to support and sustain effective leadership and management on this ward.

### **Staff and resources**

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).*

From our conversations with staff and examination of a sample of training records, we found that they were up to date with their training needs, or that arrangements were in place for all staff to complete mandatory training in the next three months. Two staff members said they would benefit from further

learning opportunities, namely an observation course (bank staff member) and orthopaedic updates and spasticity management for neurological patients (physiotherapist). We would advise the Health Board to explore what additional training could be provided in these areas.

We observed that staff were very busy in all the wards we inspected. Given the wide range of patients' needs and, combined with our overall inspection findings, there were signs that staffing levels were not always adequate. The levels and skill mix of staff was particularly concerning during the night shift when we found that there was only one trained nurse on duty. In Denbigh Hospital, an additional nurse was being recruited to increase the night staff ratio from one to two trained nurses.

### ***Improvement needed***

***The Health Board should review the staffing levels and skill mix on all six wards. This is to ensure that the number and skill mix of staff is adequate to provide timely care according to patients' diverse range and changing needs.***

We found evidence of good multi disciplinary team work. For instance, at Denbigh Hospital, advanced nurse practitioners were supporting ward teams with various aspects of the patients' care, which meant that patients did not have to wait longer than necessary to be seen by a doctor.

However, medical cover was inconsistent between the wards. For example, there was only one regular doctor covering the Mold Hospital. Locums were used to provide annual leave cover. This did not help to provide continuity of care for a ward with a high number of patients, many who, at the time of our inspection, were frail and had complex needs.

The discharge liaison nurse we spoke with on Cybi ward had other responsibilities and therefore could only afford to spend a limited time on the ward to help speed up discharge arrangements.

### ***Improvement needed***

***The review of staffing levels advised above should consider what additional support, such as medical, advanced nurse practitioner and discharge liaison nurses could be utilised.***

## **Governance, leadership and accountability**

*Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)*

The manager of Fali Ward was not on shift at the time of our inspection but we spoke with all the other ward managers. Some of the managers were new (12-18 months) to their role or to the ward. We found that the experienced managers had strong leadership skills and that the new managers were progressing well under the support of their line managers. We advised the line managers concerned to ensure that this support is maintained while the new ward managers gain more experience and whilst the organisational changes are embedded.

Aside from Fali Ward, we saw that ward managers were visible on the wards and we observed a respectful working relationship between them and their staff. We noticed that the ward environments were generally calm and well organised.

We found examples of innovative leadership skills, where managers were keen to encourage learning and improve standards. On Cybi Ward, the ward sister was promoting 'champion' roles, through providing additional learning time to individual nurses for the purpose of developing their knowledge and expertise in various clinical areas and sharing this with other staff. In some of the wards, an advanced nurse practitioner was delivering training to staff. One of the ward managers in Denbigh Hospital was looking at ways to develop staff member's knowledge about dementia.

### ***Fali Ward***

The seriousness of our overall findings on this ward gave rise for concern about the overall management and leadership. Consequently we have corresponded closely with the Health Board under HIW's inspection and escalation processes. Significant actions have been undertaken by the Health Board to provide additional management support and to strengthen the overall processes and procedures on this ward. We have been informed that this support is to continue for the foreseeable future.

## Staff questionnaire responses

Staff were asked about their views about the organisation, senior managers and immediate line managers. We received 30 questionnaires from staff, including nurses, health care assistants, physiotherapists and domestic staff:

- 11 from Penrhos Stanley
- 7 from Denbigh
- 12 from Mold.

There was a mixed response across the wards, with staff working in Denbigh indicating the highest satisfaction overall, compared to staff at Penrhos Stanley and Mold. The majority (27) of the staff agreed that the care of patients is the organisation's key priority. Most of the staff confirmed they would feel confident raising concerns regarding any clinical practice, although five staff were not confident that the organisation would address these.

Whereas staff working at Denbigh indicated that team work was encouraged and they were included in decisions, the responses by staff at Penrhos Stanley and Mold Hospital varied more between 'always', 'usually' or 'sometimes'. Four of the staff indicated that their immediate line manager 'never' ask for their opinion before making decisions that affect their work.

Many of the staff in Mold did not feel the organisation was always supportive, or open and transparent, or that front-line professionals were empowered to speak up. One staff member in Penrhos Stanley described communication as "*very poor*", adding that there is continuous change and reorganisation. Whereas staff at Denbigh Hospital indicated they were supported by their managers and the organisation as a whole. In total, 17 of the staff across all hospitals said they would recommend the organisation as a place to work.

In Penrhos Stanley, three staff disagreed that, if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation. One of the staff members added that the reason for this was due to poor communication and lack of organisation on the ward.

Four staff at Mold commented about the organisation being too target-driven, thereby losing the patient focus, or that inadequate staffing was affecting staff morale. One of the staff members commented about the continuous audits or inspections, of which the outcomes are not fed back to them. However, one of these staff members also added that they were very happy working at the hospital and that the quality of care to patients is good.

Seven staff members (one from Denbigh Hospital and six from Mold Hospital) said that they had personally experienced discrimination at work by

patients/relatives or other members of the public in the last 12 months. Also, three staff members said that they had experienced discrimination by their manager/team leader or colleagues in the last 12 months, two staff members told us this was as a result of their ethnic background.

***Improvement needed***

***The Health Board should consider the staff questionnaires responses and what steps can be taken to address the issues raised.***

## 5. Next Steps

The Health Board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this 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 will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the Health Board in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the Health Board's improvement plan remain outstanding and/or in progress, the Health Board should provide HIW with updates, to confirm when these have been addressed.

The Health Board's improvement plan, once agreed, will be published on HIW's website.

## 6. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards (2015)**





NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**  
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of Safe and Effective Care:**  
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**  
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the inspection to the community hospitals within Betsi Cadwaladr University Health Board, comprised of three HIW inspection managers (including one who led and co-ordinated the inspection), one HIW assistant inspection manager, three clinical peer reviewers and three lay reviewers.

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

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

## Appendix A

**Hospital Inspection:** Improvement Plan

**Hospitals / Wards:** Penrhos Stanley – Cybi and Fali Wards  
Denbigh Community Hospital – Llewni and Famau Wards  
Mold Community Hospital – Delyn and Clwyd Wards

**Date of inspection:** 23 and 24 November 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of the Patient Experience</b>			
10	<p><b><i>Our recommendation for improvement regarding staffing levels, under the Staff and Resources section (page 24 of this report), should take patients' comments into consideration. Patients' dignity should not be compromised due to inadequate staffing levels.</i></b></p> <p>[Health and Care Standards 4.1, 6.2 and 7.1]</p>	<p><u>Penrhos Stanley (YPS)</u></p> <p>A detailed action plan provided for Health Inspectorate Wales outlines actions which have and continue to be made in relation to staffing. Daily review of staffing levels on site is undertaken with senior management support on site at least on a weekly basis.</p> <p>An Interim Senior nurse has been appointed and will commence in post on the 8<sup>th</sup> February 2016. Band 7 permanent posts will be going out to advert within the next two weeks. The band 6</p>	Area Director for Clinical Services	30 <sup>th</sup> April 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>ward sister on Cybi ward has a secondment to a band 7 and a band 6 ward sister to support her has recently been appointed.</p> <p><b><u>Penrhos Stanley</u></b></p> <p><b>Supervision on site for all shifts at Band 6 or 7 level at all times.</b></p> <p>There is a band 7 Advanced Nurse Practitioner (ANP) on site at weekend to ensure appropriate supervision. A rota has been established to provide those on supervised practice with access to a band 6 or 7 nurse at all shifts. There is currently some band 6 sickness which has necessitated the inclusion of the ANP and Minor Injury Unit (MIU) staff into this rota.</p> <p><b><u>Medical Staffing</u></b></p> <p>There is a full time staff grade and weekly ward round and multidisciplinary team meetings by the Care of the Elderly (COTE) Consultant to support the daily clinical management on site. In addition there is a newly appointed General Practice / COTE physician in post who will be working alongside the staff grade doctor.</p> <p>(Healthcare standards (HCS) 4.1 – Dignified Care, 6.2 – Peoples Rights and 7.1 – Workforce)</p>	Area Medical Director	30 <sup>th</sup> April 2016



Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p><i>from hospital.</i></p> <p>[Health and Care Standards 5.1 and 7.1]</p>	<p>2016)</p> <p>There is also access to a jointly funded team of staff ( with Ynys Mon local authority) known as Model Mon to support post discharge.</p> <p>The therapy service models are being reviewed as the new area structure develops in order to facilitate early discharges from hospital and a focus on admission avoidance.</p> <p><u>Mold</u></p> <p><b>Physiotherapy</b></p> <p>There are 5.00 wte based at Mold who cover in and outpatients.</p> <p>Staff work flexibly to cover service needs but staffing allocated to the wards specifically are:</p> <p>Band 6                    0.75 whole time equivalent</p> <p>Band 5                    1 whole time equivalent</p> <p>Band 3                    0.5 whole time equivalent</p> <p><b>Occupational Therapy (OT)</b></p> <p>There are 2 full time 37.5 OTs covering the wards in Mold – 1 band 6 and 1 band 5. There is also 24 hours of band 4 support.</p> <p>There is a band 7 OT based in Mold who</p>		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		provides the supervision. Her caseload is outpatients and community within Flintshire		
12	<p><b><i>In addition to the immediate assurance responses already received by HIW, the Health Board should consider how the improvements implemented, to promote a more positive staff culture on Fali Ward, can be sustained.</i></b></p> <p>[Health and Care Standard 7.1]</p>	<p><u>Penrhos Stanley</u></p> <p>A team development programme is being developed with the workforce and organisational development team (WOD) to support a more positive staff culture</p>	Area Director for Clinical services	29 <sup>th</sup> February 2016 with a completion date of 31 <sup>st</sup> May 2016
12	<p><b><i>The Health Board is to notify HIW of the systems in place to obtain patient feedback, the frequency and how feedback is acted upon at ward level and by the wider organisation.</i></b></p> <p>[Health and Care Standard 6.3]</p>	<p>Patient experience is obtained across the organisation on a monthly basis via the ward to board quality scores. Scores on Fali for this domain were 96% and 99% for November and December respectively.</p> <p>The senior nurse presence and senior leadership walkabouts will engage with patients and their carers to gain real time patient feedback. Additionally concerns regarding patient care are monitored within each of the areas. One is currently being investigated at Penrhos Stanley.</p>	Matron, Head of Nursing	30 <sup>th</sup> March 2016
<b>Delivery of Safe and Effective Care</b>				





Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p><b><i>undertaken at ward level.</i></b></p> <p><b><i>Other audits undertaken by managers should be documented and the findings shared with staff.</i></b></p> <p>[Health and Care Standards 2.1 and 3.3]</p>	<p>on display on the ward and updated each month. All staff have access to audit scores and actions required . These are entered onto the Health and Care monitoring system, which supports the generation of improvement action plans each month where required.</p> <p><u>Mold</u></p> <p>The matron has reminded all Ward Sisters for the need to ensure that the daily audit results are to be updated. This will continue to be monitored.</p>	Matron	Complete
16	<p><b><i>The process for reporting and feeding back information regarding errors, near misses and/or incidents should be reviewed. The Health Board should be able to demonstrate how the lessons learned from incidents have been disseminated amongst staff.</i></b></p> <p>[Health and Care Standards 2.1 and 3.3]</p>	<p><b><u>All areas</u></b></p> <p>Lessons learnt from all incidents are shared at the area quality and safety meetings for dissemination to staff, the process for collecting and highlighting lessons learnt is included in the area Q&amp;S report – although in its infancy</p> <p>Key themes such as falls are reflected on the ward quality board. Medication incidents are fed back to individual staff through undertaking reflections on their practice.</p>	Quality Assurance lead	30 <sup>th</sup> March 2016
17	<p><b><i>Patient records must be adequately maintained to demonstrate that their current/changing needs are being met.</i></b></p>	<p><u>Penrhos Stanley</u></p> <p>Patient records are reviewed in the MDT to</p>	Head of Nursing and Matron	29 <sup>th</sup> February 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p><b><i>This should take into account any specialist advice/instructions received.</i></b></p> <p>[Health and Care Standard 3.5]</p>	<p>ensure they outline the patients current and changing needs and that these have been met.</p> <p><u>All areas</u></p> <p>The quality audits process reviews patient notes to ensure that assessments and care planning is appropriate for the needs of the patients.</p> <p>The daily shift handover will ensure that any changing needs of patients are noted and the senior nurses will monitor that changes to care plans are updated on the same day.</p> <p>A New hand over documentation and safety brief have been introduced to ensure all key information is communicated.</p>	<p>Head of Nursing and Matron</p>	<p>29<sup>th</sup> February 2016</p>
<p>17</p>	<p><b><i>Relevant falls assessment and care planning documentation must be consistently completed and maintained for all patients who are at risk of falls.</i></b></p> <p>[Health and Care Standard 3.5]</p>	<p><u>Penrhos Stanley</u></p> <p>The changing status of patients and the appropriate level of care described in care plans will be part of an enhanced monthly audit to provide reassurance.</p> <p><u>All areas</u></p>	<p>Head of Nursing</p>	<p>Monthly review in accountability meetings</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The quality audits process reviews patient notes to ensure that assessments and care planning is appropriate for the needs of the patients</p> <p>The daily shift handover will ensure that any changing needs of patients are noted and the senior nurses will monitor that changes to care plans are updated on the same day.</p> <p>A New hand over documentation and safety brief have been introduced to ensure all key information is communicated.</p> <p><u>Mold</u></p> <p>Commencing in February 2016 a working group has been set up to review falls and the current documentation within community hospitals and interfacing with secondary care colleagues.</p>	Quality Assurance Lead	Commenced February 2016 and on going
17	<p><b><i>Review overall storage facilities on wards to ensure that clean and dirty utility rooms are not being used to store inappropriate items.</i></b></p> <p>[Health and Care Standards 2.1 and 2.4]</p>	<p><u>Penrhos Stanley</u></p> <p>The Infection Prevention Team has reviewed the use of both clean and dirty utility rooms and the storage within both and has confirmed that these are appropriate.</p>	Quality Assurance lead	Completed

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
18	<p><b><i>The Health Board should ensure that all staff providing direct care adhere to the principles of Standard Infection Control Principles at all times.</i></b></p> <p>[Health and Care Standard 2.4]</p>	<p><u>All areas</u></p> <p>Infection Prevention (IP) training is monitored on a monthly basis, all outbreaks or patients with CDiff are monitored with increased auditing during these periods.</p> <p>The 10 Key standards and Credits for Cleaning are monitored monthly and reported at the monthly accountability meeting.</p>	Matron	Completed
19	<p><b><i>In addition to the immediate assurance response already received by HIW, the Health Board should confirm what action has been put in place to ensure that all patients on Fali Ward receive sufficient help and support to meet their nutritional and hydration needs.</i></b></p> <p>[Health and Care Standard 2.5]</p>	<p><u>Penrhos Stanley</u></p> <p>Each patient has an individual assessment of their nutritional status on admission to the ward.</p> <p>A care plan for support where required is developed and monitored via the quality audits</p> <p>The ward operates a protected meal times process although families are able to come and feed their relatives if they wish.</p> <p>Active and ongoing monitoring of patients nutritional status is in place through fluid balance charts and food charts which are reviewed by the nurse in charge on a daily basis.</p>	Matron	Reviewed formally each month at accountability review meetings

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		The December ward to board scores indicates scores of 100% compliance for Nutrition and Hydration.		
20	<p><b><i>The risk to patient safety must be reduced by staff who adequately trained and competent in safe medication practices and who adhere to relevant medication guidelines at all times.</i></b></p> <p><b><i>A staff signature sheet should be available for all staff who are responsible for administering medication.</i></b></p> <p>[Health and Care Standard 2.6]</p>	<p><u>Penrhos Stanley</u></p> <p>Medicines management competencies for all registered nurses are ongoing. There is additional support on site from the medicines management team (pharmacists and technician) who are undertaking supervised drug rounds and assisting the ward sister in the daily checking of medication charts for omissions and incidents. Additional band 7 presence has been assigned to the site to ensure there is access to supervision of medicine rounds where required.</p> <p>Omissions are dealt with through undertaking a reflection of practice initially by the registrant concerned, where there are multiple omissions this will be addressed via the capability process.</p>	Matron	30 <sup>th</sup> March 2016
21	<p><b><i>The Health Board is to notify HIW whether the controlled drugs cupboards on all the wards we inspected conform to British Standard requirements, or what arrangements have been taken to secure</i></b></p>	<p>COMPLETED, cupboard meets required standards – high strength stored in cupboard within cupboard as per NPSA alert</p>	Matron	Completed

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p><b>compliance.</b></p> <p>[Health and Care Standard 2.6]</p>			
23	<p><b><i>The Health Board should review their current system for maintaining patient records. Wherever possible, steps should be taken to condense the overall information for completion and to reduce unnecessary duplications.</i></b></p> <p><b><i>Staff should be reminded to maintain patient records and include their signatures and designation, in accordance with the current professional standards for record keeping.</i></b></p> <p>[Health and Care Standard 3.5]</p>	<p><u>Penrhos Stanley</u></p> <p>Advice sought from senior nurse and the practice development team to review documentation and reduce duplication.</p> <p>A Weekly review of documentation at YPS is undertaken along with monthly audits via the ward to board audits.</p> <p>Unannounced spot checks of nursing and medical documentation are also undertaken by senior staff.</p>	Area Director for Clinical services	30 <sup>th</sup> April 2016
	<b>Quality of Management and Leadership</b>			
25	<p><b><i>The Health Board should review the staffing levels and skill mix on all six wards. This is to ensure that the number and skill mix of staff is adequate to</i></b></p>	<p><u>Penrhos Stanley</u></p> <p>The number of beds on Fali ward has been reduced for an interim period to ensure that the staffing aligns to the patient acuity and needs.</p>	Matron, Head of Nursing	Completed

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p><b><i>provide timely care according to patients' diverse range and changing needs.</i></b></p> <p>[Health and Care Standard 7.1]</p>	<p>Additional Health Care Assistants have been utilised when the dependency of patients has increased. The ward environment has moved from Fali ward to Glasmor. This has also improved the overall environment of care with most ward areas being visible from the nurse's station to be able to observe and care for patients.</p>		
25	<p><b><i>The review of staffing levels advised above should consider what additional support, such as medical, advanced nurse practitioner and discharge liaison nurses could be utilised.</i></b></p> <p>[Health and Care Standard 7.1]</p>	<p><u>Penrhos Stanley</u></p> <p>There is an Advanced Nurse Practitioner (ANP) on site at Ysbyty Penrhos Stanley over the weekend, discharge liaison is available during the week and currently additional support is provided via the Isle of Anglesey Enhanced care team leader. The locality has recently appointed to a COTE/GP post.</p> <p>Current registered nurse vacancies are open to RMN and RGN to support case mix of dementia patients and further training will be undertaken at the hospital to develop the skills required to work with dementia patients. A system of specialist champions has been utilised at the hospital with the dementia lead currently completing the</p>	Head of Nursing	Completed

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>dementia degree module.</p> <p>A Matron has recently been appointed to the hospital and 2 permanent band 7 ward sister posts are being advertised.</p> <p><u>Mold</u></p> <p>Mold Hospital now has a fully qualified ANP and as above the post of Discharge Facilitator has been appointed to</p>	Matron	Completed
28	<p><b><i>The Health Board should consider the staff questionnaires responses and what steps can be taken to address the issues raised.</i></b></p> <p>[Health and Care Standards 6.3 and 7.1]</p>	<p>A team development programme is being developed with the workforce and organisational development team (WOD) to support a more positive staff culture</p>	Area Director for Clinical Services	30 <sup>th</sup> April 2016

### Health Board Representative:

Name (print): .....Simon Dean.....

Title: .....Interim Chief Executive .....

Date: .....08 February 2016.....



