

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Tregaron Hospital

Date of Inspection: 23 and 24 October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
Pg 6	Patients must be included in the planning of their care and treatment. Staff must listen to patients and their relatives regarding all aspects of their care and ensure that their wishes are respected.	<p>Currently a meeting is held upon admission with patient and family. The aim of this is to ensure that agreed routes for good communication channels are established and agreed between staff, families and patients.</p> <p>Families and patients are invited to, and attend, MDT's which, in addition to welcoming patients to the hospital, give an opportunity for discussion to be had regarding discharge planning.</p> <p>A 'Welcome to the Ward' letter containing information about what can be expected from the hospital services, is provided to family and patient on admission to Tregaron</p>	Team Leader	By end of January 2015

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		Further information is provided on Ward Notice Boards and via patient and relative information leaflets in order to ensure a full range of information is available in a variety of formats		
Pg 7	Patients must be included in the planning of their care and treatment. Where required medical conditions must be explained and support given for patients to understand their treatment.	<p>There is currently MDT documentation to support the care planning and treatment of the patients which is incorporated into the nursing documentation; and the ward manager is to reinforce with staff the importance of ensuring this is completed robustly for every patient: This will be audited as part of the revised audit of patient records (action point 'pg 10' below)</p> <p>Colleagues in the Voluntary sector have been contacted to provide patient information leaflets and contact details for relatives and patients if required. These will be displayed/made available as appropriate</p> <p>Communication to be put on the ward meeting agenda reinforcing the standard expected that staff document clearly in the nursing documentation (Part B) any communications/ discussion of care planning – along with any outcomes from those discussions - held with the patient or family/carer</p>	Ward manager	By end of Dec 2014

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Pg 8	As the ward does not have bedside radio facilities, patients who wish to do so, should be encouraged to bring in radios with personal listening devices.	<p>Owing to Tregaron being a very dated building, it is not possible to provide individual radios in the main wards. However in the main wards the radio can be put on via the television if required. Within the single use rooms, radio is available for individual use.</p> <p>Patients located on the main ward are able to bring into the hospital radios with personal listening devices for their personal use: The 'Welcome to the Ward' letter will be adapted to inform patients and families that this is an option they can consider</p>	Ward manager	End January 2015
Delivery of the Fundamentals of Care				
Pg10	Patients nursing notes need to be audited to ensure all documentation is completed appropriately. The documentation needs to identify individual nursing needs, outline interventions and evaluate effectiveness of treatment.	<p>Formal evaluation of the HDUHB Nursing Documentation templates, facilitated by Swansea University, is in progress. The use of generic care plans will be reviewed as part of this evaluation.</p> <p>Monthly nursing record audits have been carried out for routinely for the past year. The HDUHB nursing documentation audit tool is currently being reviewed to ensure it incorporates not only a review of professional record keeping standards but also compliance with completion of records</p>	Assistant Director of Nursing (Practice)	End Dec 2014

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		<p>and evaluation of care.</p> <p>Further education and training programmes and opportunities are to be provided in order to support the nursing teams in their skills development related to record keeping</p> <p>Review and revision of where various aspects of nursing notes are stored is being addressed in a consistent way across all in-patient wards of the Health Board</p>	Community and Primary Care Nurse Manager and Ward Manager	End Dec 2014
Pg 10	All staff must wear name badges to help patients feel included and safe in the ward environment.	<p>All staff have been issued with name badges and the requirement that name badges are worn at all times will be reinforced to all staff in the next ward meeting. In addition ward manager will check all name badges are being worn when on duty on an ongoing basis.</p> <p>Work is currently ongoing within Hywel Dda to standardise a template for name badges ensuring they are also compliant for the visually impaired.</p>	Ward Manager	End Dec 2014
Pg 12	Patients should be encouraged to use the day room to promote rehabilitation and social activity.	Patients are advised of the availability of the day room as an alternative environment: The use of this space will be reviewed and its availability will be reinforced in the 'Welcome to the Ward' letter	Ward Manager	End January 2015

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Pg 14	Staff need to ensure that patients are offered the opportunity to wash their hands prior to eating their meals in accordance with their wishes and in-keeping with the Fundamentals of Care.	Individual hand wipes are currently made available for all patients. The plan for the future is to identify a Food Co-ordinator from the team on duty for every meal time, who will provide all patients with wipes and ensure patients are encouraged and able to use the wipes, opening the packaging for patient use where required.	Ward manager	End January 2015
Pg 14	It would be beneficial from a rehabilitation and social perspective if patients were encouraged to have meals in the day room.	The importance of rehabilitation and promotion of better use of the day room is recognised as an essential part of the rehabilitation process. Although this will be reinforced at the next staff meeting there are areas of good practice continuing where staff will sit with patients, especially those with dementia, to encourage them to have their meals. This practice needs to be maintained and enhanced, which will be addressed through ongoing staff meetings and monitoring by the ward manager	Ward Manager	With immediate effect
Pg 15	Staff need to ensure that patients are supported and assisted with eating in a dignified and respectful manner.	Clinical Practice Development Nurse (CPDN) will support provision of updates/training for staff: The importance of respecting dignity whilst supporting eating is to be discussed in staff meeting. Ward manager will continue to undertake regular spot checks during meal times.	Ward manager	Training dates to be arranged/delivered for all staff before end March 2015

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Pg 16	Nurse call bells must be available in all areas where patients may require assistance.	This is an ongoing problem within Tregaron owing to the age and layout of the building. Working with Estates teams, a practical solution which is suited to the limitations of the environment, to be agreed and auctioned by end of March 2015	Ward Manager	By end of March 2015
Pg 16	Toilet / shower areas should not be used for storage.	Storage is an ongoing concern within Tregaron and ward manager will review storage within the hospital based on LEAN principles, using tools from Transforming Care toolkit as appropriate although there are limitations to the options as space in the environment is very limited	Ward Manager/CPDN	End March 2015
Pg 16	Clean commodes need to have appropriate signage and be stored away from the macerator, to ensure no spills or splashes cross on to the clean commodes.	The recommended signage system is already in place and it has been reinforced with staff that the tape to identify cleaned commodes must be used every time a commode has been left ready for re-use. Storage of commodes remains a problem although Ward manager to look at other options as part of work in action point (Page 16) above	Ward manager/CPDN	Immediate and end March 2015
Quality of Staffing Management and Leadership				
Pg 18	Arrangements should be in place to ensure ward clerk cover is available when required.	A HCSW is already trained to undertake the ward clerk duties and the need to train a second HCSW will be assessed (and an appropriate implementation plan developed if required) to	Ward Manager	End March 2015

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		ensure that ward clerk duties can be covered at all times		
Delivery of a Safe and Effective Service				
Pg 22	Staff need to be aware of the DoLS process and its implications for patient's care.	It is recognised that further training /updating is required: This will be provided during the coming year	Ward manager/DoLS lead for HDUHB	Work to commence during January 2015, complete by end Dec 2015
Pg 23	Senior Medical staff need to ensure that Doctors adhere to the Good Medical Practice guidance on duties of a doctor registered with the General Medical Council and take appropriate action when this is not maintained.	Discussions have been held with the GP's by ward manager regarding the recommendations identified. They have recognised the requirement and are now compliant with their documentation. Primary care medical director contacted to support long term compliance	Ward manager	Completed initial action – monitoring ongoing
Pg 23	All qualified staff must be competent in the administration of medication.	Head of Pharmacy (Ceredigion) and Senior Nurse for Medicines Management to support development of detailed plan to address training, systems and policy implementation issues regarding medicines management identified	Ward manager/County Head of Medicines Management/Senior Nurse (Medicines Management)	Plan by end January 2015; implementation ongoing during 2015

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Pg 24	The out of hours drugs and pharmacy cover needs to be formalised with robust policies and procedures put in place.	As above	Ward manager	As above
Pg 25	The ward should have a self administration of medication policy for patients who wish to take their medication independently.	Health Board already has a policy which ward will implement as part of above wider medicines management development plan and in line with piloting/safe roll-out of the Self administration policy, to be taken forward in such a way to ensure that patient safety considerations are paramount	Ward manager	As above

Health Board Representative:

Name (print):

Title:

Signature:

Date: