

Hospital Inspection Report (Unannounced)

Morlais Ward, Glangwili Hospital,
Hywel Dda University Health Board

Inspection date: 1, 2 and 3 July 2024

Publication date: 3 October 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	13
• Quality of Management and Leadership	19
4. Next steps.....	23
Appendix A - Summary of concerns resolved during the inspection	24
Appendix B - Immediate improvement plan.....	25
Appendix C - Improvement plan	26

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Morlais Ward, Glangwili Hospital, Hywel Dda University Health Board on the evening of 1 July, and the following days of 2 and 3 July 2024.

The following hospital ward was reviewed during this inspection:

- Morlais Ward - 9 bedded Adult acute inpatient mental health assessment unit which also supports the under 18 Section 136 facility and Rainbow Suite (under 18 inpatient bed).

Our team, for the inspection comprised of two HIW healthcare inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer), and one patient experience reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of six questionnaires were completed by patients or their carers, although there were insufficient questionnaires completed by staff. However, we spoke to staff during our inspection and some of their comments are highlighted throughout the report.

Where applicable, some quotes in this report may have been translated from their original language.

It is pertinent to note that the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found a dedicated staff team that were committed to providing a high standard of care to patients. Overall, we found evidence that the service provided safe and effective care.

Staff were knowledgeable of each patient and strove to provide individualised care. We observed genuine kindness, warmth and respect between staff and patients. Most patients we spoke with spoke highly of staff and told us that they were treated well by staff and felt safe.

We found there was limited information displayed to help patients and their families or carers understand their care.

This is what we recommend the service can improve:

- Provide health information on the ward for patients and visitors.

This is what the service did well:

- Good team working and motivated staff
- Patients spoke highly of staff and told us that they were treated well.

Delivery of Safe and Effective Care

Overall summary:

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

Excellent standard of care planning which reflected the domains of the Welsh Measure. Care plans were well detailed, individualised, and reflected a wide range of Multi-Disciplinary Team (MDT) involvement and there was clear and documented evidence of patient involvement.

It was positive to see that improvements had been made within the health board around Mental Health Act monitoring and this demonstrated that the health board had learnt from previous inspection and implemented improvements.

We viewed a sample of Medication Administration Records (MAR charts) on the ward and found they were being maintained to a good standard. The statutory detention documentation we saw was compliant with the Mental Health Act and Code of Practice.

This is what we recommend the service can improve:

- Fire safety audit actions to be dealt with in a more prompt and timely manner
- Redecoration of ward and communal areas
- Estates response to environmental issues requires improvement
- Maintenance of the central outdoor area.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Staff compliance and understanding and implementation of observation policy
- Good standard of care planning
- Safe and effective medication management.

Quality of Management and Leadership

Overall summary:

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital. We found a friendly, professional, and kind staff team who demonstrated a commitment to providing high quality care to patients. There was dedicated and passionate leadership displayed by staff, the ward managers and senior leadership team.

We found an effective governance structure in place in terms of meetings to discuss incidents, complaints and issues related to patient care.

Some improvements are required in relation to mandatory training. However, it was evident that the health board had learnt from previous inspections and implemented improvements.

This is what we recommend the service can improve:

- Availability of Basic Life Support Training courses
- Frequency of staff meetings.

This is what the service did well:

- Recruitment and retention of staff

- Staff teams were cohesive and positive about the support and leadership they received from ward managers, deputies and senior nurse
- All policies were up to date and regularly reviewed.

3. What we found

Quality of Patient Experience

Patient feedback

We provided HIW questionnaires to patients during the inspection to obtain their views and experiences of the service provided at the hospital. We received only six responses, therefore when referencing these, we are mindful that this is a poor representation of people's experiences overall. To support our patient experience findings, we also reviewed the ward's internal patient feedback, any complaints, and other survey data, to help us gain a better understanding of the overall patient experience. Feedback forms are provided to patients when they are leaving hospital to enable them to provide feedback on their stay and to suggest how improvements can be made.

Patients we spoke with during the inspection told us they were treated well, and that staff were kind and helpful. In addition, there were numerous thank you cards available to us, which were received from former patients, friends, families and carers, thanking the staff for the help, care and support provided during the patient's stay.

Person-centred

Health promotion

Morlais Ward has a range of facilities to support the provision of therapies and activities for patients. In addition, patients also have regular access to community services for those who are authorised to leave the hospital.

The Occupational Therapy (OT) staff had a variety of activities in place, and it was clear to see that the OT department were providing some beneficial therapeutic activities for the patient group.

The ward OT has a designated outside area that is lawned, and patients are supported to grow herb and vegetable beds and manage the bird feeding area. It was positive to see patients using and enjoying these facilities throughout the inspection.

Services are also provided by other professionals, such as physiotherapy, dietetics and speech and language therapy, in line with individual patient needs. Patients can also access a GP service, dental service and other physical health professionals

where required. We found that patient records evidenced the appropriate physical assessments and ongoing monitoring.

Dignified and respectful care

We found that all employees engaged with patients appropriately and treated them with dignity and respect. This included ward staff, senior management, and administration staff.

The staff we spoke with were enthusiastic about their roles and how they support and care for the patients. We saw most staff taking time to speak with patients and address any needs or concerns the patients had. This showed that staff had responsive and caring attitudes towards the patients.

All bedrooms were en-suite, each has observation panels that can be open or closed to maintain privacy from the outside. Patients can lock bedroom doors for additional privacy; however, staff can override this where necessary. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

Patients were able to personalise their rooms and store their own possessions. Personal items are risk assessed on an individualised basis, to help maintain the safety of each patient. This included the use of personal mobile phones and other electronic devices. A telephone was also available for patients to use to contact friends or family if needed, and there were electronic devices available on the ward for patients to use.

The ward provides mixed gender care, which can potentially present challenges around some aspects of dignified care. It was, therefore, positive to find that staff acknowledge this and have effective safeguards and processes in place to manage these challenges to ensure that dignified care was maintained.

There are facilities available for patients to see their families in private. Rooms were also available for patients to spend time away from other patients, according to their needs and wishes. A visitor's room was also available; however, this is sparsely decorated and does not portray a welcoming environment for visitors.

The health board must ensure that the visitor's room is made a more welcoming environment.

Individualised care

There was a clear focus on rehabilitation on the ward. Individualised patient care was supported by least restrictive practices, both in care planning and hospital practices.

Patients had an individualised weekly activity planner, which included personal and group sessions based within the hospital, and in the community (when leave authorisation was in place). We also found that patients and their family or carers were fully involved in monthly multidisciplinary reviews.

Timely

Timely care

The hospital has patient flow/ bed management processes in place, which includes patient information communications, to discuss and consider bed occupancy levels, and to help plan for any emerging patient admission or discharge issues.

Overall, we found that patients are provided with timely care during their ward admission. Their needs are promptly assessed upon admission, and we observed staff appropriately providing care and assisting patients when required.

We found a mixed acuity and dependency of patients receiving care on the ward. There was a cohort of newly admitted individuals, those with longer term stays and those who were suitable for discharge, although were awaiting suitable placements in the community. We found that the mixed acuity of patients was not causing any adverse issues at the time of the inspection. Staff told us they could usually meet the needs of all patients effectively, as their establishment supported this, including the provision of one-to-one support and supervision when required.

Due to the complex care needs of some patients, it was positive to see that staff, who were providing one to one support and supervision to patients, regularly rotated to ensure that optimal care was being always provided.

Overall, we found that there are adequate discharge planning processes in place, to appropriately plan impending discharges.

Equitable

Communication and language

All patients we spoke with said they felt safe and were able to speak with staff when needed. They also said they were happy at the hospital, and that staff were kind and helpful. There was a clear mutual respect and strong relational security between staff and patients. Throughout the inspection, we observed staff engaging and communicating in a positive and sensitive way with patients, taking time to help them understand their care, and using appropriate language or communication styles.

There was a good mix of Welsh and English-speaking staff working on the ward. This allowed staff to provide the active offer of speaking to staff in Welsh. Staff

wore a 'laith Gwaith' badge to indicate to patients that they were a Welsh speaker, and we observed staff speaking with each other and to patients in Welsh. We were told that translation services can also be accessed should patients need to communicate in other languages other than English or Welsh.

For specific meetings, and where applicable, patients can receive support from external bodies to provide support and guidance, such as solicitors or patient advocacy. With patients' agreement, and wherever possible, their families or carers were included in these meetings.

There was limited information displayed in the hospital to support patients and their families with information about their needs and care. The information we saw was quite difficult to see and was not in good position for patients or visitors to access. We noted and staff confirmed that there were no secure and safe notice boards on the ward to display relevant patient and visitor information.

The health board must review the provision of patient and family/ carer supporting information at the hospital, to ensure it is accessible to patients and visitors.

Rights and equality

We found good arrangements in place to promote and protect patient rights.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes.

We reviewed a sample of records for patients who were detained under the Mental Health Act (the Act) and saw that the appropriate documentation required by legislation was in place. This demonstrates compliance with the Act and that patient rights had been maintained as appropriate.

All patients have access to advocacy services, and we were told that advocates visit the hospital when required. Staff told us that patients are invited to be part of their MDT meeting and that the involvement of family members or advocates was encouraged where possible.

Delivery of Safe and Effective Care

Safe

Risk management

Overall, we found that appropriate systems and governance arrangements were in place, which helped ensure the provision of safe and effective care for patients. There was an electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that de-briefs take place following any incidents. The meetings we attended, and the evidence obtained during the inspection confirmed that incidents and the use of physical restraint interventions are monitored and supervised robustly.

There were nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could call for help if needed. There was also a well-equipped laundry room in place for use by patients under supervision, and patients are encouraged to manage their own laundry to promote independence.

A range of up-to-date health and safety policies were in place and various risk assessments had been completed, such as ligature point risk assessments and fire risk assessments. Staff explained the environmental checks that were completed, and we saw evidence of the weekly ward manager environment checks. However, we felt further improvements are needed to maximise a safer environment for patients and staff.

The environment of the ward appeared tired, well-worn and in need of redecoration. For example, windows throughout the ward needed cleaning. The grounds of the hospital were unkempt and not so therapeutic or welcoming for patients or visitors. It was particularly disappointing to see how neglected the outdoor courtyard area had become. In addition, the following areas also required improvements:

- Some handrails on the ward corridors were broken and require replacing
- Damaged flooring and chairs in the nursing office creates IPC and health and safety issues which require replacing
- Damaged sideboard in the lounge area
- Some dining room furniture was damaged and worn and needs to be replaced.

In addition to the environmental issues highlighted above, there were recommendations made following a Fire Safety Audit undertaken in February 2024 which need attention. Several actions need expediting, such as storage of oxygen cylinders, inserting additional electrical sockets in the storeroom to prevent the

use of extension leads or multiple socket plugs being used. In addition, some doors had not been replaced or repaired as identified during the fire safety audit.

We escalated our concerns to the senior management team, who confirmed that most of the issues had been raised with the health board's estates department, who are responsible for the upkeep and maintenance of the building. It was positive to see that the estates department attended whilst the inspection was ongoing to repair the broken handrails on the ward corridors. We were also assured that senior staff from the health board would maintain oversight on any outstanding fire safety audit checks. We will follow up on these actions in due course.

The health board must ensure that the outstanding actions identified following the fire safety audit in February 2024 are completed and sustained.

The health board must ensure that environmental issues highlighted above are addressed. Such as the internal and external environment used by patients and visitors.

The ward approach to reducing restrictive practice was positive and was monitored. However, improvements can be made to promote the Safewards¹ Model and include displaying information on staff employed on the ward. This should include a patient and staff charter (mutual expectations between staff and patients), and information available to patients who wish to leave the ward, since the ward was locked throughout the inspection.

The health board should consider the Safewards Model of care and establish whether this should be implemented on the ward.

Infection, prevention and control (IPC) and decontamination

We found suitable IPC arrangements in place at the hospital. A range of up-to-date policies were in place to support staff with infection prevention and control procedures, to maintain patient and staff safety. Regular ward audits had been completed to check the cleanliness of the environment and check compliance with hospital procedures and all were correct, and compliance was checked by senior ward staff.

We saw evidence to confirm that staff had conducted the necessary risk assessments and relevant policies and procedures were updated accordingly. Staff

¹ Safewards - the model gives us some ideas about how we can encourage staff and patients on ward to work together to reduce conflict and containment as much as possible

also explained their obligations in line with infection prevention and control. However, some staff indicated that more in depth cleaning should be undertaken by the housekeeping teams.

The health board must ensure that the housekeeping team should liaise with ward staff to develop and implement a robust cleaning schedule. This should include the responsibilities of the ward staff.

We found that staff had access to and were appropriately using Personal Protective Equipment (PPE). Staff told us that PPE was always readily available, and we saw that sufficient hand washing and drying, and sanitisation facilities were available.

Cleaning equipment was stored safely and organised appropriately and there were suitable arrangements in place for the disposal of domestic and clinical waste.

Staff compliance with mandatory IPC training was currently at 77.97 per cent, however, staff had already been booked onto future training at the time of the inspection, and the ward manager was continually monitoring compliance.

Safeguarding of children and adults

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board safeguarding procedures via the intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

Management of medical devices and equipment

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when this had occurred to ensure that the equipment was ready for use and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency. There were up-to-date safety audits in place, including ligature point risk assessments.

Medicines management

We found suitable arrangements in place for the management of medicines and its safe and secure storage. We also saw evidence of regular temperature checks of the medication fridge to maintain safe storage.

The ward had an automated medication dispensing cabinet system in place which aids the safe storage of medication. Stock is checked daily by qualified staff, and weekly audits are undertaken by the ward manager and pharmacy staff.

There was a regular pharmacist input at the ward and audits were undertaken regularly, which monitored the management, prescribing and administration of medication.

We observed several medication rounds, and saw staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately. We saw fully compliant governance around controlled drugs. Minimal and least restrictive prescribing of medications was observed.

Medication Administration Records (MAR Charts)² reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages and their Mental Health Act legal status.

Effective

Effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provide safe and clinically effective care for patients. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions are checked, analysed, and supervised.

Evidence obtained during the inspection confirmed that incidents and use of physical interventions were infrequent, and it was positive to find that restraint of patients rarely take place. This demonstrated that the use of least restrictive model of care was being used effectively and the focus was on therapeutic engagement between staff and patients, which created a relaxed ward atmosphere.

Morlais Ward was also utilised as a 'holding bed' for Child and Adolescent Mental Health Services (CAMHS) patients aged 16-17, until they could be safely assessed for community or designated CAMHS ward care. In addition, a further holding bed was held in the Rainbow paediatric area of the hospital for younger children. It was anticipated that the 'holding bed' would be used for no longer than 72 hours. Both these beds were not in use at the time of the inspection, however, staffing

² A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

numbers were appropriate if new patients were to be admitted for these beds. The health board also had an appropriate policy, escalation and reporting processes in place to cover use of these beds which is regularly reviewed by senior management.

Nutrition and hydration

The hospital provided patients with regular meals on the ward, making their choices from the hospital menu. Patients are also helped to order in a takeaway meal if desired.

Patients were supported to meet their dietary needs and we were told that specific dietary requirements were accommodated as appropriate.

Patient records

Patient records were kept electronically. The electronic system was password protected to prevent unauthorised access and any breaches in confidentiality.

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely. There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Mental Health Act monitoring

We reviewed the statutory detention documents of four patients, and all were found to be fully compliant with the Mental Health Act (MHA) and Code of Practice for Wales, 1983 (revised 2016).

All patient detentions were found to be legal according to the legislation and well documented.

Mental Health Act records were appropriately stored, well organised, and maintained and very easy to navigate. The Mental Health Act administrators ran an efficient and effective system to support the implementation monitoring and review of the legal requirements of the Mental Health Act.

Monitoring the Mental Health (Wales) Measure 2010: care planning and provision

We reviewed the Care and Treatment Plans (CTPs) of four patients. The records evidenced a fully completed and current overall physical health assessment and standardised monitoring documentation, such as NEWS³ and MUST⁴. In addition, there were standardised assessments based on the individual patient needs.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training, to use skills to manage and defuse difficult situations.

It was positive to see that care files clearly showed patient involvement in care discussions, which were patient focussed and signed by the patient. Records also included evidence of the patients' voice to reflect their views.

There was evidence that care plans are reviewed regularly by staff and updated to reflect current needs and risks. Physical health monitoring is consistently recorded in patient records. Risk management plans were good with detailed risk assessments and risk management strategy plans. In addition, there was evidence of active planning and discharge planning for long term placements.

The records we reviewed contained detailed evidence of appropriate discharge and aftercare planning, with good involvement from the MDT, care co-ordinators and relevant partner services within the local community.

³ The National Early Warning Score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs such as, respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU (alert, verbal, pain, unresponsive) response.

⁴ MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

Quality of Management and Leadership

Staff feedback

We invited staff to complete HIW questionnaires following the inspection to obtain their views and experiences on the service provided at the hospital. However, insufficient questionnaires were completed, although we were able to gain views and experiences from the staff we spoke with during the inspection.

Staff told us that the culture on the ward was positive, and that they would feel confident in raising a concern and knew the process of how to do so. This was confirmed in evidence we reviewed during the inspection.

Staff also told us that they enjoyed working on the ward and that they were a supportive team.

Leadership

Governance and leadership

There was a clear organisational structure in place, which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

It was positive to see that senior staff attended when notified of the inspection team's arrival and were on hand to provide additional support.

The day-to-day management of the ward was the responsibility of the ward manager, assisted by the deputy ward manager. The ward manager was supported by the senior nurse.

There was clear, dedicated and passionate leadership from ward staff, who are supported by committed multidisciplinary teams and senior health board managers. Staff were able to describe their roles and appeared knowledgeable about the care needs of most patients they were responsible for.

During our time on the ward, we observed a positive culture with good relationships between staff who we observed working well together as a team. Most staff spoke positively about the leadership at the hospital and from senior managers within the health board's mental health directorate. Most staff also spoke favourably about the support from colleagues working within the hospital and reported a good team-working ethos at the hospital.

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helped to maintain patient safety and continuous improvement of the service provided.

Workforce

Skilled and enabled workforce

Staff we interviewed spoke passionately about their roles, and throughout the inspection we observed a strong and cohesive team working together.

Staff were able to access most documentation requested by the inspection team in a prompt and timely manner, demonstrating that there are good governance systems in place.

There were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received. Disclosure and Barring Service (DBS) checks were undertaken, and professional qualifications were checked. Therefore, we were assured that recruitment was undertaken in an open and fair process.

Newly appointed staff undertook a period of induction under the supervision of the experienced ward staff. Staff showed us documentary evidence and talked us through the systems of induction in place.

We saw evidence of staff annual appraisals and ongoing supervision within staff files, and staff told us that supervision takes place on a regular basis.

We were provided with a range of policies, all of which were up to date.

The inspection team considered staff training compliance and provided with a list of staff mandatory training compliance. Training figures provided to us on the inspection indicated that overall compliance figures were 72.37 per cent, the ward manager had identified and already booked individuals on to training to improve mandatory training compliance.

Training figures for Basic Life Support were low at 29.63 percent, staff stated that there are limited courses available for staff to attend and that more courses are required to enable staff to attend. It is pivotal that this is addressed and improved promptly.

The health board must ensure that mandatory training compliance figures are improved and must ensure staff are supported to attend training.

The health board must ensure that timely training is available for all staff for basic life support, and staff compliance must be improved promptly to maintain the safety of patients.

Culture

People engagement, feedback and learning

Arrangements were in place to share information and any lessons learnt promptly to staff following complaints and incidents at the hospital and the wider organisation. This helped to promote patient safety and continuous improvement of the service provided.

We saw that information had been provided to staff on the Duty of Candour requirements and internal forms had been amended to capture this data. Staff also told us that they would feel secure raising concerns about patient care or other issues at the hospital and felt confident that the health board would address their concerns. A whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Information

Information governance and digital technology

We considered the arrangements for patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the ward.

We were told that all staff have a personal login to access the intranet, this helps ensure prompt access to policies and procedures and to access the Datix incident reporting system. Staff told us they understand their roles and responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had access to information governance training. The training statistics showed compliance with information governance training at 66.67 per cent. However, it was positive to note that the ward manager had already arranged for staff to complete this training and all staff had been booked onto courses.

Learning, improvement and research

Quality improvement activities

There had been some changes in senior management on the ward, due to maternity leave and staff promotions, and the health board had managed these

changes well. In addition, staff were provided with opportunities to enhance their management skills and pursue leadership roles, which were supported from the training provided by the leadership and development team.

There were also staff working on the ward who were being supported through the 'grow your own' nursing programme to recruit and retain staff.

Whole-systems approach

Partnership working and development

Staff were able to describe how the service engaged with partners to provide patient care and implement developments. They told us they engaged with outside partner agencies including local authorities, General Practitioners, housing, community health services to ensure a whole systems approach to patient care.

We were told that senior staff attended regular joint agency meetings to discuss issues and build strong working relationships.

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during the inspection.			

Appendix B - Immediate improvement plan

Service: Glangwili Hospital - Morlais Ward

Date of inspection: 1 - 3 July 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate assurances were identified during the inspection.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Glangwili Hospital - Morlais Ward

Date of inspection: 1 - 3 July 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. Visitors room was sparsely decorated and not a welcoming environment.	The health board must ensure that the visitor's room is made a more welcoming environment.	2.1 Managing risk and promoting health and safety.	To review furniture requirements / place an order and review visitors information requirements and install.	Natasha Mitchell Ward Manager	30/12/24
2. There was limited information displayed in the hospital to help patients and their families understand their care.	The health board must review the provision of patient and family/ carer supporting information at the hospital, to ensure it is accessible to patients and visitors.	1.1 Health promotion, protection, and improvement	To review patient/ family / carer information requirements and install to make accessible for all.	Natasha Mitchell Ward Manager	11/11/24

3.	The grounds of the hospital, especially the ward garden area was unkempt and not a therapeutic or welcoming environment for patients or visitors.	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	1.1 Health promotion, protection, and improvement.	To instigate and agree a maintenance plan for the garden area and agree an implementation plan.	Andrew Stephens, Estates Officer	31/10/24
4.	We identified several decorative and environmental issues that required attention:	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	2.1 Managing risk and promoting health and safety.	To ensure the areas identified are decorated.	Andrew Stephens, Estates Officer	30/12/24
5.	Some of the handrails on the ward corridors were broken and require replacing.	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	2.1 Managing risk and promoting health and safety.	To ensure the handrails are replaced.	Andrew Stephens, Estates Officer	Complete
5.	Damaged flooring in the nursing office creates an IPC issue and requires replacing.	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	2.1 Managing risk and promoting health and safety.	To ensure the flooring in the nursing office is replaced. Minor works to be completed and returned to estates to cost.	Andrew Stephens, Estates Officer	30/9/24

6.	Damaged sideboard in the lounge area.	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	2.1 Managing risk and promoting health and safety.	To remove the sideboard in the lounge area.	Natasha Mitchell, Ward manager	30/10/24
7.	Some dining room furniture was damaged and worn and needs to be replaced.	The health board must ensure that environmental issues are addressed. Such as the internal and external environment used by patients and visitors.	2.1 Managing risk and promoting health and safety.	To review the furniture in the dining room and place order.	Natasha Mitchell, Ward manager	30/12/24
8.	Oxygen cylinders not being stored in accordance with guidelines in clinical area.	The health board must ensure that oxygen cylinders are stored in accordance with guidelines.	2.1 Managing risk and promoting health and safety.	Ensure the oxygen cylinders are stored in accordance with guidance.	Natasha Mitchell, Ward manager	Complete
9.	Multiple sockets being used in the storeroom.	The health board must ensure that more electrical sockets are installed in the storeroom.	2.1 Managing risk and promoting health and safety.	To ensure additional sockets are installed.	Natasha Mitchell, Ward manager	Complete
10	The doors highlighted in the fire safety audit are repaired or replaced	The health board must ensure that the outstanding actions identified following the fire safety audit in	2.1 Managing risk and promoting health and safety.	To review the recommendations from the fire safety audit	Richard Jupp, Head of Fire Safety / Paul Evans, Head of	31/12/24

		February 2024 are completed and sustained.		and agree an implementation plan.	Estates Risk and Compliance	
11.	Improvements could be made to promote safeguard model and include displaying information on staff employed on the ward, mutual expectations between staff and patients, and information for informal patients who wish to leave the ward.	The health board should consider the Safewards Model of care and establish whether this should be implemented on the ward.	4.1 Dignified Care	For the MHLD directorate to engage in the national patient safety programme workstream on relational safety in order to review opportunities to participate in a pilot of safeguard.	Lisa Bassett-Gravelle	31/03/25
12.	Staff indicated that more in depth cleaning could be undertaken by the domestic cleaners.	The health board must ensure that the housekeeping team should liaise with ward staff to develop and implement a robust cleaning schedule. This should include the responsibilities of the ward staff.	2.4 Infection Prevention and Control (IPC) and Decontamination.	To escalate concerns around compliance with the cleaning schedule and agree a plan for improvement.	Natasha Mitchell, Ward manager	30/09/24
13.	Mandatory training compliance figures were 72.37 per cent.	The health board must ensure that mandatory training compliance figures are improved and must ensure staff are supported to attend training.	7.1 Workforce	The Resuscitation Service to recruit a full time Band 6 Resuscitation Officer.	David Wastall, Senior Nurse for Acute Deterioration and	31/12/24

<p>Training figures for basic life support were low at 29.63 percent.</p>	<p>The health board must ensure that timely training is available for all staff for basic life support, and staff compliance must be improved promptly to maintain the safety of patients.</p>		<p>Additional Resuscitation Officers to be trained to deliver ILS. Team total to be = 3.0 officers</p> <p>Training provision is on the corporate risk register. ESR under review to ensure right staff have the right training allocated.</p> <p>All Registered ward staff have undertaken ILS training.</p>	<p>Resuscitation Services</p> <p>David Wastall, Senior Nurse for Acute Deterioration and Resuscitation Services David Wastall, Senior Nurse for Acute Deterioration and Resuscitation Services</p> <p>Natasha Mitchell, Ward manager</p>	<p>31/03/25</p> <p>Complete</p> <p>Complete</p>
---	--	--	--	--	---

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative Rebecca Temple-Purcell, Assistant Director of Nursing

Name (print): Rebecca Temple-Purcell

Job role: Assistant Director of Nursing

Date: 13/08/2024