Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Bryngolau Ward, Prince Philip Hospital, Hywel Dda University Health Board

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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

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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

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 Prince Philip Hospital, Hywel Dda University Health Board on 02, 03 and 04 September 2024. The following hospital ward was reviewed during this inspection:

- Bryngolau Ward – 15 beds providing older adult mental health services

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. The inspection was led by a Senior Healthcare Inspector.

During the inspection we invited patients and/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 two questionnaires were completed by patients or their carers, and five were completed by staff. Feedback and some of the comments we received appear throughout the report.

Any quotes in this publication may have been translated from their original language.

The inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Throughout our inspection, staff were treating patients with respect and kindness and supporting them in a dignified and sensitive way. However, the patient experience could be enhanced if a structured programme of therapeutic activities was in place to support patients' health and wellbeing.

Patients had access to their own ensuite bedrooms and the communal areas of the ward. However, the communal garden did not support the health, safety and wellbeing of patients and was unsuitable for the patient group. We saw examples where patients could potentially harm themselves or others throughout the garden, including uneven ground, loose wooden posts and ligature risks. The health board must address the issues we identified within the communal garden and provide a suitable environment that supports patients' health and wellbeing.

The ward was sparsely decorated and several improvements are required to promote a suitable therapeutic environment for the patient group. In addition, there was limited information for patients and their families displayed throughout the ward to help patients and their families understand their environment and care.

This is what we recommend the service can improve:

- Implement a programme of appropriate therapeutic activities to support patients' health, wellbeing and recovery
- Ensure the ward provides a suitable and therapeutic environment for the patient group
- Ensure patients are provided with relevant, up-to-date and accessible information to support their care.

This is what the service did well:

- The ward had processes in place to help promote and maintain the physical health of patients
- Staff were passionate about their roles and were enthusiastic about how they supported and cared for the patients
- Staff showed respect for upholding patient rights and individual patient preferences

- Staff endeavoured to maintain the privacy and dignity of patients.

Delivery of Safe and Effective Care

Overall summary:

The ward had policies, processes and procedures in place to support the management of risk. However, we identified several patient safety risks that were not identified or addressed by staff. Some examples included unsafe storage of oxygen cylinders, cluttered areas posing risks to people and unlocked rooms or cupboards which stored hazardous items. We also found a delay in the uploading of patient records to the electronic system, and multiple incidents had not been addressed on the electronic incident reporting system, Datix.

Whilst the ward had an audit process in place, we were concerned about the quality of the data being recorded, because the audit findings were not consistent with what we found during the inspection.

We found robust procedures in place for the safe management of medicines and for the Mental Health Act monitoring. We reviewed patient Care and Treatment Plans (CTPs) and found a good standard of record keeping which reflected the needs and risks of the patients. The ward had an appointed Infection Prevention and Control (IPC) lead and staff compliance with mandatory IPC training was high. However, we found several IPC issues which posed a potential risk to staff, patient and visitor safety. These included clinical waste bins without lids and items such as patient clothing and hoists being stored inappropriately on the ward.

The health board had approved an increase in the number of staff on duty to meet patient needs. Ward staff endeavoured to provide safe and effective patient care, but the staff numbers regularly failed to meet minimum staffing templates and there was a high reliance on bank and agency staff to fill vacant shifts. Action must be taken to review the ward staffing establishment and implement measures to ensure shifts are appropriately filled with the right skill mix of staff, to maintain the safety of staff and patients.

Immediate assurances:

- During the inspection, HIW considered the environment of the patient and clinical areas on Bryngolau Ward. We found immediate environmental and health and safety risks, which meant we could not be assured that the health, safety and welfare of patients, staff and visitors was being actively promoted and protected. In addition, we were not assured that potential

risks of harm were being identified, monitored and where possible, reduced or prevented
- We reviewed staff training records, staff rotas and Datix incident forms. We noted 45 physical patient restraints had occurred between April and August 2024. Staff told us that none of these incidents had involved staff who were untrained or non-compliant with their Reducing Restrictive Practice (RRP) training. However, we identified that the incidents did not capture staff details to determine this.

Following the inspection, we wrote to the health board through our immediate assurance process due to the severity of our concerns. Details of the concerns for patients' safety and the immediate improvements and remedial actions required are provided in Appendix B.

This is what we recommend the service can improve:

- Improve governance arrangements to ensure senior oversight of audit data, and ensure action is taken when the results are below that expected
- Ensure equipment is always stored safely and securely
- Strengthen leadership and management processes.

This is what the service did well:

- Personal alarms were available for staff to use in an emergency, and staff carried these throughout the inspection
- Staff had a good knowledge of safeguarding procedures and reporting arrangements
- Good teamwork ethos which ensures patients are placed at the forefront of staff duties.

Quality of Management and Leadership

Overall summary:
We found suitable arrangements in place for senior staff to monitor compliance with mandatory training and noted training compliance rates were generally high on the ward. However, we identified that improvements were required to ensure the ward's governance and audit processes ensured that key issues were being identified, addressed and monitored to prevent reoccurrence.

We found a strong teamwork ethos and staff were dedicated to delivering a high standard of patient care. However, the staff feedback was generally negative, with some staff not recommending the hospital as a place to work. In addition, most staff felt that senior managers were not visible and that communication between

management and ward staff was ineffective. We did not find evidence that staff meetings take place on a regular basis.

Our staff feedback also highlighted a general feeling that there were not enough staff to meet fluctuating demands on the ward and to maintain patient and staff safety. The health board must reflect on the feedback provided by staff throughout this report and consider what action must be taken so improvements can be made.

Processes were in place to record and investigate patient concerns and complaints. However, there was no process in place to routinely capture patient or family/carer feedback on the ward.

This is what we recommend the service can improve:

- Maintain regular meetings for staff engagement, to discuss any issues, share learning and encourage staff feedback
- Capture patient and family/carer feedback, to influence improvement with the patient experience and drive improvement
- Strengthen leadership and governance processes.

This is what the service did well:

- We witnessed staff working well together during the inspection
- Good compliance with mandatory training
- Staff were receptive to our views, findings and recommendations.

3. What we found

Quality of Patient Experience

Patient feedback

We invited patients, family and carers to complete a HIW questionnaires to obtain their views on the service provided on the ward. We received one patient and one family/carer questionnaire. The sample size was therefore too small to draw any conclusion on themes or trends within the ward.

The patient feedback on the standard of care and treatment they received was positive. They rated the care and service as 'very good,' and told us they felt safe on the ward. They confirmed that staff treated them with dignity and respect and that they were provided with care and treatment when they needed it. The family member who completed our questionnaire told us they felt welcomed and safe during their visits. They agreed that staff were polite to them and encouraged their involvement to care for the patient.

Patient comments included:

> *" Staff are respectful and treat everyone as an individual. Nothing is too much for staff."*

Person-centred

Health promotion

There were processes in place to help promote and maintain the physical and mental health needs of patients. We reviewed five patient records and found that patients received appropriate physical assessments on admission, and a regular review of their plan and progress was made. We also found that chronic conditions were appropriately monitored, and staff demonstrated a good understanding of the patients in their care.

Patients had their own bedrooms and could access the communal areas of the ward. The lounge area offered self-directed activities, which included a television and a selection of books for patient use. However, there was a limited choice of other activities or games available to stimulate them. We saw sensory boards mounted on the walls of the communal corridors of the ward, however, they were mounted too high for many patients to use.

The health board must ensure the ward's sensory boards are mounted at a suitable height for equitable patient access.

The ward had a dedicated Occupational Therapist (OT) and OT technician, and we witnessed some therapeutic activities being undertaken with patients during the inspection. However, we were told that there was no structured programme of therapeutic activities in place to support ongoing patient care.

The health board must implement a structured programme of suitable and appropriate therapeutic activities to support patients' health, wellbeing and rehabilitation.

We noted an absence of health promotion and health improvement information available to encourage patients to take responsibility for their own health and wellbeing.

The health board must ensure that health promotion information is available to support patients with knowledge about their health and wellbeing.

The ward's toilets, bathrooms and bedrooms were colour coded, with signage in place to support patient navigation. However, we found the ward environment was sparsely decorated, with no additional dementia-friendly pictures or posters to support patient orientation, stimulation and therapeutic engagement. We found that the King's Fund dementia friendly assessment; "Enhancing the Healing Environment" had not been undertaken on the ward. We discussed this with staff, who advised that the ward provided care for patients with functional and organic mental illnesses, and that the addition of dementia-friendly environmental features could adversely affect patients with a functional mental illness. However, staff confirmed that all except one patient had dementia during our inspection.

The health board must:

- **Ensure the ward provides a suitable, therapeutic environment of care for the relevant patient groups**
- **Consider undertaking a King's Fund "Enhancing the Healing Environment" dementia-friendly environmental assessment of the ward.**

The ward had a secure communal garden area for patients; however, it was not suitable for patient use in its current condition. The garden was in a poor state of repair and required refurbishment. We saw several examples where patients could potentially harm themselves or others throughout the garden, such as uneven ground, loose wooden posts and multiple ligature risks. In view of these risks, staff told us that patient access to the garden was restricted and required an escort on

a one-to-one basis by staff. However, we saw an instance where one patient was left alone and unmonitored in the garden during the inspection.

The door to the garden was locked when not in use, which meant that patients could only access outside spaces when there were sufficient staff present to monitor them. This had a negative impact on patients, as they could not access these facilities unless sufficient staff were on duty. Staff acknowledged that the garden required immediate repair and advised that charitable donations were being sought to create a new garden area for patients on the ward.

The health board must promptly address the environmental issues within the communal garden and provide equitable access for patients to use the garden to support their physical and mental well-being.

Dignified and respectful care
Staff treated patients with dignity and respect and displayed a caring and understanding attitude to patients. They communicated with patients using appropriate and effective language. The staff we spoke with were passionate about their roles and were enthusiastic about how they supported and cared for the patients.

Each patient bedroom had ensuite shower facilities, which helped maintain privacy and dignity. To maintain patient safety, all bedroom doors had an observation panel, which allowed staff to undertake therapeutic observations without opening the door and disturbing the patient. We also witnessed staff respecting patient privacy and dignity by knocking bedroom door before entering.

During the inspection we noted that the majority of the patients being cared for on the ward were male. However, we were told that the staffing establishment of the ward consisted of eighteen females and just four males. Staff confirmed that this arrangement occasionally posed difficulties in ensuring an appropriate mix of staff were working on the ward for each shift and providing dignified and respectful patient care. The ward's senior leaders should be mindful of individual patient needs when rostering staff.

Patient information
A comprehensive patient and family/carer information booklet was provided. Information regarding visiting times and arrangements was displayed on the ward. However, we note a general absence of other key information any other relevant patient information displayed throughout the ward to help patients and their families understand their care, which included:

- No information regarding advocacy services

- Only one poster was displayed regarding the role of HIW and how patients can contact HIW. This was displayed on the front door of the ward where it was not accessible to patients
- No Mental Health Act information
- No information on how to raise a concern or complaint
- No list of available and appropriate legal representatives for detained patients
- No pictorial board identifying the ward's staff members for patient and family/carer awareness.

The health board must ensure patients are provided with relevant, up-to-date and accessible information to support their care.

Individualised care
We reviewed the Care and Treatment Plans (CTPs) of five patients. These were person-centred and each patient had an individualised programme of care that reflected their needs and risks. The CTPs also outlined areas where patients were involved in making decisions about their care. More findings on the CTPs can be found in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report

We found that patients were supported to make their own decisions about how to care for themselves wherever possible, promoting their independence and quality of life. Patients had appropriate access to walking aids and we witnessed staff supporting patients to use them during the inspection. Patients could also make their own food choices and we observed staff assisting them to eat and drink where necessary. Patients were also supported to carry out personal tasks, such as attending to personal hygiene. Staff respected patient personal choices about how they wished to be supported. Most staff members who completed a questionnaire felt that patients were informed and involved in decisions about their care.

Patients could store their possessions and personalise their rooms where appropriate. We were told that patients could lock their bedroom doors, which supported their privacy, dignity and independence, but staff could override the locks if necessary. Patients could spend time away from other patients in their bedrooms, however, there were no additional rooms available for patients to hold private conversations or see visitors in private, other than their bedrooms or the communal dining room.

The health board should consider the provision of a dedicated room where visits to patients and private conversations can take place.

Timely

Timely care

Staff provided timely and effective patient care in accordance with clinical need. Established meeting processes were in place to support the timely care of patients, such as daily Bed State and Older Adult Pathway meetings to discuss bed occupancy levels, patient admissions, patient care needs and staffing levels. We attended an Older Adult Pathway meeting and saw that staff demonstrated a good level of understanding of the individuals they were caring for and that discussions focused on what was best for the patient.

Regular multidisciplinary team (MDT) meetings were also in place to share and discuss the care of patients in a timely manner. We were told that any issues were raised and discussed during monthly clinical governance meetings, where adverse incidents and near misses were routinely discussed to identify trends and opportunities for wider service and organisational learning.

During the inspection, the ward was experiencing high levels of patient acuity. Whilst patients were receiving safe and effective care and their fundamental care needs were being met, many staff felt they did not always have time to deliver safe and effective care due to the staffing issues on the ward. Further information on our findings is detailed in the Effective Care section of this report.

Equitable

Communication and language

The ward used electronic patient record keeping to document and communicate patient care in a timely manner. Staff could also participate in online meetings, conduct audit processes and share other information electronically.

Patients could access their personal mobile phones and electronic devices, depending on individual risk assessment. A communal iPad was also available for patient use, and they could also use the ward telephone to keep in touch with family/carers as required.

Staff showed understanding of the importance of speaking with patients in their preferred language. We were told that patient language preferences were identified on admission and that translation services would be utilised to support patients if required. Many of the ward staff were Welsh speakers and we witnessed staff conversing with patients in Welsh. However, not all staff wore badges or uniform logos to identify them as Welsh speakers. We also noted that Welsh speaking patients were not clearly identified on the Patient Status at a Glance board, to promote staff awareness of who wished to converse in Welsh.

The health board should ensure all Welsh speaking staff and patients can be clearly identified.

Rights and equality

We reviewed the records of four patients who were detained under the Mental Health Act. The documentation was compliant with relevant legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code). All patients had access to a mental health advocate who provided information and support to patients with any issues they may have regarding their care. Further information on our findings is detailed in the Mental Health Act Monitoring section of this report.

Satisfactory arrangements were in place to promote and protect patient rights. Staff compliance with mandatory Equality and Diversity training was high at 96%. Policies were also in place to help ensure everyone had equitable access to the same opportunities and fair treatment.

During our staff discussions, they demonstrated suitable regard for upholding patient rights and individual patient preferences. Regular meetings were held to review and discuss practices to minimise the restrictions on patients based on individual patient risks. Patient care was consistent in accordance with the patient age group and requirements. The Care and Treatment Plans also evidenced that the social, cultural and spiritual needs of patients had been considered.

Reasonable adjustments were in place to ensure equitable access to and use of services. The ward was accessible to wheelchair users, and other specialist equipment was available for patient use if required.

Delivery of Safe and Effective Care

Safe

Risk management
There were policies, processes and procedures in place to support the management of risk. We found ligature cutters were appropriately stored for use in the event of a self-harm emergency, and staff knew where to find them. Personal alarms were available for staff to use in an emergency situation, and we witnessed staff carrying them throughout the inspection. In addition, regular checks were conducted of emergency resuscitation equipment to ensure items were present, in date and ready for use. However, we found some issues that required immediate attention to maintain the safety of patients, staff and visitors. These included the following:

- The fire doors within the corridor were wedged open, which posed a fire safety risk for patients, staff and visitors. This issue was suitably addressed during the inspection
- We saw a loose handrail and a broken handrail with sharp and exposed edges within the communal corridor. Despite this being reported in August and October 2023, action had not been taken to rectify this until escalated during the inspection
- Loose plug sockets in the corridor and within a patient bedroom. These were repaired during the inspection
- Loose ceiling lights in the corridors. These were repaired during the inspection
- Areas of rising damp was present throughout the dining room due to a leak from the dining room sink. This was addressed during the inspection
- A patient bathroom was cluttered with inappropriate items. We saw two hoists being stored in the bathroom, as well as patient clothing hanging or laid to dry throughout. This prevented safe access and use of the equipment and posed an infection control risk. We also saw an occasion when the bathroom was left unlocked, which posed a potential risk to patient safety
- The storage room connected to the main communal area of the ward was not secure, as staff were unable to lock the door. It was therefore freely accessible to staff, patients and visitors. The room was extremely cluttered and presented numerous risks for patients liable to self-harm or harm others. We saw high-risk items including electrical equipment with cables, a television wall mount and two boxes of large screws present. Staff told us they had reported this issue to estates two weeks prior to the inspection, but the lock was not repaired and the high-risk items were not removed by staff in the interim. Whilst the room was de-cluttered and the lock was

repaired during our inspection, we were not assured that staff were appropriately identifying and mitigating visible risks, particularly for patients at risk of self-harm

- The staff room afforded access to the Discharge Lounge via a second door, which was found to be unlocked at the time of our inspection. We further noted that the Caebryn Purple external entrance to the Discharge Lounge was also left unlocked and open, despite signage in place advising staff to keep the door locked at all times. This meant that the Discharge Lounge and Bryngolau Ward could potentially be accessed from both unlocked entrances. We highlighted this issue to staff but again found the access doors were left unlocked a further three times during the inspection
- The Discharge Louge housekeeping cupboard was unlocked and contained hazardous items and a master key to access all areas of the ward. This posed a risk to staff and patient safety, and to overall hospital security. We escalated this to staff but found the cupboard was open on further occasions during the inspection
- Staff we spoke with during the inspection confirmed that there was no form of documented quality walkaround nor environmental checklist process conducted and recorded by nursing staff nor hospital managers. This would support early identification and mitigation of key risks and issues associated with quality and safety
- The electronic system to report maintenance issues had been faulty for three weeks prior to inspection. A hand-written log was kept of outstanding issues in the nursing diary. This process was duplicative and provided no assurance of governance oversight and monitoring of estates issues. Given the significant unresolved estates issues identified during our inspection, we were not assured there was a robust process in place which ensured issues were being identified and addressed promptly and effectively
- Whilst an in-date ligature point audit was in place on the ward, it did not detail each ligature risk, including some areas we identified during the inspection. The garden area contained multiple potential ligature risk points and areas where patients could harm themselves or others. However, none of these potential risks were identified nor recorded within the assessment. We raised this issue with senior staff, who advised that patients were not permitted to use the garden without supervision and that the ligature audit would be amended to fully reflect the risks present on the ward and garden area. However, we saw an instance where one patient was left alone and unmonitored in the garden during the inspection.

During inspection, action was taken to declutter the environment, replace damaged or defective items and address the patient safety risks. However, some of the above issues were still unresolved at the time the inspection was completed. As a result of these findings, we were not assured that:

- The ward provided a safe, secure environment for patients, staff and visitors
- Staff were identifying, assessing and managing risks relating to the health, welfare and safety of patients and others
- The ward environment was being kept in a good state of repair
- There was an effective process in place which ensured that estates issues were being identified and robustly addressed.

These issues were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requesting urgent remedial action to be taken. Further information on the improvements we identified, and the actions taken by the health board, are provided in Appendix B.

We reviewed recent ward audit reports and were concerned about the accuracy and quality of data being recorded, because the audit findings did not identify many of the issues we found during the inspection. For example, the Domestic Monitoring Report conducted on 30 August 2024 did not identify the environmental risks we found during the inspection. We were told that quarterly Quality, Assurance and Practice Development (QAPD) audits were undertaken of the ward, but the last audit was completed in January 2024. The audit results outlined that outstanding estates issues were '*small jobs only*.' We were also provided with the findings of the most recent Executive Led Quality & Safety Walkaround of the ward, dated June 2024. However, no environmental risks or issues were identified in this report.

As a result of these findings and the patient safety risks we found during the inspection which had not been identified by staff, we were not assured that the ward governance arrangements ensured that staff were correctly identifying, managing and monitoring risks and issues to prevent reoccurrence.

The health board must review its overall governance process for the ward and other mental health environments to ensure appropriate oversight is maintained at a senior level. A robust programme of audit, and risk management must be implemented promptly, including staff training or updates for audit and risk management, to maintain patient safety.

Staff compliance with mandatory Basic Life Support (BLS) training was high at 95%. However, staff compliance with mandatory Immediate Life Support (ILS) training was very low at 33 per cent. We highlighted our concerns to senior staff, who told us that there were limited courses available for staff to attend and that this was an issue throughout the health board. We were told that the health board was

taking action to increase the training capacity for ILS training and that all non-compliant staff on Bryngolau Ward were booked onto the ILS training waiting list.

The health board must ensure that ILS training courses are made available for all staff. Staff compliance must be urgently improved to maintain the safety of patients.

The health board had a current fire safety policy in place to support staff on their responsibilities relating to fire safety. Staff compliance with fire safety training was 86%. However, we found examples where staff were not following policy to manage the risks for fire safety on the ward. One room had a designated fire exit which provided access to the roof via ladders. A fire safety notice was in place instructing staff not to leave any equipment in this room, as it was a designated a fire exit. However, the room was extremely cluttered with tins of paint, construction equipment, and a hoist. These items prevented the room from being used as means of escape in the event of an emergency.

We discussed our findings with staff, who advised that the items were present due to ongoing maintenance work on the ward. We were told that the room was not a designated fire escape as the ladders were not suitable for use by the patient group. Staff told us that there was documentary evidence to support this, but they were unable to provide this during the inspection. We raised our concerns with staff about the potential risk to patient, visitor and staff safety, since signage was informing people that this was a fire exit. The room was decluttered and undesignated as a fire escape during the inspection. The lock was later replaced to provide access only for suitably trained estates staff.

The Fire Risk Assessment conducted on 18 October 2023 identified several areas for improvement on the ward. Some high-risk examples included oxygen cylinders not being appropriately and securely stored on the ward. The Fire Risk Assessment outlined that these issues should be rectified *"as soon as is reasonably possible."* However, during the inspection we saw five oxygen cylinders were not secured as appropriate.

The health board must ensure that:

- **Oxygen cylinders are safely and securely stored at all times**
- **Action is taken promptly to address and monitor the findings identified during the Fire Risk Assessments in October 2023, to maintain staff, patient and visitor safety.**

Infection, prevention and control and decontamination

The patient and clinical areas were generally clean and tidy, and housekeeping staff were cleaning the ward regularly throughout the inspection. However, there was limited storage on the ward and we saw we saw many examples of unnecessary clutter and items being inappropriately stored, impacting on IPC.

The ward had an appointed IPC lead. Staff compliance with mandatory IPC training was 86% and the staff we spoke with during the inspection demonstrated understanding of their individual role and responsibility in upholding IPC standards. We were told that Quarterly Quality Indicator Audits were conducted by the Infection Prevention Team and noted that the last audit was conducted on 6 August 2024 with a score of 97%.

The staff we spoke with during inspection demonstrated understanding of their individual roles and responsibilities in upholding IPC standards. However, the staff members who completed our questionnaire provided mixed feedback about the ward's IPC arrangements. All agreed that appropriate personal protective equipment (PPE) was supplied and used, and most agreed that an effective IPC policy was in place. However, some felt the environment did not facilitate effective IPC.

In addition to the IPC and environmental issues highlighted earlier, we found other issues which posed a risk to staff, patient and visitor safety. The ward's tumble dryer had been defective for the past two years. Consequently, we saw patient clothing being aired inappropriately within the bathroom and draped over garden furniture. Staff felt much of their time was spent doing patient laundry, which detracted them from clinical duties. The tumble dryer was replaced during the inspection.

We found clinical waste bins without lids within patient toilets, which were malodorous and contained clinical waste. In addition, many of the bins on the ward were not soft closure bins, making them noisy on closure, which could distress some patients.

The extraction systems in the bin storage and some toilet areas were ineffective, as these areas were particularly malodorous. The bin storage area was also partially obstructed by a faulty shower chair. We also saw equipment awaiting disposal, which was inappropriately stored near to a fire exit. In addition, two hoists were inappropriately stored in the bathroom. We were told that one was faulty and the other was on loan but was unsuitable, as minimal staff were trained to use it.

The kitchen fridge contained unlabelled communal patient foods, and the expiry date and date of opening could not be ascertained.

We saw an isolation trolley left outside a patient bedroom. We were told that the patient was previously being barrier nursed but had recovered from their illness the week before our inspection. The trolley had not been removed since their recovery.

We were not provided with some of the relevant documentation we requested to view during the inspection, including completed domestic cleaning schedules, ward staff cleaning schedules and hand hygiene audits. This meant that we could not fully review the IPC arrangements on the ward.

Monthly IPC audits were being conducted by housekeeping staff, but there was confusion amongst staff regarding the governance and oversight of the audit outcomes. Therefore, we were not assured that issues noted within IPC audit processes were being suitably escalated and addressed, and that there was clear governance oversight of the IPC arrangements on the ward.

The health board must ensure that:

- **The staff cleaning and laundry duties do not negatively impact on patient care requirements**
- **All domestic and clinical waste bins are used appropriately and are in a good state of repair**
- **The extraction systems within the bin storage and toilet areas are fit for purpose and fully functional**
- **Equipment awaiting disposal is stored safely or collected promptly, and that the ward is not unnecessarily cluttered**
- **The faulty hoist is repaired or replaced, and all staff receive training in the use of hoists allocated to the ward**
- **Foods stored in the fridge are appropriately labelled, including opening dates and expiry dates**
- **The governance arrangements for ward-based IPC audits are reviewed to ensure the audit process is robust.**

Safeguarding of children and adults

We found appropriate safeguarding measures in place on the ward to protect vulnerable adults, and ward staff could access the health board's safeguarding policy and procedures via the intranet. Our staff discussions highlighted a good knowledge and understanding of the safeguarding procedures and reporting arrangements.

Staff informed us that safeguarding incidents and concerns were recorded on the electronic incident reporting system, Datix, and were monitored by the senior management team. In addition, safeguarding concerns were regularly reviewed to help identify any themes and lessons learned. We found good staff compliance

with mandatory training for safeguarding adults and children, at 91% and 86% respectively.

Medicines management
Relevant policies were in place and were accessible to staff for medicines management and any medicine related protocols, such as rapid tranquillisation to help calm a severely agitated patient.

We reviewed the ward's clinic arrangements and found robust procedures in place for the safe management of medicines. All prescribed patient medications were securely stored in the medication fridge and in locked cupboards as appropriate. The records evidenced that stock was accounted for when administered and that stock checks were being undertaken as required. We saw appropriate internal auditing systems in place to support the safe administration of medication, with strong pharmacy involvement.

We reviewed patient Medication Administration Records (MAR charts) and these were maintained to a good standard. The charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. The legal status of patients was appropriately recorded. However, we noted that photographs of the patients were not attached to their medication records, which posed a potential risk of medication errors by unfamiliar staff.

The health board should consider attaching patient photographs to their MAR charts, to reduce the risk of medication errors and support the safe administration of their medicines.

We observed safe and appropriate prescribing of medications in accordance with individual patient needs, and regular medication reviews were completed. Staff told us that patients were involved in decisions about their medications wherever possible. Measures were in place to monitor patients following a rapid tranquilisation. However, we noted one instance where rapid tranquilisation had been used but there was no evidence of the post rapid tranquilisation physical health checks being conducted. We also saw instances where the post rapid tranquillisation forms were not consistently signed and dated by a registered nurse as appropriate.

The health board must ensure rapid tranquillisation records are completed, signed and dated by a registered nurse where appropriate.

Daily temperature checks of the medication fridge and medication room were completed to ensure that medicines were being stored at the manufacturer's

advised temperature. However, we noted several occasions when the ambient clinic room temperature had exceeded recommended guidelines, which posed a risk of medication damage. We observed that the ward staff had appropriately escalated this issue, but the matter had not been resolved at the time of our inspection.

The health board must implement robust measures to ensure that the ambient temperature of the clinic room remains within recommended guidelines for the safe storage of medication.

Staff demonstrated an appropriate knowledge and understanding of medicines management procedures. We also found good systems in place to ensure any medication errors were appropriately recorded and investigated, and any learning from incidents was shared with all staff.

Effective

Effective care

Staff used the Datix system for recording, managing and monitoring incidents. There was an incident sign-off hierarchy in place, and regular incident reports were produced to establish any themes and trends. Senior staff confirmed that any relevant learning was shared with staff both verbally and electronically. However, staff informed us about a backlog of 83 incidents on Datix which were awaiting investigation and action and closure. We were told this was the result of ongoing staffing pressures on the ward.

The health board must ensure the backlog of outstanding Datix incidents is robustly addressed and that ward staff are provided with time and support to complete the required actions.

All ward staff appeared dedicated to deliver a high standard of patient care. Staff we spoke with during the inspection felt the ward team provided good peer support to each other and put patients at the forefront of their duties.

During the inspection we found the staff numbers to care for the patients on the ward regularly failed to meet minimum staffing templates. All staff we spoke with during the inspection and who completed our questionnaire told us they felt that the staffing levels were not proportionate to ensure patient safety in the hospital, particularly when there was high patient acuity. They cited low staffing levels as being the biggest challenge of working on the ward.

We were told that the health board had recently increased the staffing establishment for the ward by one member of staff per shift, as a temporary

measure. However, staff we spoke with during the inspection told us this was still insufficient, due to the level of patient acuity and care requirements on the ward, and that the increased establishment template was often unmet. We were told that managing the staffing rota to ensure sufficient levels of staff was a time-consuming issue, which detracted supervisory staff from their ward duties. We reviewed the staff rota and found it was disorganised, with numerous shift changes amongst staff and some staff doing partial shifts to cover staffing shortages, resulting in crossover staffing shortages on some shifts.

There was a high reliance on bank and agency staff to fill vacant shifts on the ward. Staff told us that the use of agency staff often added pressure on substantive staff, who were required to mentor and support the agency staff members. We were told that some agency staff were not always suitably skilled to work on the ward as they were unfamiliar with the ward environment and the patient group.

The health board must:

- **Review the staff establishment on Bryngolau Ward promptly, to ensure the staffing levels are appropriate to safely support and manage the needs of patients**
- **Review the existing temporary staff process for bank and agency nurses, and ensure staff are suitably skilled to care for relevant patient groups.**
- **Aim for consistency with continuity of care when using temporary staff, such as 'block-booking' staff who are familiar with the environment and patient group**
- **Ensure attention is given to the skill mix and the proportion of temporary staff rostered, to maintain patient and staff safety.**

We observed staff responding to patient needs in a timely manner and managing patient risks through therapeutic observation and engagement. We found that observation levels for individual patients were regularly reviewed for appropriateness and safety. Staff confirmed that patients were observed more frequently if their behaviour required closer monitoring. This was consistent with our findings on reviewing patient observation records, which were completed contemporaneously as appropriate.

There were policies in place to help maintain the safety and wellbeing of patients and staff. The Reducing Restrictive Practice policy described the approaches required for staff to safely manage challenging behaviour. In addition, staff received support from the dedicated Reducing Restrictive Practice (RRP) Team for incidences of complex and challenging behaviour.

During our discussions with staff, they showed understanding of the restrictive practices available to them, including appropriate preventative measures that can reduce the need for restrictive responses to challenging behaviour. We observed staff engaging with patients appropriately and providing reassurance and support throughout the inspection. We saw evidence of restrictive practices being used as a last resort in accordance with individual patient needs, with thorough monitoring around therapeutic effect and risk. We saw examples where the RRP Team had supported ward staff to create person-centred support plans for some patients. However, we found that they were not in place for all patients who displayed or were at risk of displaying challenging behaviours on the ward.

The health board must ensure ward staff are fully supported to implement person-centred support plans for all relevant patients on the ward.

During the inspection we reviewed staff training records, staff rotas and Datix incident forms. We found staff compliance with Reducing Restrictive Practices (RRP) training was 81 per cent on the ward. Restraint incidents were recorded on Datix and we noted 45 physical patient restraints had occurred between April and August 2024. Staff told us that none of these incidents had involved staff who were untrained or non-compliant with their RRP training. However, we reviewed a sample of the restraint incidents and identified that the details of the staff involved were not recorded within Datix, and staff confirmed that they were not consistently recorded. As a result of these findings, we could not be assured that only suitably trained staff were participating in patient restraints and that this arrangement allowed for effective governance oversight and monitoring of restraint incidents.

Our concerns regarding these issues were dealt with under our immediate assurance process. Further information on the improvements we identified, and the actions taken by the health board, are provided in Appendix B.

Staff we spoke with during the inspection informed us that the patients had limited access to clinical psychology support, because the health board's Integrated Psychological Therapies Service would not accept referrals for inpatients. We were told that psychology support and involvement was provided only for complex or high-risk patients, and that there was no psychology input into the ward's MDT meeting processes. Following the inspection, senior staff advised that the Integrated Psychological Therapies Service accepts referrals from Inpatient Units where clinically indicated and are part of multi-disciplinary reviews held in Older Adult Community Mental Health Teams, where inpatients are discussed. Because of the conflicting information we received regarding the provision of psychology support for patients, we could not be assured that patients were receiving a comprehensive assessment of their condition and that clinical

decisions relating to patient care and treatment were determined through a multi-disciplinary approach that took a holistic view of the needs of each patient.

The health board must review the current process in place for the provision of psychology support for patients on Bryngolau ward, to support their psychological needs.

The ward staff used the Wales Applied Risk Research Network (WARRN), a formulation-based technique for the assessment and manage of serious risk for mental health service users. In addition, Malnutrition Universal Screening Tool (MUST) assessments and Waterlow assessments were also undertaken to help staff assess a patient's risk of malnutrition and skin pressure damage.

We saw evidence that patients at risk of falls were being risk assessed, and a checklist was in place to closely monitor any patients who had recently fallen. Staff informed us that the dedicated OT was undertaking a review of the falls risk assessments to ensure they met the needs of the patients on the ward. However, some staff told us that the ward did not have access to specialist falls advice and support.

The health board must ensure that ward staff can access specialist falls advice when required.

Nutrition and hydration

Our patient records review found that patients were supported to meet their individual dietary needs and were provided with appropriate diets. Patients also had access specialist dietetic services when needed. The patient records also highlighted examples where Speech and Language Therapy (SALT) support was provided as appropriate.

There were set times for meals throughout the day, and we were told that patients could access additional drinks and snacks as needed. Patients could choose from set menus which rotated every two weeks. We observed food being served to patients during the inspection and found it appeared to be appetising and appealing. Patients we spoke with during the inspection told us they were happy with the quality of the food provided.

Patient records

Patient records were being maintained electronically and in paper files. Paper records were securely stored on the ward and the electronic system was password protected, to prevent unauthorised access. The electronic records were well-organised and easy to navigate. Clinical details were recorded contemporaneously

and comprehensively, which provided a detailed overview of the patients and their care.

However, during the inspection we were told that there was a backlog of completed paper documents waiting to be uploaded to the electronic record system, which was causing delays in staff reviewing patient care. We were told that this issue had arisen due to the long-term absence of administrative staff.

The health board must ensure that administrative tasks are completed promptly to ensure key documents are uploaded to the electronic system to maintain prompt communication of patient care.

Mental Health Act monitoring

We reviewed the statutory detention documents of four patients on the ward and discussed the monitoring and audit arrangements with staff. The ward had a dedicated Mental Health Act (MHA) manager who provided ongoing support to staff. We were assured that the health board's responsibilities under the MHA were being upheld. All records were found to be compliant with the MHA and Code of Practice. Clear reasons were being documented to evidence the decisions being made in relation to patient care and detention.

The MHA files were well organised, easy to navigate and contained detailed and relevant information. Suitable arrangements were in place to document patient Section 17 leave. Patient leave was suitably risk assessed and the forms outlined the conditions and outcomes of the leave for each patient. However, we noted that the ward did not store photographs of the patients alongside their MHA records. The health board may wish to consider adding patient photographs to the Section 17 leave forms, to help identify patients in the event of them not returning from leave.

There were processes in place to support patient rights and we were told that patients were informed of their MHA rights on an ongoing basis. However, we saw examples where this was not always updated within the patient records we reviewed.

The health board must ensure that patients are informed of their rights on an ongoing basis and that the relevant documentation is fully completed.

The ward cared for both informal patients and patients detained under the MHA. This meant that the main door to the ward was locked for safety reasons and informal patients who wished to leave the ward had to request staff to unlock the door for them to exit. The patient information booklet and a notice displayed at the ward's entrance advised patients to speak to staff if they wished to spend time

off the ward. However, we found no additional information was displayed or provided to advise informal patients of their right to leave the ward.

The health board must ensure informal patients are provided with suitable information regarding their right to leave the ward and the process for this.

We were informed that all registered nursing staff received MHA training during their preceptorship, and that bespoke training updates were frequently available for staff if required. Due to the staffing pressures to meet clinical need, the MHA manager provided access to online training presentations so staff could access MHA training at their own convenience.

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

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed five patient Care and Treatment Plans (CTPs) and found a good standard of clinical record keeping which reflected the needs and risks of the patients. The CTPs were aligned to the domains of the Wales Mental Health Measure and provided a comprehensive account of the patients' presentation and the interventions being offered. The records were regularly reviewed, well organised and easy to navigate.

We saw appropriate arrangements in place to meet the physical and mental health needs of patients. To support patient care plans, there was an extensive range of assessments to identify and monitor the provision of patient care, along with risk assessments which set out the identified risks and how to mitigate and manage them.

Weekly MDT reviews were being undertaken to conduct a more formal review of patient care, which included the involvement of family/carers, external agencies and community professionals as appropriate. All patients had an individualised and person-centred CTP which reflected their needs and risks. We saw that patients, family and carers had been involved in the development of their CTPs wherever possible. We found strong evidence of discharge and aftercare planning within the patient records, with discussions being held regarding appropriate future placements.

Quality of Management and Leadership

Staff feedback

The responses to our staff questionnaires were mostly negative. Only half of the respondents recommended the hospital as a place to work, and most felt they were not content with the health board's efforts to keep staff and patients safe. While most staff told us they were satisfied with the quality of care they gave to patients, most disagreed that care of patients was the health board's top priority. In addition, most stated they would not be happy with the standard of care provided for their friends or family.

Most staff agreed that their job was not detrimental to their health, and that they were able to meet the conflicting demands on their time at work. Half agreed that their current working pattern allowed for a good work-life balance. However, most disagreed that the health board took positive action on staff health and wellbeing. They told us:

> *"…It is important to feel safe, supported, valued and encouraged in your place of work. More work needs to be done on developing wellbeing of staff within their roles and settings that is separate to managerial supervision."*

Whilst staff confirmed that they were aware of the occupational health support available to them, the health board must engage with staff to ensure their health and wellbeing is being protected.

Leadership

Governance and leadership

We observed strong team working on the ward, and found staff were dedicated to delivering a high standard of patient care. The staff we interviewed spoke passionately about their roles and the care they provided to patients.

We were told that the ward had recently experienced a period when there was no ward manager for an extended period of time, resulting in a lack of governance oversight and supervisory support for staff. A new ward manager was appointed three months prior to our inspection, resulting in a more stable and supportive working environment. During the inspection, many staff spoke positively of the improvements being implemented on the ward since the arrival of the new manager. We were told that staff felt more supported in their roles and that morale had improved. However, most who completed a questionnaire disagreed that their immediate manager could be counted on to help them with a difficult

task at work, and that their immediate manager gave them clear feedback on their work. Most disagreed that their immediate manager asked for their opinion before making decisions that affect their work.

Some staff we spoke with during the inspection felt that senior managers were visible, but all who completed our questionnaire disagreed. Half said that senior managers were committed to patient care, but all felt that communication between senior management and staff was ineffective. They told us:

> *"…Management and some nursing staff would rather sit back and watch the rest of us struggle when ward (acuity) is high instead of helping out on the floor."*

> *"Management do not listen or act on information/concerns relayed to them concerning staff ability… staff do not feel like they get any consideration from management, in fact management is thin on the ground, there is a distinct lack of appreciation for all the hard work and effort that staff put in."*

The health board must reflect on this aspect of staff feedback and consider whether improvements in relation to senior management visibility and communication with staff could be made.

Workforce

Skilled and enabled workforce

At the time of our inspection, staff told us there were four and a half whole time equivalent registered nursing staff vacancies and one healthcare support worker vacancy. However, staff confirmed that some vacancies would soon be filled by newly qualified nurses.

As highlighted throughout the report, there were significant staffing pressures on the ward, and a temporary increase of staff across all shifts had been implemented, although some shifts remain unfilled. Without fully staffed shifts, staff explained they had to prioritise the care of patients before their own needs, which posed a risk to their health and wellbeing.

All staff we spoke with during the inspection and who completed our questionnaire told us that they felt there were not enough staff to meet fluctuating staff needs and increased patient demand on the ward. As highlighted earlier, some expressed their concern regarding bank and agency staff not having the necessary skills to care for the patient group on the ward. They told us:

“Staffing levels are an issue, untrained staff is also an issue.”

“When poor staffing skills are reported to management their reply to this is, "Well I have had more staffing brought to ward since I have been in management" - which did not resolve (the) problem as many bank staff/agency do not have the appropriate training before working on the ward e.g. Manual Blood Pressure checks, restrictive practice. These skills are essential, no point turning up to ward if do not have these skills. Staff have been left in dangerous situations because there are only one or two people with these skills… Quality staff are leaving the ward due the pressure of being constantly understaffed and/or working with incompetent staff or staff that lack skills, common sense, and initiative… Staffing has been at dangerous levels for so long, staff are exhausted, morale is very low, which is such a shame as this ward has always been such a lovely environment.”

“The ward has an everchanging level of acuity due to the very nature of the patients we care for. When acuity heightens it is not reflected in the staffing levels which does lead to sickness, staff burn out, very low staff morale and impacts on the care given to the patients who need it at a time where they are most vulnerable. The very fact that basic care needs cannot always be met due to staff being stretched also impacts negatively on staff morale… Working in Older Adult acute settings has changed over the years. Our patients are living longer, diagnosed younger and are a lot stronger physically than over previous years. We need to upskill our staff and identify training needs in line with the evolving needs of our patients.”

“Staffing and skill mix is a big problem…limited staffing.”

Our report has highlighted several recommendations in relation to the staff establishment and appropriate skill mix of staff.

The health board must reflect on the staff feedback highlighted throughout the report and action must be taken to address the staff establishment and skill mix promptly, to ensure patient and staff safety is maintained.

Processes were in place to monitor compliance with mandatory training. Overall, we found mandatory training compliance rates were generally high. Most staff who completed our questionnaire felt they had received appropriate training to undertake their role. We were told that development opportunities were available to staff and were provided with examples where additional training was provided to staff to support them in their roles.

We asked staff in our questionnaire what other training they would find useful to their roles, and one comment suggested:

> *"Assessing suicidal risk. Managing older adults with personality traits/personality disorders and the risk they pose to themselves and others."*

The health board should consider the staff feedback about suggestions for training and implement regular, individualised training needs assessments.

We found that that 83% of staff had received an annual appraisal. We were told that a clinical supervision process was in place for staff, but it was not always possible to achieve this on a regular basis due to the conflicting demands of the ward.

The health board must ensure that staff have access to regular formal clinical supervision to support their learning and development.

Culture

People engagement, feedback and learning
The health board had an established process in place where patients could escalate concerns via the NHS Wales 'Putting Things Right' (PTR) process. Senior staff confirmed that formal complaints were recorded on the Datix system and were supervised by senior managers throughout the investigation. Staff told us that wherever possible they would try to resolve complaints immediately and share learning from incidents appropriately. We were told that patients and family/carers could raise concerns at any time. However, we found there was no dedicated process in place to routinely capture patient nor family/carer feedback on the ward.

The health board must consider ways to formally and routinely capture patient and family/carer feedback on Bryngolau Ward, to enhance patient care and drive quality improvement.

Of the staff who completed our questionnaire, most confirmed that they knew and understood the Duty of Candour (DoC) requirements and that the health board encouraged them to raise concerns when something has gone wrong and to share this with the patient. Most staff also told us that they would feel secure raising concerns about patient care or other issues at the hospital, and confident that the health board would address their concerns. However, during our staff discussions, some told us they had not received any DoC training. In addition, they could not

provide any examples of when the DoC had been exercised by written communication as appropriate.

The health board must:

- **Ensure all staff are provided with DoC training**
- **Conduct an audit of the Duty of Candour incidents to ensure the appropriate processes have been followed.**

We were told that learning from incidents was discussed with staff and that there were various support systems available to staff following incidents. These included Canopi (a confidential mental health support service for NHS Wales staff), Occupational Health, and Staff Psychological Wellbeing Service. However, some staff disagreed that the health board treated staff who are involved in an error, near miss or incident fairly. They told us:

> *"As a team and individually we don't tend to get thanks or positive feedback for our efforts, but we get "told off" and humiliated in handovers…if we do things wrong."*
>
> *"I feel that we as a ward don't have support following incidents e.g. safeholding, deaths or other difficult situations that occur regularly. We don't have any debriefing at all. Negatives are recognised but positives are rarely acknowledged therefore impacting on staff morale."*
>
> *"...Peer group or individual clinical supervisions would be of benefit for those wanting to change the stigma and culture and share the pressures of the roles whatever the banding. Even more so following serious incidents of which there have been many over recent months."*

The health board must reflect on the staff feedback relating to incident reporting, and ensure staff are fully supported to raise an incident and following an incident.

Staff told us the ward previously had scheduled staff meetings to share updates, concerns and feedback, and strengthen staff working relationships. However, we found these meetings did not take place on a regular basis and staff could not provide evidence of any meetings having taken place in the last six months. We raised this issue with senior staff, who informed us that staff meetings would recommence from October 2024.

The health board must ensure ward staff meetings are reinstated to facilitate staff engagement, discuss ward issues, and share feedback following concerns or incidents.

In our questionnaire, staff were asked if everyone had fair and equal access to workplace opportunities. Their comments included the following:

> *"Some staff get help accessing opportunities whereas others do not get a look in."*
>
> *"Not at all."*
>
> *"There is a lack of interest in staff development."*
>
> *"It used to be an inclusive environment, now there are so many private meetings with management that staff feel unsettled, there is no transparency with management, which (is) necessary in nursing"*
>
> *"Some employees get treated more fairly than others, there is a clear divide…"*
>
> *"I firmly believe that staff are not treated fairly in my setting. Management seem to favour certain…members of staff and they don't tend to face any consequences to their actions…"*

Some staff also expressed concern about the role, remit and responsibility of healthcare support workers on the ward. They felt that the level of responsibility and the challenges they faced on the ward were not suitably rewarded by their pay scale, which was not equitable to the same role in other areas of the hospital.

The staff feedback highlights a clear issue with staff morale and their perception of equality and inclusivity. Therefore, action is required to explore these issues to ensure staff are treated fairly and that the culture fosters equality and inclusivity.

The health board must consider the staff feedback relating to equality and inclusivity and action must be taken promptly to ensure staff feedback is sought in a supportive manner to understand why people feel excluded or are not treated fairly. Any issues identified must be addressed and fed back to staff.

Information

Information governance and digital technology

We found that patient records and data were being maintained in line with General Data Protection Regulation (GDPR) legislation and were securely stored. All information recorded on the hospital's electronic health record system was password protected. Information was accessible to all relevant staff and there were established processes to share information with partner agencies in safe and secure way. Staff compliance with mandatory information governance training was 86%.

Learning, improvement and research

Quality improvement activities
During our staff discussions we were apprised of regular audit activities and meetings to discuss findings, incidents and other issues related to patient care. However, as highlighted earlier in this report, we were not provided with evidence that any ward staff meetings had taken place within the past six months.

We reviewed a sample of recent incidents recorded on Datix and found they had been recorded and investigated in line with policy. However, action is required to address the address the backlog of outstanding Datix incidents on the ward.

There were processes in place to ensure incidents or issues were identified, investigated, escalated, and monitored to prevent reoccurrence. However, given the significant patient safety risks we identified during our inspection, we were not assured that the existing governance arrangements were suitably robust.

Staff were receptive and responsive to our findings and recommendations throughout the inspection. Some improvements we identified were rectified during the inspection and we have since received assurances from the health board on how the immediate assurance issues identified have been or will be addressed. However, further work will be required from the health board to address the recommendations highlighted in this report, and action must be taken to sustain the improvements made.

The health board must ensure the management and leadership is strengthened at ward and senior level, and all governance processes are reviewed to ensure they are robust. This is to ensure individual or recurrent themes are managed and addressed effectively, and learning is shared throughout the hospital.

4. 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
The fire doors in the corridor providing access to bedrooms one to five were wedged open. We were told that the doors were magnetized and would lock automatically if allowed to close, securing the patients inside.	This posed a fire safety risk for patients, staff and visitors.	We raised our concerns to staff.	The issue was suitably addressed at the end of the inspection in that the lock was replaced.
We found a loose handrail and a broken handrail in the communal corridor of the ward, which had sharp and exposed edges.	This posed a safety risk for patients, staff and visitors.	We raised our concerns to staff.	These were repaired during the inspection.
We saw loose plug sockets in the ward corridor and within a patient bedroom.	This posed a safety risk for patients, staff and visitors.	We raised our concerns to staff.	These were repaired during the inspection.

We saw several loose ceiling lights in the corridors.	This posed a safety risk for patients, staff and visitors.		These were repaired during the inspection.
We saw areas of damp rising throughout the dining room due to a leak from the dining room sink.	This posed a safety risk for patients, staff and visitors.	We raised our concerns to staff.	This was addressed during the inspection.
The storage room connected to the main communal area of the ward was not secure and contained numerous risks for patients liable to self-harm or harm others.	This posed a safety risk for patients, particularly patients at risk of self-harm.	We raised our concerns to staff.	The room was decluttered and the lock was replaced during the inspection.
The patient bathroom containing the Arjo bath was cluttered with inappropriate items. we also saw an occasion when the bathroom was left unlocked	This posed a risk to patient safety.	We alerted staff to this issue.	The clothing was removed. The hoists were initially left in place but were later moved following further discussions with staff.

Appendix B – Immediate improvement plan

Service: Prince Philip Hospital, Bryngolau Ward

Date of inspection: 02-04 September 2024

The table below includes any immediate 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.

Findings:

During the inspection, HIW considered the environment of the patient and clinical areas on Bryngolau Ward. We found immediate environmental and health and safety risks, which meant we could not be assured that the health, safety and welfare of patients, staff and visitors was being actively promoted and protected. In addition, we were not assured that potential risks of harm were being identified, monitored and where possible, reduced or prevented. We found the following issues:

- The fire doors in the corridor providing access to bedrooms one to five were wedged open. We were told that the doors were magnetized and would lock automatically if allowed to close, securing the patients inside. This arrangement posed a fire safety risk for patients, staff and visitors. The issue was addressed at the end of the inspection
- We found a loose handrail and a broken handrail in the communal corridor of the ward, which had sharp and exposed edges. These issues had been reported to estates for repair in August and October 2023, but were not repaired or replaced until we raised them with staff during the inspection
- The storage room connected to the main communal area of the ward was not secure, as staff were unable to lock the door. It was therefore freely accessible to staff, patients and visitors. The room was extremely cluttered and presented numerous risks for patients liable to self-harm or harm others. We saw high-risk items including electrical equipment with cables, a TV wall mount and two boxes of large screws present. Staff told us they had reported this issue to estates two weeks prior to the inspection, but the lock was not repaired and the high-risk items were not removed by staff in the interim. Whilst the room was de-cluttered and the lock was repaired

during our inspection, we were not assured that staff were appropriately identifying and mitigating visible risks, particularly for patients at risk of self-harm

- The patient bathroom containing the Arjo bath was cluttered with inappropriate items. We saw two hoists being stored in the bathroom as well as patient clothing hanging or laid to dry throughout. This prevented safe access and use of the equipment and posed an infection control risk. During our evening tour of the ward, we also saw an occasion when the bathroom was left unlocked, which posed a potential risk to patient safety. We alerted staff to this issue and the clothing was removed. The hoists were initially left in place but were later moved following further discussions with staff
- The staff room afforded access to the Discharge Lounge via a second door, which was found to be unlocked at the time of our inspection. We further noted that the Caebryn Purple external entrance to the Discharge Lounge was also left unlocked and open, despite signage in place advising staff to keep the door locked at all times. This meant that the Discharge Lounge and Bryngolau Ward could potentially be accessed from both unlocked entrances. We highlighted this issue to staff but again found the access doors were left unlocked a further three times during the inspection
- The house keeping cupboard located in the Discharge Lounge was unlocked during our initial tour of the ward. The cupboard contained hazardous items and a master key to access all areas of the ward. This posed a risk to staff and patient safety and to hospital security. We highlighted this issue to staff but again found the cupboard was left unlocked a further three times during the inspection
- Staff we spoke with during the inspection confirmed that there was no form of documented quality walkaround nor environmental checklist process conducted and recorded by nursing staff nor hospital managers, which would support early identification and mitigation of key risks and issues associated with quality and safety
- We were told the hospital had an electronic process to report estates and maintenance issues. However, staff told us that the system had been faulty for approximately three weeks, and they were keeping a hand-written log of outstanding estates issues in the nursing diary. This process was duplicative and provided no assurance of governance oversight and monitoring of estates issues. Given the significant unresolved estates issues identified during our inspection, we were not assured there was a robust process in place which ensured issues were being identified and addressed promptly and effectively
- We found an in-date ligature point audit in place on the ward. However, it did not detail each individual ligature risk, including some of the risks we noted during the inspection. The garden area contained multiple potential ligature risk points and areas where patients could harm themselves or others. However, none of these potential risks were identified nor recorded within the assessment. We raised this issue with senior staff, who advised that patients were not permitted to use the garden without supervision and that the

ligature audit would be amended to fully reflect the risks present on the ward and garden area. However, we saw an instance where one patient was left alone and unmonitored in the garden during the inspection.

We highlighted these issues to staff and noted that robust attempts were taken to declutter the hospital environment, replace damaged or defective items and address the patient safety risks over the course of the inspection. However, some of the above issues were still unresolved at the time the inspection was completed. As a result of these findings, we were not assured that:

- The ward provided a safe, secure environment for patients, staff and visitors
- Staff were identifying, assessing and managing risks relating to the health, welfare and safety of patients and others
- The ward environment was being kept in a good state of repair
- There was an effective process in place which ensured that estates issues were being identified and robustly addressed.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
1.	The health board must review its governance processes for audit and risk management to ensure all staff can identify risk appropriately, and that regular audit processes are implemented to monitor the environment. This should include strengthening the leadership and oversight across the hospital.	Delivery of safe and effective care	The Health Board has a Risk Management Framework (link can be provided) that applies across all services which details the process and responsibilities for identifying, assessing, and managing risks. There are various strands of audit and assessment that relate to monitoring the environment, including: -Annual point of ligature assessments -Annual Violence and Aggression Audits -Quarterly/6 monthly IPC Audits -Monthly cleanliness audits (Sinbiotix) -Mattress Audits -Annual Fire Risk Assessment		

			-Executive Led Quality & Safety WalkRound -Fundamentals of Care audits (various frequencies) -6 monthly Health and Safety audits -Annual Healthy Ward Checks in Mental Health and Learning Disabilities Directorate (MHLD) that are Peer Led -Monthly ward-based Ward Manager assurance checks in place across the Mental Health and Learning Disabilities Directorate (MHLD).		
			Further action is required to: Ensure that all Ward Managers within MHLD Directorate undertake Managers Health and Safety Induction Course (4 x 0.5 day) to strengthen leadership of Health and Safety risk processes.	MHLD Heads of Service for Inpatient Wards	28/02/25
			Implement 6 monthly Workplace Inspection checklist (see attachments) across all MHLD Wards with scrutiny and oversight through Ward Managers Forum, reporting into MHLD Quality, Safety and Experience Group.	Senior Nurses for MHLD Inpatient Wards	31/10/24
			Review existing Monthly Ward Manager Assurance checks to require more	Assistant Director of	30/09/24

			explicit focus on environmental risks (including health, safety and security) and ensure consistent implementation of process across all MHLD Wards.	Nursing, Mental Health and Learning Disabilities	
			Revise time allocations on MHLD Ward Managers Forum to facilitate more dedicated time for scrutiny of assurances and analysis of themes and invite key enabling roles (Eg Estates, Health and Safety Representatives) to attend.	Senior Nurses for MHLD Inpatient Wards	30/09/24
			Immediate review of the existing Point of Ligature Risk Assessment for Bryngolau Ward to include risks within the Ward Garden.	Health and Safety Advisor and Ward Manager	Complete
			Review of Point of Ligature Action plan for Bryngolau Ward to reflect mitigating actions relating to identified risks within the Ward Garden	Health and Safety Advisor and Ward Manager	30/09/24
			Extend current review of the Health Boards nursing audit framework to include review of environmental and health and safety linked audits with the aim of bringing together audit outcomes to aid oversight,	Assistant Director of Nursing, Professional Standards	31/01/25

			triangulation and where possible streamline processes.		
2.	The health board must ensure the security of the ward and hospital is prioritised and consistently maintained to support staff, patient and visitor safety.	Delivery of safe and effective care	Actions above also contribute to ensuring the security of the ward and hospital is prioritised and consistently maintained to support staff, patient and visitor safety.		
			Immediate review of the ward's Violence and Aggression Audit with on site assessment and input from the Health Boards Violence and Aggression Case Manager, to review all aspects of security on the ward.	Ward Manager	Complete
			Deadlock in place on staffroom door and break-glass added to the adjacent door for use in the event of an emergency.	Head of Maintenance and Engineering	Complete
			Housekeeping cupboard within the inspected area secured and master key removed.	Supervisor for Hotel Services.	Complete
			Email and in person reminders issued to staff within Hotel Services, the Discharge Lounge, Psychological	Senior Nurse for Older Adult Wards, Senior	Complete

			Therapies, Local Primary Mental Health Support Services and Bryngolau Ward regarding the critical importance of door security.	Nurse for Discharge Lounge, Supervisor for Hotel Services, Service Delivery Manager for Psychological Therapies and Local Primary Mental Health Services.	
3.	The health board must implement robust governance oversight to improve the hospital's estates management processes and ensure maintenance issues are identified, recorded and resolved promptly and effectively.	Delivery of safe and effective care	Staff not informed of Maintenance portal issue – this has not been now communicated. NOTE: Alternate means of raising maintenance jobs still available, Helpdesk phone number still fully operational during portal concern. Computer Aided Facility Management (CAFM) System fully in place. Weekly meetings to be undertaken with PPH Estates team to ensure high priority CAFM helpdesk jobs are actioned and closed off on a weekly basis. NOTE: Evidence that majority of jobs being raised are being actioned.	Head of Maintenance and Engineering Head of Maintenance and Engineering	11/09/24 Complete
4.	The health board must ensure our findings are not systemic across all other wards in the hospital.	Delivery of safe and effective care	Findings will be discussed in both Operational Planning & Delivery Group and Senior Nursing & Midwifery Forum to agree further means of seeking	Assistant Director of Nursing, Mental Health and	30/11/24

			assurance around wider system processes and functionality	Learning Disabilities	

Findings:

During the inspection we reviewed staff training records, staff rotas and Datix incident forms. We found staff compliance with Reducing Restrictive Practices (RRP) training was 81 per cent on Bryngolau Ward. Restraint incidents were recorded on Datix and we noted 45 physical patient restraints had occurred between April and August 2024. Staff told us that none of these incidents had involved staff who were untrained or non-compliant with their RRP training. However, we reviewed a sample of the restraint incidents and identified that the details of the staff involved were not recorded within Datix, and staff confirmed that they were not consistently recorded. As a result of these findings, we could not be assured that only suitably trained staff were participating in patient restraints and that this arrangement allowed for effective governance oversight and monitoring of restraint incidents.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
5.	The health board must: • Ensure staff are fully compliant with their RRP training	Delivery of safe and effective care	Review RRP training compliance and develop plan leading to compliance aligned to Health Board mandatory training target by 31/01/25.	Heads of Service	30/09/24
	• Ensure sufficient levels of RRP trained staff are always on duty		Access to RRP staff training database to be enabled and communicated to Roster Managers to enable review of skill mix at the point of creating rosters and on a shift-by-shift basis as rosters change to ensure sufficient levels of RRP staff are always on duty.	RRP Lead	Complete

	• Ensure details of staff involved in patient restraints are always recorded to support investigation, supervision and learning from restraint incidents		The Health Board has representation on a National Restrictive Practice Steering group reviewing and seeking to improve how restrictive practices are captured on Datix. The Health Board has issued guidance on completion of Datix whilst the system undergoes review. MHLD Directorate to recommunicate the importance of following interim guidance on completion of Datix following use of a physical restraint to all inpatient staff and remind MHLD Ward Managers of the need to prioritise 72-hour Management Review of Restraint Incidents on Datix to include checks of documentation to ensure staff details are recorded. All above actions are MHLD Directorate wide.	Assistant Director of Nursing, Mental Health and Learning Disabilities	30/09/24
	• Ensure that these findings are not systemic across all other mental health wards.		Monitor compliance with RRP training through MHLD Quality, Safety and Experience Group at each scheduled meeting anticipating compliance aligned to mandatory training target by 31/01/25.	Assistant Director of Nursing, Mental Health and Learning Disabilities	17/02/25

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): Rebecca Temple - Purcell

Job role: Assistant Director of Nursing for Mental Health and Learning Disabilities

Date: 12/09/24

Appendix C - Improvement plan

Service: Prince Philip Hospital, Bryngolau Ward

Date of inspection: 02-04 September 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.	The sensory boards were mounted too high for many of the patients to use.	The health board must ensure the ward's sensory boards are mounted at a suitable height for equitable patient access.	Health promotion	Review the Sensory Boards alongside service user/lived experience representative. Measure heights, test access, gain service user feedback, bench mark against any recommended heights (wheel chair user's heights 48 inches 121.92 centimetres) and/or average UK heights.	Emma Dobson Clinical Lead OT	Complete

				Reposition two Sensory Boards to the recommended max height 48/53 inches to assure equitable patient access for wheel chair users.	Stewart Evans Estates Manager	31.12.24
2.	We were told that there was no structured programme of therapeutic activities in place to support patient care.	The health board must implement a structured programme of suitable and appropriate therapeutic activities to support patients' health, wellbeing and rehabilitation.	Health promotion	Design and implement a suitable structured programme of therapeutic activity.	Emma Dobson Clinical Lead Occupational Therapist	Complete
3.	There was no health promotion and improvement information displayed to encourage patients to take responsibility for their own health and wellbeing.	The health board must ensure that health promotion information is available, to support patients with knowledge about their health and wellbeing.	Health promotion	Review the available Health Promotion information with the Health Promotion Department. Design a Health Promotion notice board and posters, site within the dining room.	Lauren Hughes Ward Sister	Complete
4.	The ward environment was sparsely decorated, with no dementia-friendly	The health board must: Ensure the ward provides a suitable, therapeutic	Health promotion	Enhancing Healing Environment Assessment: University of Worcester,	Karen Shearsmith-Farthing	31.03.25

	pictures, posters nor colour schemes. A King's Fund "Enhancing the Healing Environment" dementia-friendly environmental assessment had not been conducted on the ward.	environment of care for the relevant patient groups Consider undertaking a King's Fund "Enhancing the Healing Environment" dementia-friendly environmental assessment of the ward.		Association for Dementia Studies, 2020 to be undertaken as a baseline assessment and an action plan to be developed for all OAMH Inpatient Wards, commencing with Bryngolau w/c 04.11.24.	Occupational Therapist Dementia Lead & Emma Dobson Clinical Lead OT	
5.	The garden did not support the health, safety and wellbeing of patients, and was unsuitable for the patient group in its current condition.	The health board must promptly address the environmental issues within the communal garden and provide equitable access for patients to use the garden to support their physical and mental well-being.	Health promotion	To schedule Mitie Grounds and Garden Contractors to start work on the garden Plan and schedule future scheme in planning stage to enhance garden, funding has been pursued through Charitable Funds.	Stewart Evans Estates Manager Stewart Evans Estates Manager	15.11.24 31.08.25
6.	We noted a lack of relevant patient information displayed throughout the ward	The health board must ensure patients are provided with relevant, up-to-date	Patient information	Review information on display and its accessibility and assure the following	Guto Davies, Senior Nurse	31.01.25

	to help patients and their families understand their care.	and accessible information to support their care.		information points are present and accessible: • Advocacy Services and contact details • Role of HIW and contact details • Mental Health Act information • IMHA name and contact • Available and appropriate legal representatives for detained patients (list in office) • How to raise a concern or complaint (putting things right) • QR Code Patient Satisfaction		

				• Pictorial Board: staff images, role, uniform and name.		
7.	There were no separate rooms available for patients to hold private conversations nor see visitors in private, other than their bedrooms or the dining room.	The health board should consider the provision of a dedicated room where visits to patients and private conversations can take place.	Individualised care	Service, in partnership with estates, to scope options for provision of a dedicated room where visits to patients and private conversation can take place.	Guto Davies Senior Nurse	31.12.24
8.	It was difficult to identify all Welsh speaking staff as some staff did not wear badges nor uniform logos to identify them as Welsh speakers. Welsh speaking patients were not clearly identified on for staff awareness.	The health board should ensure all Welsh speaking staff and patients can be clearly identified.	Communication and language	Order and distribute Magnetic Badges for all staffs who do not have an embroidered [Welsh Speaker] indicator on their uniform.	Lauren Hughes Ward Sister	31.12.24
9.	Following review of recent audit reports undertaken	The health board must review its overall governance process for the	Risk management	Review roles, responsibilities, reporting and	Becky Temple-Purcell Assistant	31.12.24

	throughout the ward, we were concerned about the accuracy and quality of data being recorded because they had not identified many of the issues we found during the inspection.	ward and other mental health environments to ensure appropriate oversight is maintained at a senior level. A robust programme of audit, and risk management must be implemented promptly, including staff training or updates for audit and risk management, to maintain patient safety.		oversight of team level assurance and escalation processes. Identify any outstanding training needs in relation to this and develop a plan to address these.	Director of Nursing Mental Health and Learning Disabilities	
10.	Overall staff compliance with mandatory ILS training was very low at 33 per cent.	The health board must ensure that ILS training courses are made available for all staff. Staff compliance must be urgently improved to maintain the safety of patients.	Risk management	Ensure all staff who require ILS training are booked onto the earliest available training dates with a planned trajectory to achieving mandatory compliance by 31.03.25.	Guto Davies Senior Nurse	31.03.25
11.	We saw five oxygen cylinders were not secured to the wall as appropriate.	The health board must ensure that: • Oxygen cylinders are safely and securely stored at all times	Risk management	Address the safety and security of oxygen cylinders ensuring they are stored in line with the Health Board Policy.	Guto Davies Senior Nurse	Complete

		• Action is taken promptly to address and monitor the findings identified during the Fire Risk Assessments in October 2023, to maintain staff, patient and visitor safety.		Renew the Fire Safety Risk Assessment for Bryngolau Ward	Robert Williams Fire Safety Advisor	Complete
12.	Staff advised that much of their time was spent doing patient laundry, which detracted them from their clinical duties.	The health board must ensure that the staff cleaning and laundry duties do not negatively impact on patient care requirements	Infection, prevention and control and decontamination	Review and improve the laundry system task allocation and burden for clinical staff. To include discussion with relatives and carers on admission.	Amy Griffiths Ward Sister	Complete
13.	We saw two clinical waste bins within patient toilets on the ward which had no lids, were malodorous and contained clinical waste. Many of the bins on the ward were not soft closure bins,	The heath board must ensure all domestic and clinical waste bins are used appropriately and are in a good state of repair.	Infection, prevention and control and decontamination	Review all domestic and clinical waste bins to ensure appropriate use and state of repair. Order two new [soft-closing] clinical waste bins with the old bins disposed of.	Guto Davies Senior Nurse	31.12.24

	which could potentially cause distress to the patient group.					
14.	The extraction systems in the bin storage and some toilet areas did not appear to be fit for purpose.	The health board must ensure the extraction systems within the bin storage and toilet areas are fit for purpose and fully functional.	Infection, prevention and control and decontamination	To check the extract system which is fully functional. The extract system is designed as high volume, low flow. Work Order No 00165853.	Stewart Evans Estates Manager	Complete
15.	The bin storage area was partially obstructed by a faulty shower chair which had been reported for disposal the week prior to our inspection. We saw an isolation trolley inappropriately left outside a patient's bedroom.	The health board must ensure equipment awaiting disposal is stored safely or collected promptly, and that the ward is not unnecessarily cluttered.	Infection, prevention and control and decontamination	To clear all stored equipment from the exit location. Work Order No 00165858.	Stewart Evans Estates Manager	Complete

	Items awaiting disposal were being inappropriately stored near to the fire exit of the Discharge Lounge.					
16.	We were told that one of the two hoists being inappropriately stored in the bathroom was faulty. The other had been loaned to the ward but was unsuitable, as not all staff were trained to use it.	The health board must repair or replace the faulty hoist and ensure all staff receive training in the use of hoists allocated to the ward.	Infection, prevention and control and decontamination	Arrange removal of faulty hoist and install replacement loan hoist. To complete training for staff in use of loan hoist 06.11.24 and 11.11.24.	Daniel Jones Ward Manager	Complete
17.	The kitchen fridge contained unlabelled communal patient foods and the expiry date and date of opening could not be ascertained.	The health board must ensure foods stored in the fridge are appropriately labelled including opening and expiry dates.	Infection, prevention and control and decontamination	Review signage, practice and prompt/remind staffs of policy/procedure (date and label all food).	Daniel Jones Ward Manager	Complete
18.	There was some confusion amongst staff regarding the governance oversight and monitoring of IPC	The health board must ensure that the governance arrangements for ward-based IPC audits are	Infection, prevention and control and decontamination	Review governance arrangements for ward based IPC audits with the support of IPC Team.	Guto Davies Senior Nurse	Complete

	audit outcomes. Therefore, we were not assured that issues noted within IPC audit processes were being suitably escalated and addressed, and that there was clear governance oversight of the IPC arrangements on the ward.	reviewed to ensure the audit process is robust.				
19.	Photographs of the patients were not attached to their medication records, which posed a potential risk of medication errors by staff unfamiliar with the patients.	The health board should consider attaching patient photographs to their MAR charts, to reduce the risk of medication errors and support the safe administration of their medicines.	Medicines management	Ensure Bryngolau implements a Positive Patient Identification process in line with Health Board Policy to reduce the risk of medication errors and support the safe administration of medicines: See attachment Positive Patent Identification Policy.	Lauren Hughes Ward Sister	Complete
20.	We noted one instance where rapid	The health board must ensure rapid tranquillisation	Medicines management	All staff to be reminded to follow	Guto Davies Senior Nurse	Complete

	tranquilisation had been used but there was no evidence of the post rapid tranquilisation physical health checks being conducted. We also saw instances where the post rapid tranquillisation forms were not consistently signed and dated by a registered nurse as appropriate.	records are completed, signed and dated by a registered nurse where appropriate.		the Rapid Tranquilisation Prescription and Documentation Procedure.		
21.	We noted several recorded occasions when the ambient clinic room temperature had exceeded recommended guidelines, which posed a risk of medication damage.	The health board must implement robust measures to ensure that the ambient temperature of the clinic room remains within recommended guidelines for the safe storage of medication.	Medicines management	Refrigeration Contractor scheduled to attend site 14.11.2024. Costs will be provided to the ward to submit a Capital Bid for funding for dedicated climate control in the clinical room.	Stewart Evans Estates Manager	29.11.2024
22.	Staff informed us about a backlog of 83 incidents on Datix	The health board must ensure the backlog of outstanding Datix incidents	Effective care	Ward Manager, Ward Sisters and Senior Nurse to be supported	Guto Davies Senior Nurse	Complete

	which were awaiting investigation and action and closure.	is robustly addressed and that ward staff are provided with time and support to complete the required actions.		to robustly complete all outstanding Incident reports on Datix and the back-log has been completed.		
23.	All staff we spoke with during the inspection felt that staffing levels were insufficient, due to the level of patient acuity and care requirements. We were told the staffing template was often unmet and found the staff rota was disorganised. We observed a high reliance on bank and agency staff to fill vacant shifts on the ward, which placed pressure on regular staff.	The health board must: • Review the staff establishment on Bryngolau Ward promptly, to ensure the staffing levels are appropriate to safely support and manage the needs of patients • Review the existing temporary staff process for bank and agency nurses, and ensure staff are suitably skilled to care for relevant patient groups. • Aim for consistency with continuity of care when using temporary staff, such	Effective care	Present findings from inpatient establishment review work undertaken in partnership with Head of Nursing for Professional Standards and Regulation, Inpatient Senior Nurses, Ward Managers and Workforce colleagues to Executive colleagues for approval. Revisit options for use of service specific competencies within the temporary staffing	Becky Temple-Purcell Assistant Director of Nursing Mental Health and Learning Disabilities Becky Temple-Purcell Assistant Director of	31.01.25 31.01.25

		as 'block-booking' staff who are familiar with the environment and patient group • Ensure attention is given to the skill mix and the proportion of temporary staff rostered, to maintain patient and staff safety.		booking process to ensure temporary staff booked are suitably skilled to care for relevant patient groups. Revisit opportunities for utilising fixed term contracts for bank staff. Block-booking of agency staff (planned agency use) is currently prohibited by the Health Board due to financial control measures. To strengthen oversight of rostering approval processes to ensure attention is given to skill mix and	Nursing Mental Health and Learning Disabilities Guto Davies Senior Nurse Becky Temple-Purcell Assistant Director of Nursing Mental	 31.12.24 31.12.24

				balance of substantive and temporary staff.	Health and Learning Disabilities	
24.	We found that person centred support plans were not in place for all patients who displayed or were at risk of displaying challenging behaviours on the ward.	The health board must ensure ward staff are fully supported to implement person-centred support plans for all relevant patients on the ward.	Effective care	Clinically review this recommendation against all present inpatients to ensure all patients are in receipt of a “Person Centred Support Plan” where clinically indicated and staff are supported to implement any such plan.	Guto Davies Senior Nurse	Complete
25.	We were told that the patients on the ward had limited access to clinical psychology support.	The health board must review the current process in place for the provision of psychology support for patients on Bryngolau ward, to support their psychological needs.	Effective care	Clinical Psychologist to review the current process in place to provide psychology input on Bryngolau Ward to support psychological needs.	Dr Helen Greves Consultant Clinical Psychologist	31.03.25
26.	Some staff told us that the ward did not have access to specialist falls advice and support.	The health board must ensure that ward staff can access specialist falls advice when required.	Effective care	Remind/refresh Ward Staff about how to access specialist falls advice through the Ward Occupational	Guto Davies Senior Nurse	Complete

				Therapist and Health Board Falls Team.		
27.	There was a backlog of completed paper documents waiting to be uploaded to the electronic record system, which was causing delays in staff reviewing patient care.	The health board must ensure that administrative tasks are completed promptly to ensure key documents are uploaded to the electronic system to maintain prompt communication of patient care.	Patient records	To upload all the clinical assessment papers to the electronic health record, so that key documents are uploaded to maintain prompt communication around patient care.	Lisa Howells Ward PA	Complete
28.	We were told that patients were reliably informed of their MHA rights on an ongoing and regular basis but saw examples where this was not updated within the patient records.	The health board must ensure that patients are reliably informed of their rights on an ongoing and regular basis and that the relevant documentation is fully completed.	Mental Health Act monitoring	Remind/refresh Ward Staff to document within the health record when they are reminding/updating patients of their legal rights.	Guto Davies Senior Nurse	Complete
29.	We found no additional information was displayed or provided to advise informal patients of	The health board must ensure informal patients are provided with suitable information regarding their right to leave the ward and the process for this.	Mental Health Act monitoring	Review available information/ communication to ensure it is suitably clear and accessible for patients regarding	Lauren Hughes Ward Sister	Complete

	their right to leave the ward.			their right to leave the ward and the process for this.		
30.	Most staff who completed our questionnaire disagreed that the health board took positive action on staff health and wellbeing.	Whilst staff confirmed that they were aware of the occupational health support available to them, the health board must engage with staff to ensure their health and wellbeing is being protected.	Staff feedback	Ensure that staff wellbeing is a standing agenda item within management supervision to ensure reasonable steps to protect their wellbeing.	Dan Jones Ward Manager	Complete
31.	All staff who completed our questionnaire disagreed that senior managers were visible. All felt that communication between senior management and staff was not effective.	The health board must reflect on this aspect of staff feedback and consider whether improvements in relation to senior management visibility and communication with staff could be made.	Governance and leadership	Finalise and implement the Mental Health and Learning Disabilities Culture and Organisational Development Plan which encompasses actions to promote senior management visibility and engagement with staff across clinical settings.	Liz Carroll	31.03.25

32.	We noted significant staffing pressures on the ward and were told that the recent temporary staffing establishment increase was insufficient to resolve them. This was additionally reflected in the staff responses to our questionnaire.	The health board must reflect on the staff feedback highlighted throughout the report and action must be taken to address the staff establishment and skill mix promptly, to ensure patient and staff safety is maintained.	Skilled and enabled workforce	Present findings from inpatient establishment review work undertaken in partnership with Head of Nursing for Professional Standards and Regulation, Inpatient Senior Nurses, Ward Managers and Workforce colleagues to Executive colleagues for approval.	Becky Temple-Purcell Assistant Director of Nursing Mental Health and Learning Disabilities	31.01.25
				Revisit options for use of service specific competencies within the temporary staffing booking process to ensure temporary staff booked are suitably skilled to care for relevant patient groups.	Becky Temple-Purcell Assistant Director of Nursing Mental Health and Learning Disabilities	31.01.25

				Revisit opportunities for utilising fixed term contracts for bank staff. Block-booking of agency staff (planned agency use) is currently prohibited by the Health Board due to financial control measures.	Guto Davies Senior Nurse	31.12.24
				To strengthen oversight of rostering approval processes to ensure attention is given to skill mix and balance of substantive and temporary staff.	Becky Temple-Purcell Assistant Director of Nursing Mental Health and Learning Disabilities	31.12.24

33.	Staff who completed our questionnaire were asked what other training they would find useful and made comments.	The health board should consider the staff feedback about suggestions for training and implement regular, individualised training needs assessments.	Skilled and enabled workforce	Develop and deliver bespoke Older Adult Mental Health Clinical Risk training specifically around self-harm and suicidality, to all OAMH Wards.	Helen Greves Consultant Clinical Psychologist	31.03.25
34.	We were told that a clinical supervision process was in place for all staff but that this was not always possible to achieve on a regular basis, due to the conflicting demands on the ward.	The health board must ensure that staff have access to regular formal clinical supervision to support their learning and development.	Skilled and enabled workforce	Review all formal clinical supervision requirements and ensure that all outstanding formal clinical supervision is completed and up-to-date. Assure a schedule to monitor completion of clinical supervision and continuity is in place.	Daniel Jones Ward Manager	Complete
35.	There was no dedicated process in place to routinely capture patient nor family/carer feedback on the ward.	The health board should consider ways to formally and routinely capture patient and family/carer feedback on Bryngolau Ward, to enhance patient	People engagement, feedback and learning	Consider the existing QR Code process to ensure that every patient/carer episode of care receives an opportunity to formally feed back	Guto Davies Senior Nurse	31.03.25

		care and drive quality improvement.		patient/carer experience. So, this feedback can be used to continuously drive quality improvements. Patient/Carer Feedback process Is in place via QR Code where the information is collated by the QAPD Team and feedback to Service. This is embodied with in service and directorate quality and performance reporting structures. However, all other OAMH Teams in Service have upgraded to multi-format CIVICA Patient/Carer experience reporting system. Inpatient Wards are the only outstanding Teams to be added to the		

				system/approach. Hasten this action.		
36.	Some staff told us they had not received any DoC training. Staff could not provide any examples of cases where the DoC had been exercised by written communication as appropriate.	The health board must: Ensure all staff are provided with DoC training Conduct an audit of the Duty of Candour incidents to ensure the appropriate processes have been followed.	People engagement, feedback and learning	Circulate a link to the Health Boards Duty of Candour resource page to all Ward Staff to ensure their access to information guides and training resources. Undertake a spotlight session on Duty of Candour within Staff Meetings to enable discussion about examples of duty of candour in practice. Create a dashboard report to enable review and oversight of Duty of Candour incidents across Mental Health and Learning Disabilities Directorate at monthly	Lauren Hughes Ward Sister Dan Jones Ward Manager Richard Williams Senior Nurse for Quality Assurance and Practice Development	30.11.24 28.02.25 Complete

				Incident Management Group meetings.		
37.	Some staff disagreed that the health board treated staff who are involved in an error, near miss or incident fairly and told us that they did not receive support following incidents.	The health board must reflect on the staff feedback relating to incident reporting, and ensure staff are fully supported to raise an incident and following an incident.	People engagement, feedback and learning	Recommission the Health Boards Organisational Development Team to undertake a repeat staff engagement exercise in response to themes derived from this inspection. Reflection and action planning to be undertaken based on the feedback from this.	Neil Mason Head of Service	30.03.25
38.	Ward staff meetings did not take place on a regular basis and staff could not provide evidence of any meetings having taken place in the last six months.	The health board must ensure ward staff meetings are reinstated to facilitate staff engagement, discuss ward issues, and share feedback following concerns or incidents.	People engagement, feedback and learning	Recommence Ward Staff Meetings and sustain them on a monthly basis to facilitate staff engagement, inclusive problem sharing/solving and general support.	Guto Davies Senior Nurse	Complete

39.	Some staff who completed our questionnaire felt that not all staff were provided with fair and equal access to workplace opportunities.	The health board must consider the staff feedback relating to equality and inclusivity and action must be taken promptly to ensure staff feedback is sought in a supportive manner, to understand why people feel excluded or are not treated fairly. Any issues identified must be addressed and fed back to staff.	People engagement, feedback and learning	Recommission the Health Boards Organisational Development Team to undertake a repeat staff engagement exercise in response to themes derived from this inspection. Reflection and action planning to be undertaken based on the feedback from this.	Neil Mason Head of Service	30.03.25
40.	There were processes in place to ensure key issues were being identified investigated, escalated, supervised and scrutinised to prevent reoccurrence. However, given the significant patient safety risks we identified during our	The health board must ensure the management and leadership is strengthened at ward and senior level, and all governance processes are reviewed to ensure they are robust. This is to ensure individual or recurrent themes are managed and addressed effectively, and learning is	Quality improvement activities	Review roles, responsibilities, reporting and oversight of team level assurance and escalation processes. Identify any outstanding training needs in relation to this and develop a plan to address these.	Becky Temple-Purcell Assistant Director of Nursing Mental Health and Learning Disabilities	31.12.24

	inspection, we could not be assured that the existing governance arrangements were suitably robust.	shared throughout the hospital.		Review roles, responsibilities, reporting and oversight of team level assurance and escalation processes. Identify any outstanding training needs in relation to this and develop a plan to address these.	Becky Temple-Purcell Assistant Director of Nursing Mental Health and Learning Disabilities	31/12/2024

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): **Rebecca Temple-Purcell**

Job role: **Assistant Director of Nursing Mental Health and Learning Disabilities**

Date: **12 November 2024**