Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Hydref and Gwanwyn Wards, Heddfan Psychiatric Unit, Betsi Cadwaladr University Health Board

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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 of Heddfan Psychiatric Unit within Betsi Cadwaladr University Health Board on 21, 22 and 23 October 2024. The following hospital wards were reviewed during this inspection:

- Gwanwyn - 13 bed mental health ward for older adults with an organic illness
- Hydref - 13 bed mental health ward for older adults with a functional illness.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of two questionnaires were completed by carers and three were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note 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, we witnessed staff treating patients with respect and kindness and supporting them in a dignified and sensitive way. However, we found that some improvements were required to maintain the dignified and respectful care of patients. These included including installing privacy screening within ensuite patient bathrooms and ensuring patient bedroom observation panels were kept closed when staff were not undertaking observations.

We found the patients on both wards were provided with a suitable programme of therapeutic activities to support their health, wellbeing and rehabilitation. Patients had access to their own ensuite bedrooms and the communal areas of the wards. However, staff told us that the communal garden on Gwanwyn Ward was unsuitable and that the ward staffing was not always sufficient to accommodate patient access to the outside areas of the ward.

The wards' communal areas provided a pleasant and suitably decorated therapeutic patient environment but the patient bedrooms on Gwanwyn were sparsely decorated and not personalised to the patients. 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:

- Review the environmental issues within the Gwanwyn Ward communal garden and provide equitable access for patients to use the garden to support their physical and mental wellbeing
- Install suitable privacy screening within all patient ensuite bathrooms, to ensure their privacy and dignity is protected
- Ensure patient bedrooms provide a suitable, therapeutic environment of care for the relevant 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 wards 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

Delivery of Safe and Effective Care

Overall summary:

The wards had policies, processes and procedures in place to support the management of risk. Staff confirmed there was a governance structure in place in terms of activities and meetings to discuss incidents, findings and issues related to patient care. However, some improvements were required to maintain the safety of patients, staff and visitors, including ensuring sufficient personal safety alarms were available for all staff, and that the hospitals established audit processes were completed within set timescales. We also noted that a fire door on Hydref Ward was damaged and required repair, which was resolved during the inspection.

We found robust procedures in place for the safe management of medicines and Mental Health Act (MHA) monitoring, though some improvements were required in respect of the completion and filing of ward-based MHA records. 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. Each ward had an appointed Infection, Prevention and Control (IPC) lead and the wards were clean, tidy and uncluttered throughout the inspection. However, some improvements were required to ensure that staff cleaning checklists were fully completed and that the wards' laundry arrangements supported effective IPC.

We found staff were providing safe and effective patient care under challenging circumstances, with due consideration for the needs of the patient groups. Hydref Ward was a designated ward for older adults with a functional illness but was also providing care for adult patients, and patients with organic mental illnesses. Staff told us that this arrangement placed significant pressure on them in relation to providing person-centred patient care for patients with mixed needs.

The health board had informally approved an increase in the number of staff on duty to meet patient needs. However, there was a high reliance on bank and agency staff to meet the increased staff establishment and fill vacant shifts. In addition, we identified that only one registered nurse would be working with a team of healthcare support workers during the night shifts. Action must be taken to formally 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.

We were told that the patients on the wards had no access to clinical psychology support because the clinical psychologist post had been vacant for the previous two years. Therefore, we were not assured that patients were receiving a comprehensive assessment of their condition and that clinical decisions relating to patient care and treatment were being determined through a full multi-disciplinary approach.

During our previous inspection of the wards in 2022, we found improvements were required in relation to the poor quality and preparation of the food served to patients. During this inspection, we again found that robust improvements were required in respect of this issue.

This is what we recommend the service can improve:

- Ensure sufficient personal safety alarms are available for all staff and that alarms are identifiable, monitored and accounted for
- Ensure the wards' established audit processes and documentation are fully completed within set timescales
- Review the wards' laundry arrangements to ensure they support effective IPC
- Ensure all patients are cared for in an environment which supports their diagnosis, presentation and clinical needs
- Review the current provision of psychology support for the patients on the wards, to support the safe and effective provision of psychological interventions
- Review of the quality, variety, preparation and provision of patient food, to ensure it consistently meets patient needs and dietary requirements.

Immediate assurances:

During the inspection we reviewed staff training records, staffing rotas, and incident forms for Hydref and Gwanwyn wards. Incidents of patient restraint were being recorded on the Datix electronic reporting system and within Restrictive Physical Intervention (RPI) records. Our review of Datix incidents and RPI records during the last six months identified that some staff had participated in physical restraints who had not completed the RPI training. Therefore, we were not assured that staff and patient safety was being maintained during incidents of physical restraint.

In addition, we found that Datix and RPI records did not clearly capture all details of the restraint incidents, and the actions performed by each staff member during the incident. Therefore, we were not assured that appropriate records were being captured for each incident, to identify shared learning opportunities and support accurate governance oversight and monitoring.

Details of the concerns for patient's safety and the immediate improvements and remedial actions required are provided in Appendix B.

This is what the service did well:

- Staff had a good knowledge of safeguarding procedures and reporting arrangements
- Photographs of the patients were attached to their medication records, which we identified as good practice
- Staff demonstrated good knowledge of MHA processes. Additional MHA audit activities were being considered to identify opportunities for shared learning and drive quality improvement
- Both wards were supported by an associate physician who supported and contributed to the care and treatment of the patients.

Quality of Management and Leadership

Overall summary:

Established governance arrangements were in place to provide oversight of clinical and operational issues. We found suitable arrangements in place for senior staff to monitor compliance with mandatory training and noted that overall mandatory training compliance rates were high on the wards.

We found a strong teamwork ethos and staff were dedicated to delivering a high standard of patient care. Staff told us that there had been improvements in staff culture and morale since our previous inspection, creating a more stable and supportive working environment. However, some staff felt that senior managers were not visible and that communication between management and ward staff was ineffective.

We saw evidence of high staff compliance with annual appraisals but were told that the formal clinical supervisions process was not always conducted within set timescales. We did not see evidence that staff meetings took place on a regular basis on Gwanwyn Ward.

Our staff engagement highlighted a general feeling that there were not enough staff to meet fluctuating demands on the wards 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 nor family/carer feedback on Gwanwyn Ward.

This is what we recommend the service can improve:

- Maintain regular meetings for staff engagement, to discuss issues, share learning and encourage staff feedback
- Ensure staff have access to regular formal clinical supervision to support their learning and development
- Capture patient and family/carer feedback, to influence improvement with the patient experience and drive improvement.

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 wards. We received two family/carer questionnaires. The sample size was therefore too small to draw any conclusion on themes or trends within the wards.

For those who responded, the feedback on the standard of care and treatment provided was positive. They rated the care and service as 'very good' and told us they were able to visit as often as they wished. They confirmed that staff treated patients with respect and kindness, and that patients were provided with care and treatment when they needed it. They also felt welcomed and safe during their visits and agreed that staff were polite to them and encouraged their involvement to care for the patient.

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 found that long term patient health conditions were appropriately monitored, and staff demonstrated a good understanding of the patients in their care.

All patients had individual ensuite bedrooms and they could also access the communal areas of the wards throughout the day. Both wards provided a range of self-directed patient activities including DVDs, games, puzzles and books. Each ward had a dedicated activities coordinator to support the provision of therapeutic patient activities, and we witnessed activities being undertaken with patients throughout the inspection. We found the patients on both wards were provided with a programme of suitable therapeutic activities to support their health, wellbeing and rehabilitation.

There were secure outside garden areas for patients on both wards, including three outside spaces on Gwanwyn Ward. However, we were told that the patients on Gwanwyn Ward had limited access to the main garden area, as the ground

surface was unsuitable and posed a falls risk during wet weather. In addition, we were told that staffing was not always sufficient to accommodate patient access to the outside areas on Gwanwyn Ward.

The health board must review the environmental issues within the Gwanwyn Ward communal garden and provide equitable access for patients to use the garden, to support their physical and mental wellbeing.

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. During the inspection, we witnessed staff respecting the privacy of patients by knocking their bedroom door before entering.

Each patient bedroom had ensuite shower facilities, which helped to maintain their privacy and dignity. However, there were no shower screens or curtains fitted in the ensuite bathrooms on Gwanwyn Ward. Staff advised that the curtains were repeatedly damaged by patients and were not replaced. We identified that this arrangement could compromise patient privacy and dignity during their stay.

The health board must undertake measures to install suitable privacy screening within all patient ensuite bathrooms, to ensure their privacy and dignity is protected.

All patient bedroom doors had an observation panel, which allowed staff to undertake therapeutic observations without opening the door and disturbing the patient. We were told that patients could close them from inside their rooms if required, but staff routinely left the panels in the ‘open’ position between observations. This posed a risk that patients could be seen in their bedrooms by staff, patients and visitors.

The health board must ensure patient bedroom observation panels are kept closed when staff are not undertaking observations.

The wards’ communal areas provided a pleasant and suitably decorated therapeutic environment for patients, in keeping with their needs. Patients on Hydref Ward could store their possessions and personalise their bedrooms, subject to individual risk assessment. We were told that Hydref patients were provided with an electronic wrist band, which afforded them access to their individual rooms and communal patient areas as appropriate.

However, we viewed three patient bedrooms on Gwanwyn Ward and found they were sparsely decorated and not personalised to the patients. We discussed this with staff, who confirmed that the patients were unable to lock or personalise their rooms, due to their individual risk assessments.

The health board should explore ways to ensure that the Gwanwyn Ward patient bedrooms provide a suitable, therapeutic environment of care for the relevant patient group.

During the inspection we noted that most patients on Gwanwyn Ward were male. However, all but one member of staff working on the ward were female. We identified that this arrangement could potentially pose difficulties in providing dignified and respectful patient care.

The health board should ensure senior staff consider individual patient needs when rostering shifts to staff, to maintain an appropriate gender balance.

Patient information

Both wards provided helpful pictorial information boards to identify the staff for patient and visitor awareness. However, we observed that the Gwanwyn board was located outside the ward entrance, where it could not be seen by patients. In addition, staff confirmed that the information provided on the board was out of date.

We found a range of suitable and relevant patient information was displayed on Hydref Ward to help patients and their families understand their care. However, we noted a general absence of any relevant patient information displayed throughout Gwanwyn Ward, which included:

- No information regarding advocacy services
- No information regarding the role of HIW and how patients can contact HIW
- 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 the patients on both wards 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.

Staff respected patient personal choices about how they wished to be supported. We saw evidence that patients could make their own food and clothing choices and observed staff assisting patients to eat and drink, where necessary. Patients were supported to carry out everyday tasks, including laundry and attending to personal hygiene. Most staff members who completed a questionnaire felt that patients were informed and involved in decisions about their care.

Patients could spend time away from other patients in their bedrooms, and there were separate rooms available for patients to use according to their needs and wishes. The wards had suitable visiting rooms where patients could see their families in private.

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, including twice-daily safety huddle meetings to establish staffing and bed occupancy levels and discuss patient care requirements. We attended an Acute Care Management 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 clinical governance meetings, where concerns and incidents were routinely discussed to identify trends and opportunities for wider service and organisational learning.

There were various additional meetings and processes to support the timely and effective care of patients. These included a weekly falls meeting as well as monthly Quality, Safety and Experience meetings.

Equitable

Communication and language
The wards 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.

We were told that some patients had access to their own personal electronic devices, subject to individual risk assessment. Communal iPads were also available for patient use, and we witnessed staff supporting patients to use them during the inspection. Patients could also use the ward telephones 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 translation services were utilised to support them if required. We were provided with a recent example of how staff had effectively used translation services to meet the needs of a non-English speaking patient during their stay.

We found plentiful information displayed and provided to patients in Welsh. We were told that some ward staff were Welsh speakers, and that additional Welsh speaking staff could be allocated to the wards if required.

Rights and equality
We reviewed the records of three 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.

We found satisfactory arrangements in place to promote and protect patient rights. Staff compliance with mandatory training for Equality, Diversity and Human Rights was high at 97% on Gwanwyn Ward and 94% on Hydref Ward. 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 consistently provided in accordance with the patient age group and their needs. 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 wards were 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 established policies, processes and audits in place to support the management of risk, which enabled staff to provide safe and clinically effective care. We considered the processes in place to manage risks to help maintain the health and safety of patients, staff and visitors, and found the following suitable measures in place:

- The wards were accessible to all, including those with mobility difficulties
- The ward environments were clean, tidy and well-maintained throughout
- The ward entrances were secured at all times throughout the inspection to prevent unauthorised access or egress
- The patient bedrooms were suitably alarmed to alert staff when patients rose from their beds. We were told that additional personal alarms could be provided to patients if appropriate
- Ligature cutters were appropriately stored for use in the event of a self-harm emergency, and staff knew where to find them
- A programme of monthly and annual ligature point risk assessments was being undertaken, which detailed the actions taken to mitigate and reduce the risk of ligature on the wards
- There were regular audits of emergency resuscitation equipment; staff had documented when these had occurred to ensure that the equipment was present and in date.

We did, however, find some issues that required immediate attention to maintain the safety of patients, staff and visitors.

We were told that staff carried personal safety alarms to use in the event of an emergency, and that there was a documentary sign in/out process for the alarms. However, during the inspection not all staff were carrying personal safety alarms, and we witnessed two staff members on Gwanwyn Ward sharing a single alarm between them.

On reviewing the alarm sign in/out documentation, we found many occasions where the alarms were not signed as returned, including ten separate instances during October 2024. Staff told us it was difficult to keep track of the alarms as they were not clearly identifiable to a particular ward and were sometimes taken to other wards, passed between staff members, or taken home by staff. In

addition, we were told that the two wards shared a single alarm charger, which posed difficulties in ensuring the alarms were sufficiently charged.

We discussed these issues with senior staff who confirmed that there were insufficient personal alarms available for all staff. We highlighted our concerns regarding the potential risk to staff and patient safety, if staff were unable to call for assistance in the event of an emergency.

Prior to the conclusion of our inspection, senior staff ordered an additional 10 alarms and two chargers for the wards. To ensure staff and patient safety was protected in the meantime, spare alarms were immediately obtained from other wards in the hospital. Senior staff confirmed that personal safety alarms were added as a standing agenda for discussion during daily safety huddle meetings, to ensure sufficient alarms were available for all staff.

The health board must:

- **Ensure sufficient personal safety alarms are available for all staff**
- **Implement a robust system of governance oversight and audit to ensure personal safety alarms are identifiable, monitored and accounted for.**

During our tour of Hydref Ward, the emergency fire door near to the sluice room was damaged and did not open properly, requiring significant force to open. This posed a risk to staff, patient and visitor safety, in the event of a fire emergency. We highlighted our concerns to staff and the door was suitably repaired during the inspection.

The hospital had established processes and audits in place to support patient care and safety. Whilst we found that the hospital's audit processes were generally well-completed, we noted that the monthly Matron's Audit was last completed in June 2024.

The health board must ensure that the hospital's established audit processes are fully completed within set timescales, to ensure the safety of patients, staff and visitors.

Infection, prevention and control and decontamination
We considered the patient environment, clinical areas and the wider hospital, and found they were clean, tidy and uncluttered throughout. The wards were in a very good state of repair and decoration, with appropriate furniture, fixtures and fittings in place for the patient group. We witnessed nursing and housekeeping staff cleaning the wards regularly throughout the inspection.

Suitable IPC policies, procedures, staff training and governance arrangements were in place to maintain staff, patient and visitor safety. The wards had appointed IPC leads, and staff compliance with mandatory IPC training was high at 100% on Gwanwyn Ward and 97% on Hydref Ward. The staff we spoke with during the inspection demonstrated a good understanding of their role and responsibility in upholding IPC.

All staff who completed a questionnaire provided positive feedback about the IPC arrangements in place. They confirmed that an effective infection control policy and effective cleaning schedules were in place. They agreed that appropriate PPE was supplied and used, and that the environment allowed for effective infection control. However, during the inspection we identified some IPC/environmental issues which posed a potential risk to staff, patient and visitor safety:

- A bench in the Hydref Ward communal corridor was damaged in several places, preventing effective IPC
- The staff toilet tap on Hydref Ward could not be fully closed and was leaking continuously
- The wards' laundry facilities were located off the wards, with only a tumble dryer provided on each ward. This meant that ward staff had to transport soiled patient laundry off the wards to be washed, which posed a potential IPC risk
- Whilst we found the wards to be suitably clean throughout the inspection, we noted several gaps in the nurses' daily cleaning checklists on both wards.

The health board must:

- **Repair or replace all damaged or faulty furniture, fixtures and fittings to ensure staff, patient and visitor safety**
- **Review the wards' laundry arrangements to ensure they support effective IPC**
- **Ensure the wards' cleaning schedules are fully completed.**

Safeguarding of children and adults

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

We were told that safeguarding incidents and concerns were recorded on the Datix electronic incident reporting system 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 high staff compliance with mandatory training for safeguarding adults and children on both wards.

Medicines management
Relevant policies were in place and were accessible to staff, such as medicines management and rapid tranquillisation.

We reviewed the wards' clinic arrangements and found robust procedures in place for the safe management of medicines. All prescribed medications were securely stored in the medication fridges and in locked cupboards as appropriate. We saw evidence of regular temperature checks of the medication fridges to monitor that medication was being stored at the correct temperature. The records evidenced that medication stock was accounted for when administered, and that stock checks were being undertaken as required. We found 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 found they were maintained to a good standard. The charts were consistently signed and dated when medication was prescribed and administered, and a reason was recorded when medication was not administered. We noted that photographs of the patients were attached to their medication records, which we identified as an example of good practice. Patient consent to treatment certificates were appropriately completed and stored alongside their MAR charts. However, we saw examples where the current MHA legal status for patients was not always recorded in the MAR charts we reviewed. This posed a potential risk of medication being administered to patients in error.

The health board must ensure that the MHA legal status of patients is recorded within their MAR charts to provide clear guidance to staff.

We observed safe and appropriate prescribing of medications in accordance with patient needs. Regular medication reviews were completed to ensure patient medications remained appropriate. We were told that patients or their family/carers were involved in decisions about their medications wherever possible. Patient medications were routinely discussed during ward round meetings, during which any updates or changes to their medication were recorded. Easy read information was available to support patients in understanding their medication.

Staff we spoke with during the inspection demonstrated appropriate knowledge and understanding of medications management procedures. We found good systems in place to ensure medication errors were appropriately recorded,

investigated and supervised, and that any learning opportunities were shared with all staff.

Effective

Effective care
Staff used the Datix system for recording, managing and monitoring incidents. There was a hierarchy of incident sign-off with regular incident reports produced and reviewed so that themes and trends could be monitored and analysed. Staff confirmed that debriefs took place following incidents, and that relevant learning was shared with staff verbally and electronically.

During the inspection, we found the staff numbers to care for the patients generally met the wards' minimum staffing establishment. Staff told us that the health board had introduced the 'HealthRoster SafeCare' programme to ensure safe staffing levels were continuously met. We were told that the health board had reviewed the staffing establishment of the wards and had increased the staffing template ahead of a formal establishment agreement taking place. However, staff told us that this situation created difficulties for them when arranging cover for vacant shifts to meet the increased establishment. Some staff we spoke with during the inspection felt that the increased establishment was still insufficient, due to the level of patient acuity and care requirements on the wards.

The health board must formally review the staff establishment on Hydref and Gwanwyn wards, to ensure the staffing levels are appropriate to safely support and manage the needs of patients.

We noted a reliance on bank and agency staff to fill vacant shifts on the wards. Some staff felt the use of agency staff often added pressure on substantive staff, as they were required to support them in addition to their own responsibilities. We were told that some agency staff were not always suitably skilled to work on the wards, as they were unfamiliar with the ward environments and the patient groups. Staff told us that the process for booking agency staff did not permit them to specifically request agency staff who were familiar with the wards and patient groups.

The health board must:

- **Review the existing temporary staff booking process for bank and agency staff, and ensure staff are suitably skilled to care for relevant patient groups**

- **Aim for consistency and continuity of care when using temporary staff, such as 'block-booking' staff who are familiar with the environment and patient groups**
- **Ensure attention is given to the skill mix and proportion of temporary staff rostered, to maintain patient and staff safety.**

During the inspection, we found that during the night shifts only one registered nurse would be working with a team of healthcare support workers. This meant that the registered nurse working the night shift could not take a break without leaving the ward without nursing cover. We identified that this potentially impacted on staff wellbeing and patient safety. We highlighted our concerns with this arrangement to staff.

The health board must ensure there is an appropriate number of registered nursing staff on duty to support staff wellbeing and maintain patient safety.

The staff we spoke with on both wards told us that the shared staff room was not fit for purpose, being too small to allow them to take their breaks in comfort. We were told that some staff sat in their own vehicles to take their breaks without disturbance. The staff we spoke with felt their working practices would be improved by the provision of a separate break room for the staff on both wards.

The health board should consider the staffroom environment and ensure it is suitable for staff to take their breaks in comfort, to support their wellbeing.

At the time of our inspection, both wards were experiencing high levels of patient acuity. We found staff were providing safe and effective patient care under challenging circumstances, with due consideration for the needs of the patient groups. Hydref Ward was a designated ward for older adults with a functional illness, but we noted that the ward was also providing care for adult patients and patients with organic mental illnesses. Staff told us that the mix of patients placed significant pressures on them in relation to providing safe and effective patient care.

We discussed this issue with senior staff, who felt that some adult patients were suitably placed on the ward due to their level of frailty but confirmed that at least one patient was unsuitably placed on the ward. We identified that this arrangement posed a potential risk to staff and patient safety and presented challenges in providing person-centred patient care for patients with mixed needs.

The health board must make every effort to ensure patients are cared for in an environment which supports their diagnosis, presentation and clinical needs.

Where this is not possible, mitigations must be implemented to maintain staff and patient 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.

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.

During the inspection we reviewed staff training records, staffing rotas, and incident forms for Hydref and Gwanwyn wards. Staff compliance with Restrictive Physical Intervention (RPI) training on Gwanwyn and Hydref Wards was 91% and 76% respectively. Incidents of patient restraint were recorded on the Datix system and within Restrictive Physical Intervention (RPI) records. Our review of Datix incidents and RPI records during the last six months identified that some staff had participated in physical restraints who had not completed the RPI training. We viewed four RPI incidents involving untrained staff members on Hydref Ward. Therefore, we were not assured that staff and patient safety was being maintained during incidents of physical restraint.

In addition, we found that Datix and RPI records did not clearly capture all details of the restraint incident and the actions performed by each staff member during the incident. The time of the incident was not recorded in two reports we reviewed, and other examples found three RPI records were incorrectly recorded as two duplicate incidents within Datix, rather than being recorded individually. Therefore, we were not assured that appropriate records were captured for each incident, to identify shared learning opportunities and support accurate governance oversight and monitoring.

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.

During the inspection, we were told that the patients had no access to clinical psychology support because the clinical psychologist post had been vacant for the previous two years. Therefore, we were not assured that patients were receiving a comprehensive psychological assessment, and that clinical decisions relating to their care and treatment were being determined through a full multidisciplinary approach.

The health board must review the current provision of psychology support for the patients on the wards, to support the assessment of patients' psychological needs and the safe and effective provision of psychological interventions.

Nutrition and hydration

Our patient records review found that patients nutritional and hydration needs were appropriately assessed, recorded and addressed, and they were provided with diets in accordance with their individual needs. Patients also had access to specialist dietetic services if needed, and where applicable, they were supported by the Speech and Language Therapy (SALT) team. However, we found that the quality and preparation of the food served to patients required improvement, which was consistent with our findings during our previous inspection of the wards in in 2022.

The food was pre-cooked in the main hospital and sent to the ward on heated trolleys to be served to patients. We were told there was little variety in the food provided, and patients were not involved in creating the menus. We observed food being served to the patients during the inspection and found it to be unappealing and unappetising.

Staff we spoke with expressed concern regarding the poor quality and variety of the patient food. They told us that the menus rotated weekly but were repetitive and had not been changed in many years. They told us that on occasions, they and family/carers were supplementing the patients' diets by providing additional food themselves. We were also told of occasions when the patient food had not arrived from the main hospital, yet no replacement was provided. We witnessed an example on Gwanwyn Ward, where the hot food was delivered but the patient finger foods were not, limiting choice and suitability for some patients.

The wards had set mealtimes and patients were not provided with a hot meal outside of these times if they had missed their meal. Staff felt this arrangement did not meet the needs of the individual patients being cared for on the wards. In addition, some preferred patient foods which were previously provided were no longer served, including cooked breakfasts and suppers.

The health board must undertake a review of the quality, variety, preparation and provision of patient food at the hospital, to ensure that it consistently meets the patient needs and dietary requirements.

Patient records

We found patient records were generally well-organised on both wards and were easy to navigate through clearly marked sections. Patient records were maintained both electronically and in paper files. The paper records were securely stored on the wards, and the electronic system was password protected to prevent unauthorised access. Clinical details were recorded contemporaneously and comprehensively, which provided a detailed overview of the patients and their care.

During the inspection staff told us the paper records system presented difficulties for them in respect of document completion, volume and storage. They felt that their working practices would be improved with a fully electronic health record system. This issue was also identified during our previous inspection of the wards in 2022.

The health board should review the current paper health record system with a view to implementing a fully electronic health record system in the hospital.

Mental Health Act monitoring

We reviewed the statutory detention documents of three patients on the wards and discussed the monitoring and audit arrangements with staff. We were assured that the health board's responsibilities under the MHA were being upheld. All records reviewed were compliant with the MHA and Code of Practice. Clear reasons were documented to evidence the decisions made in relation to patient care and detention.

The hospital had a dedicated Mental Health Act (MHA) administrator who provided ongoing support to staff. The MHA department files were generally well organised, easy to navigate and contained detailed and relevant information. However, on reviewing the ward-based MHA documentation, we saw instances where statutory documents were unnecessarily retained or duplicated within the files. We also found expired patient section 17 leave forms within the files, which had not been removed as appropriate. We identified that these issues could cause confusion for staff when reviewing patient records.

The health board must implement robust governance oversight to ensure unnecessary or duplicate documentation is removed from patient MHA records, to avoid confusion for staff.

Patient leave was suitably risk assessed and the forms outlined the conditions and outcomes of the leave for each patient. However, we saw an example where one patient Section 17 leave form was undated and contained missing staff and patient signatures. The form was also not completed to indicate who should be provided with a copy.

The health board must ensure patient Section 17 leave forms are fully completed and signed as appropriate.

There were good processes in place to support patient rights, and we found patients were well-supported to access advocacy services. The wards' Patient Status at a Glance boards provided clear and comprehensive information to staff in relation to the patients' MHA status and associated data, which we identified as an example of good practice.

During our discussions with staff, they demonstrated good knowledge of MHA processes. We were told that additional audit activities were being considered in relation to Section 62 of the MHA in order to identify opportunities for shared learning and drive quality improvement. We identified this as an example of good practice.

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 (the Measure). 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 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 determine the provision of patient care, along with risk assessments which set out the identified risks and how to mitigate and manage them. We saw evidence that patients at risk of falls or pressure sores were suitably risk assessed and monitored. Weekly falls review group meetings took place to identify areas of concern and points of learning from falls incidents, to prevent reoccurrence.

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. Regular 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. We found evidence of discharge and aftercare planning within the patient records, with multiagency discussions being held regarding appropriate future placements.

It was positive to note that both wards were supported by an associate physician who supported and contributed to the care and treatment of the patients. We identified this as an example of good practice.

Quality of Management and Leadership

Staff feedback.

We engaged with staff throughout the inspection and received three responses to our staff questionnaire. The response rate was too small to draw robust conclusions on themes or trends within the wards.

The three responses to the questionnaire were generally mixed. Two recommended the hospital as a place to work and told us they were satisfied with the quality of care they gave to patients. In addition, they agreed that patient care was the health board's top priority. However, most were not content with the health board's efforts to keep staff and patients safe and stated they would not be happy with the standard of care provided for their friends or family.

All respondents agreed that their job was not detrimental to their health, and that their current working pattern allowed for a good work-life balance. All agreed that they were aware of the Occupational Health support available to them and most agreed that the health board takes positive action on staff health and wellbeing. However, most felt they were unable to meet the conflicting demands on their time at work.

Staff were asked to provide comments or suggestions for improvement, and commented:

> *"Staff are put as risk as higher management won't allow the ward manager to do the job (they) are employed to do."*

> *"…management regarding staffing levels and patients' wellbeing."*

The health board may wish to reflect on this aspect of staff feedback and consider whether any improvements can be made.

Leadership

Governance and leadership

We observed strong team working on the wards and found staff were dedicated to delivering a high standard of patient care. We were told of recent changes to the ward's staffing and leadership structure, which provided a more stable and supportive working environment for staff. Staff told us that morale had increased since our previous inspection in 2022. Many staff spoke positively of the

improvements implemented by the new ward manager on Hydref Ward, and we were told that the manager of Gwanwyn Ward was caring and supportive.

Most staff who completed our questionnaire confirmed that that their immediate manager asked for their opinion before making decisions that affect their work. However, most felt that their immediate manager could not be counted on to help them with a difficult task at work, and that their immediate manager did not give them clear feedback on their work.

Some staff we spoke with during the inspection told us that the support provided to them by the senior leadership team (SLT) had improved since our previous inspection. We were told that monthly SLT drop-in sessions had been introduced to ensure that the SLT was more visible and accessible for all staff.

However, some staff whom we spoke with during the inspection and all who completed our questionnaire felt there was little SLT visibility and involvement on the wards, and that communication between senior management and staff was ineffective. Just one survey respondent felt that senior managers were committed to patient care.

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

Workforce

Skilled and enabled workforce

We found the staffing levels were appropriate to maintain patient safety within the wards at the time of our inspection. However, some staff told us they felt there were not enough staff to meet fluctuating staff needs and increased patient demand on the wards. We noted a reliance on bank or agency staff to meet the wards' increased staffing establishment and to respond to changes in patient acuity, as outlined previously in this report.

We found suitable processes in place to monitor staff compliance with mandatory training. Overall mandatory training compliance rates were generally high across most areas on both wards. All staff who completed our questionnaire felt they had received appropriate training to undertake their role. However, improvements were required for Fit Test PPE Mask training courses on Hydref ward, and also for Basic Life Support training, which was currently at 75% compliance.

The health board must implement measures to ensure all outstanding staff training is completed and that staff are supported to attend the training.

We were told that development opportunities were available to staff, which were discussed during their annual appraisals. It is noteworthy that 94% of staff on Gwanwyn Ward and 97% on Hydref Ward had received an annual appraisal. We were told that a formal clinical supervision process was also in place for all staff, but it was not always conducted within set timescales, due to the conflicting demands of the wards.

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
An established process was 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 monitored by senior managers throughout the investigation. Staff told us that they aimed to resolve complaints immediately wherever possible, and share learning from incidents appropriately. We were told that patients and family/carers could raise concerns at any time, and that any verbal feedback was recorded within patient records and discussed during staff meetings.

During the inspection we found there was no dedicated process in place to routinely capture patient nor family/carer feedback on Gwanwyn Ward. We found a suitable monthly patient meeting process in place on Hydref Ward. However, the paper patient and visitor feedback forms were located outside the ward's main entrance, where patients could not readily access them. There were no processes or information boards displayed on the wards to inform patients and family/carers of actions taken as a result of their feedback.

The health board must:

- **Consider ways to formally and routinely capture patient and family/carer feedback on Gwanwyn Ward, to enhance patient care and drive quality improvement**
- **Ensure patients can access feedback forms wherever possible**
- **Implement processes to routinely inform patients and family/carers of actions taken as a result of their feedback.**

Our engagement with staff identified that they knew and understood the Duty of Candour requirements, and that the health board encouraged them to report errors, near misses or incidents. Two respondents to our staff questionnaire felt

secure to raise concerns about patient care or other issues. However, none felt confident that the health board would address their concerns. In addition, one strongly felt that when errors, near misses or incidents were reported, no action was taken by the heath board to ensure that they do not happen again.

We were told that there were various support systems available following incidents if required. These included Occupational Health, Human Resources and a self-referral counselling service. However, two staff responding to the questionnaire disagreed that the health board treated staff who are involved in an error, near miss or incident fairly. Most felt that they were not given feedback about changes made in response to reported errors, near misses and incidents.

The health should reflect on the staff feedback relating to incident reporting, to ensure staff are fully supported and provided with feedback following an incident.

Staff told us that the wards held regular staff meetings to share updates, concerns and feedback, and strengthen staff working relationships. However, we found the ward staff meetings did not always take place on a regular basis on Gwanwyn Ward.

The health board must ensure ward staff meetings are conducted on a regular basis to facilitate staff engagement, discuss ward issues and share feedback following concerns or incidents.

We found that several health board policies or procedures were past their review dates during our inspection. These included:

- Procedure for NHS Staff to Raise Concerns – Review date June 2024
- Seclusion and Long Term Segregation – Review date September 2023
- Business Continuity Plan – Review date September 2024.

The health board must ensure key policies and procedures are reviewed and updated in a timely manner to ensure staff are supported in their roles.

Information

Information governance and digital technology

Patient records and data were being maintained in line with General Data Protection Regulation (GDPR) legislation. All information recorded on the hospital's electronic records system was password protected. Paper records were securely stored. 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 high at 92% on Gwanwyn Ward and 97% on Hydref Ward.

Learning, improvement and research

Quality improvement activities
It was evident through our discussions with senior staff that the health board was continuously reviewing the provision of the service on the wards. Ward staff spoke positively of their involvement in a wider health board quality improvement project focussing on patient falls, to identify areas of improvement, share learning and to reduce falls. We were told that the ward staff upheld the standards of the health board's ward accreditation programme, which seeks to improve the standard and quality of patient care via a process of continuous performance assessment and improvement.

During our staff discussions we were apprised of regular audit activities and meetings to discuss findings, incidents and other issues related to patient care. There were processes in place to ensure incidents or issues were identified, investigated, escalated, and monitored to prevent reoccurrence.

Staff were receptive and responsive to our findings and recommendations throughout the inspection. Some improvements we identified were rectified during the inspection and we later received assurances from the health board on how the immediate assurance issues identified have been or will be addressed.

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
During our tour of Hydref Ward, we saw that the emergency fire door located near to the ward's sluice room was damaged and did not open properly, requiring significant force to open.	This issue posed a potential risk to staff, patient and visitor safety. as they may be unable to exit the ward in the event of an emergency.	We highlighted our concerns to staff.	The door was suitably repaired during the inspection.

Appendix B - Immediate improvement plan

Service: Hydref and Gwanwyn Wards, Heddfan Psychiatric Unit

Date of inspection: 21-23 October 2024

Findings

During the inspection we reviewed staff training records, staffing rotas, and incident forms for Hydref and Gwanwyn wards. Staff compliance with Restrictive Physical Intervention (RPI) training on Gwanwyn and Hydref Wards was 91% and 76% respectively.

Incidents of patient restraint were being recorded on the Datix electronic reporting system and within Restrictive Physical Intervention (RPI) records. Our review of Datix incidents and RPI records during the last six months identified that some staff had participated in physical restraints who had not completed any RPI training. We viewed four RPI incidents involving untrained staff members on Hydref Ward. Therefore, we are not assured that staff and patient safety is maintained during incidents of physical restraint.

In addition, we found that Datix and RPI records did not clearly capture all details of the restraint incident and the actions performed by each staff member during the incident. The time of the incident was not recorded in two reports we reviewed, and other examples found three RPI records were incorrectly recorded as two duplicate incidents within Datix, rather than being recorded individually. Therefore, we were not assured that appropriate records are captured for each incident, to identify shared learning opportunities and support accurate governance oversight and monitoring.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale

1.	The health board must ensure that all staff on Hydref and Gwanwyn wards are compliant with their RPI training to ensure patient and staff safety is maintained.	Delivery of safe and effective care	Ward training compliance is monitored to achieve 85% and above, with booking of training in place to achieve this compliance. Hydref have 76% training compliance with 6 x staff have training dates in November 2024; 1 x staff is due to return from maternity imminently and will be given a date as part of return; 5 x staff are medically exempt. Gwanwyn have 91% training compliance with 1 x staff member will repeat training in the next 2 months. Dates have been arranged for the remaining 6 staff.	Head of Operations and Service Delivery, East	December 2024
2.	The health board must implement measures to ensure there are sufficiently trained staff members to manage incidences of restraint on both wards, until all staff have received their training.	Delivery of safe and effective care	The Health Board has issued a written control memo to remind teams to ensure arrangements are in place for all staff trained in RPI clearly identified per shift. For the Heddfan Unit, this is reported 2 x daily through the safety huddles.	MH&LD Assistant Director of Nursing Head of Operations and Service Delivery, East	Completed Completed

			Daily reminders take place to ensure untrained staff do not engage in RPI. 2 x daily reminders though safety huddle. Monitored weekly through OLM. Assurance has also been received that the arrangements noted for the Heddfan Unit are similar if not the same in other MHLD Division mental health units. For Learning Disability services, the number of staff trained in RPI discussed in both inpatient and SLT safety huddles with reminders as required on untrained RPI staff not engaging in RPI.	Assistant Director of Nursing Head of Operations and Service Delivery, Learning Disability	Completed Completed
3.	The health board must ensure restraint incidents are appropriately recorded and provide a full description of the incident, including the actions of staff involved, to support effective governance, oversight and ongoing monitoring.	Delivery of safe and effective care	The Health Board has issued a written control memo to remind teams to ensure DATIX and RPI records clearly capture all details of the restraint incident and actions performed by each staff member. For the Heddfan Unit, recording takes place through the Datix systems with the completion of CR1 on every	MH&LD Assistant Director of Nursing Head of Operations and Service Delivery, East	Completed Completed

			occasion of RPI. Datix are reviewed weekly through ICOP meetings. Assurance has also been received that the arrangements noted for the Heddfan Unit are similar if not the same in other MHLD Division mental health units. For Learning Disability, as above but in addition, reviewed in the weekly behavioural meeting chaired by the LD restraint lead.	MHLD Assistant Director of Nursing Head of Operations and Service Delivery, Learning Disability	Completed Completed
4.	The health board must ensure that our findings in relation to restraint training compliance and incident recording are not systemic across other areas of the organisation.	Delivery of safe and effective care	MHLD Division PICCS team continues to provide RPI training and monitors the quality of DATIX & CRI completion. Restraint training compliance reported and monitored monthly into MH&LD Service Quality Delivery Group. Action taken to progress any areas below 85% compliance by each Senior Leadership Team. To further strengthen governance, introduce two new reporting metrics; %	Positive Interventions Lead MH&LD Assistant Director of Nursing	Completed Completed December 2024

			of staff trained who undertook the RPI and % of completed DATIX accompanied by a fully completed CRI form. Report to be monitored monthly via Quality Delivery Group. Identify shared learning opportunities during monitor and review of incidents to ensure staff and patient safety is maintained during incidents of physical restraint, including the creation of a "7 minute briefing" where applicable.	Positive Interventions Lead Positive Interventions Lead	December 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): Iain Wilkie
Job role: Director of Mental Health
Date: 31st October 2024

Appendix C - Improvement plan

Service: Hydref and Gwanwyn Wards, Heddfan Psychiatric Unit

Date of inspection: 21-23 October 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.	We were told that the patients on Gwanwyn Ward had limited access to the main garden area and that the ward staffing was not always sufficient to accommodate patient access to the outside areas on Gwanwyn Ward.	The health board must review the environmental issues within the Gwanwyn communal garden and provide equitable access for patients to use the garden to support their physical and mental wellbeing.	Health promotion	Patients access communal garden with staff supervision and support, with risk assessments undertaken as required. Patients also have access to another garden area on the ward. Undertake Tri Partite Environmental Risk Assessment, scheduled for 15.01.25.	OPMHU Inpatient Service Manager OPMHU Inpatient Service Manager	Completed 15.01.2025

				Business case Developed by the East team to address estates issues to strengthen access. Currently progressing through Health Board Governance to be included to the Capital Estates 26/27 programme of work.	East Business Support Manager	31.12.25
2.	There were no shower screens or curtains fitted in the ensuite bathrooms on Gwanwyn Ward.	The health board must undertake measures to install suitable privacy screening within all patient ensuite bathrooms, to ensure their privacy and dignity is protected.	Dignified and respectful care	Ward Managers to ensure that shower curtains are re installed in all bathrooms. Add shower curtains to the Ward Manager's Checklist.	OPMHU Inpatient Service Manager	20.12.24 21.12.24
3.	We were told that staff routinely left the patient bedroom observation panels in the 'open' position	The health board must ensure patient bedroom observation panels are kept closed when staff are not undertaking observations.	Dignified and respectful care	A reminder circulated to all staff of the importance of ensuring observation panels are only opened during periods of observation.	OPMHU Inpatient Service Manager	20.12.24

	between patient observations.			To be monitored as part of the Ward Manager/Matron walk about.		20.12.24
4.	We viewed three patient bedrooms on Gwanwyn Ward and found they were sparsely decorated and not personalised to the patient.	The health board should explore ways to ensure that the Gwanwyn patient bedrooms provide a suitable, therapeutic environment of care for the relevant patient group.	Dignified and respectful care	Encourage families to bring appropriate personal items onto the ward upon each admission. Ward staff to consider the environment in cases where this does not take place by obtaining items on behalf of patients.	OPMHU Inpatient Service Manager	Completed 10.12.24 31.02.25
5.	The majority of the patients being cared for on Gwanwyn Ward were male. We noted that all but one member of staff working on the ward were female.	The health board should ensure senior staff consider individual patient needs when rostering shifts to staff, to maintain an appropriate gender balance.	Dignified and respectful care	Actions taken to ensure appropriate skill mix: - Sufficient staff recruited to the ward to ensure appropriate skill mix/gender balance. Consideration to skill mix/gender balance when	OPMHU Inpatient Service Manager	Completed 10.12.24

				completing and locking down e-roster by ward manager will take place. - Ward manager will consider using staff from other wards where appropriate when gender balance not adequate, which may be due to sickness or annual leave and temporary staffing is required. - East SLT daily huddles and Acute Care Meetings discuss and agree if skill mix/gender balance required based on patient need and staff redeployed accordingly and support as required.	OPMHU Inpatient Service Manager / Safety huddle chair	

6.	We noted a general absence of any relevant patient information displayed throughout Gwanwyn Ward.	The health board must ensure patients are provided with relevant, up-to-date and accessible information to support their care.	Patient information	Monitor patient information to ensure it remains relevant, up to date and accessible through the Ward Accreditation handbooks led by ward and service managers. Wards to ensure that they have appropriate bilingual patient leaflets available. Transfer patient information onto the wards into a more accessible area.	OPMHU Ward Managers	31.12.24 31.12.24 31.12.24
7.	We found that not all staff were carrying personal safety alarms. Within the alarm sign in/out documentation, we found many occasions where the alarms were not signed as	The health board must: Ensure sufficient personal safety alarms are available for all staff Implement a robust system of governance oversight and audit to ensure personal safety alarms are	Risk management	Additional patient safety alarms reordered in November 2024 with 4-6 weeks for delivery timescale. Implement a ward process for ensuring attack alarms are allocated daily.	East Business Support Manager OPMHU Inpatient Service Manager Completed	31.01.25 Completed 22.10.24

	returned, including ten separate instances during October 2024.	identifiable, monitored and accounted for.		Overseen by nurse in charge. Any deficits escalated at the daily safety huddle for immediate resolve.		
8.	The monthly Matron's Audit was last completed in June 2024.	The health board must ensure that the hospital's established audit processes are fully completed within set timescales, to ensure the safety of patients, staff and visitors.	Risk management	Complete BCU Matrons monthly audits ensuring submission for inclusion in monthly ICOP agenda for monitoring and review.	OPMHU Inpatient Service Manager	31.12.24
9.	A bench in the Hydref Ward communal corridor was damaged in several places, preventing effective IPC. The staff toilet tap on Hydref Ward could not be fully closed and was leaking continuously.	The health board must repair or replace all damaged or faulty furniture, fixtures and fittings to ensure staff, patient and visitor safety.	Infection, prevention and control and decontamination	Estates to repair damaged bench. Fix ward tap on Hydref Ward.	East Business Support Manager East Business Support Manager	31.01.25 Completed 21.10.24
10.	Staff had to transport soiled patient laundry off the wards to be	The health board must Review the wards' laundry	Infection, prevention and control and decontamination	Meet with IPC to review current laundry arrangements, to ensure effective IPC.	East Business Support Manager	31.01.25

	washed, which posed a potential IPC risk.	arrangements to ensure they support effective IPC.		Consider options appraisal following meeting to ensure effective IPC requirements for laundry.	/ OPMHU Inpatient Service Manager	
11.	We noted several gaps in the nurses' daily cleaning checklists on both wards.	The health board must Ensure the wards' cleaning schedules are fully completed.	Infection, prevention and control and decontamination	Nurse in charge to ensure daily cleaning checks are completed at the end of every shift and any gaps rectified. Audit completion of daily cleaning lists, discuss outcome at managers meeting chaired by service managers to agree actions.	OPMHU Ward managers	14.01.25 14.01.25
12.	We saw examples where the current MHA legal status for patients was not always recorded on the MAR charts we reviewed.	The health board must ensure that the MHA legal status of patients is recorded within their MAR charts to provide clear guidance to staff.	Medicines management	MHLD Clinical Director to communicate importance of medical staff filling in MHA legal status on MAR charts.	East Clinical Director	31.12.24

				Audit to be carried out to ensure compliance.	Operational OPMH Service Manager	31.03.25
13.	We were told that the health board had increased the wards' staffing establishment ahead of a formal establishment agreement taking place. However, staff told us that this situation created difficulties for them when arranging cover for vacant shifts to meet the increased establishment.	The health board must formally review the staff establishment on Hydref and Gwanywn wards, to ensure the staffing levels are appropriate to safely support and manage the needs of patients.	Effective care	Heddfan unit to continue to work to the uplifted template to meet the needs of patients. A formal MH&LD Inpatient Staffing Review has taken place.	Director of Nursing	Completed
14.	We noted a reliance on bank and agency staff to fill vacant shifts. We were told that some agency staff were not suitably skilled to work on the ward. Staff told us that the process for	The health board must: • Review the existing temporary staff booking process for bank and agency staff, and ensure staff are suitably skilled to care for	Effective care	Continue Health Board approval process for temporary agency staffing at twice weekly meeting. Local SLT to ensure staff are suitably	Assistant Director of Nursing OPMH Service Manager	Completed 10.12.24 Completed 10.12.24

	booking agency staff did not permit them to request agency staff who were familiar with the ward and patient group.	relevant patient groups • Aim for consistency and 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 proportion of temporary staff rostered, to maintain patient and staff safety.		skilled with appropriate skill mix. Continue with Local area induction checklists for all new staff for the ward environment, led by the duty nurse or other qualified nurse on site to support. Consider block booking of bank staff as required. Continue focus on recruitment for 3 vacant band 5 nursing substantive posts.		Completed 10.12.24 31.12.24 31.01.25
15.	We identified that the nurse working the night shift could not take a break without leaving the ward without nursing cover.	The health board must ensure there is sufficient cover for nursing staff to take breaks during their shift without leaving the ward unsupervised.	Effective care	Actions taken to ensure appropriate Registered Nurse skill mix for breaks include: -Where there is only 1 RMN on shift the Duty nurse will coordinate	OPMHU Inpatient Service Manager	Completed 10.12.24

				to enable staff nurses to take a break. -Duty nurse will base themselves on the ward during this break time. -Email communication has been sent to all Duty Nurses reminding of importance to support all staff inclusive of Registered Nurses to take breaks at night. -Occasion of nurses not being able to take a break will continue to be monitored and reviewed by the East Senior Leadership team -Full staffing review completed, awaiting Executive approval.		
16.	Staff we spoke with on both wards told us	The health board should consider the staffroom	Effective care	Review current staff room to ensure it	OPMHU Inpatient	13.12.24

	that their shared staff room was not fit for purpose.	environment to ensure it is suitable for staff to take their breaks in comfort, to support their wellbeing.		remains comfortable and appropriate for staff breaks. Review Heddfan Wellness room to ensure it remains comfortable and appropriate for staff breaks. Communicate with staff to highlighting all rest areas available to take a break.	Service Manager OPMHU Inpatient Service Manager OPMHU Inpatient Service Manager	 20.12.24 20.12.24
17.	Hydref Ward was a designated ward for older adults with a functional illness but the ward was also providing care for adult patients and patients with organic mental illnesses.	The health board must make every effort to ensure all patients are cared for in an environment which supports their diagnosis, presentation and clinical needs. Where this is not possible, mitigations must be implemented to maintain staff and patient safety.	Effective care	East SLT Acute Care Meeting to review of all patients to ensure an appropriate environment which supports their diagnosis, presentation and clinical needs is provided. Mitigations to maintain staff and patient	East Head of Operations	31.12.24 31.12.24

				safety completed via an MDT approach and reported through Acute Care Meeting minutes.		
18.	We were told that the patients on the wards had no access to clinical psychology support because the clinical psychologist post had been vacant for the previous two years.	The health board must review the current provision of psychology support for the patients on the wards, to support the assessment of patients' psychological needs and the safe and effective provision of psychological interventions.	Effective care	Review of current psychology arrangements for older person's wards in the Heddfan unit to be reviewed. Review to commence January 2025. To continue to progress recruitment for outstanding psychology vacant posts for inpatient older adult services. In the interim, Community Older Adults Clinical Psychologists and Traumatic Stress Consultant Psychologist to	BCUHB Head of Psychological Therapies and Psychology Services	31.03.25

				continue to be available for advice to inpatient staff on request.		
19.	We found robust improvements were required in relation to the quality and preparation of the food served to patients.	The health board must undertake a review of the quality, variety, preparation and provision of patient food at the hospital, to ensure that it consistently meets the patient needs and dietary requirements.	Nutrition and hydration	SLT to meet with lead caterers to discuss and agree actions required to ensure the quality of food provision, including portion sizes. To establish quarterly meetings between SLT and caterers to ensure quality of food remains in place.	OPMHU Inpatient Service Manager OPMHU Inpatient Service Manager	31.01.25 30.03.25
20.	Staff told us that their working practices would be improved with the introduction of a fully electronic health record system. This issue was also identified during our previous inspection of the wards in 2022.	The health board should review the current paper health record system with a view to implementing a fully electronic health record system in the hospital.	Patient records	Progress implementation of a fully electronic health record system, expected to be rolled out in a phased approach in late 2025. Ensure regular updates on progress of the implementation to an	Transformation Project team Transformation Project team	Expected late 2025 31.03.25

				electronic health system is provided to staff.		
21.	We saw instances where statutory documents were unnecessarily retained or duplicated within ward-based MHA files. We also found expired documents which had not been removed as appropriate.	The health board must implement robust governance oversight to ensure unnecessary or duplicate documentation is removed from patient MHA records, to avoid confusion for staff.	Mental Health Act monitoring	Ensure duplicate and outdated documentation is removed from files. Local audit to be undertaken aligned to Good Record Keeping, outcome brought through weekly managers meeting for discussion and support.	Ward Managers OPMHU Inpatient Service Manager	Completed 06.12.24 31.01.25
22.	We saw an example where one patient section 17 leave form was undated and contained missing staff and patient signatures. The form was also not completed to indicate who should be provided with a copy.	The health board must ensure patient Section 17 leave forms are fully completed and signed as appropriate.	Mental Health Act monitoring	Clinical Director to remind medical staff of their responsibility and accountability. To discuss Section 17 Leave form completion in the consultant forums. Audit to be carried out to ensure compliance	East Clinical Director East Clinical Director OPMHU Inpatient	20.12.24 20.12.24 31.03.25

					Service Manager	
23.	Some staff told us there was little senior management visibility and involvement on the wards and that that communication between senior management and staff was ineffective.	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	Clinical Operational Manager and Head of Operations team to visit the wards on at least a weekly basis.	Head of Operations & Service Delivery / Clinical Operational Manager	Completed 10.12.24
				Service managers to attend ward meetings and visit the ward several times each week.	OPMHU Inpatient Service Manager	Completed 10.12.24
				Monthly SLT drop-in meeting held face to face and on teams and follow up with a whole areas email update, continue into 2025.	Head of Operations & Service Delivery	Completed 10.12.24
				Invite East area staff to bi-monthly learning events.	Head of Operations &	Completed 10.12.24

					Service Delivery	
24.	Improvements were required in respect of overall Hydref Ward staff compliance with some training courses.	The health board must implement measures to ensure all outstanding staff training is completed and that staff are supported to attend the training.	Skilled and enabled workforce	To review all training KPI's weekly through Ward Managers meeting to ensure all staff meet the expected standard. To report any mandatory training challenges for all training courses at the weekly managers meetings through OLM for escalation and actioned accordingly.	OPMHU Inpatient Service Manager	Completed 10.12.24 Completed 10.12.24
25.	We were told that a formal clinical supervision process was in place for all staff, but it was not always conducted within set timescales.	The health board must ensure that staff have access to regular formal clinical supervision to support their learning and development.	Skilled and enabled workforce	Monitor supervision timetable through team managers meeting and operational meeting, supporting any areas not conducted within set timescales.	OPMHU Ward Manager OPMHU Inpatient	Completed 10.12.24 20.12.24

				Service Manager to address any challenges with completion of Ward Managers supervision.	Service Manager	
26.	There was no dedicated process in place to routinely capture patient nor family/carer feedback on Gwanwyn Ward.	The health board must consider ways to formally and routinely capture patient and family/carer feedback on Gwanwyn Ward, to enhance patient care and drive quality improvement.	People engagement, feedback and learning	Progress Ward Accreditation action plan to ensure patient/carer feedback is received.	OPMHU Ward Managers	31.12.24
				Establish Monthly patient/family/carer meetings.	OPMHU Inpatient Service Manager	31.12.24
				Ward Managers to monitor weekly CIVICA system reporting, overseen by Service Manager.	OPMHU Inpatient Service Manager	31.03.25
				East SLT to feedback CIVICA data to Divisional Patient Carer Experience Group	Head of Nursing or nominated deputy	31.01.25

27.	The Hydref Ward patient and visitor feedback forms were located outside the ward's main entrance, where patients could not readily access them.	The health board must ensure patients can access feedback forms wherever possible.	People engagement, feedback and learning	Feedback forms to be relocated in patient ward area.	Ward Manager, monitored by OPMHU Inpatient Service Manager	13.12.24
28.	There were no processes nor information boards on the wards to routinely inform patients and family/carers of actions taken as a result of their feedback.	The health board must Implement processes to routinely inform patients and family/carers of actions taken as a result of their feedback.	People engagement, feedback and learning	Update feedback board as part of the ward accreditation handbook. Include bilingual CIVICA poster with QR code to support real time patient feedback.	OPMHU Ward Manager, supported by OPMHU Inpatient Service Manager	31.12.24 31.03.25
29.	Most staff who completed our questionnaire disagreed that the health board treated staff who are involved in an error, near miss	The health should reflect on the staff feedback relating to incident reporting, to ensure staff are fully supported and provided with feedback following an incident.	People engagement, feedback and learning	Ensure staff receive feedback as part of reporting process through the ICOP weekly meeting and directly via the DATIX system utilising a	OPMHU Ward Managers, supported by OPMHU Inpatient Service Manager	20.12.24

	or incident fairly. Most felt that they were not given feedback about changes made in response to reported errors, near misses and incidents.			variety of communication methods. Include this as a standing agenda item on monthly team meetings. To encourage staff to engage with the staff surveys, including the NHS Staff Surveys, for staff to share their views, and for this to be fed through to team meetings.		31.01.25 31.03.25
30.	We found that ward staff meetings did not always take place on a regular basis on Gwanwyn Ward.	The health board must ensure ward staff meetings are conducted on a regular basis to facilitate staff engagement, discuss ward issues and share feedback following concerns or incidents.	People engagement, feedback and learning	Put in place annual cycle of monthly ward staff meetings, share details with staff in Ward Managers' meetings. Circulate ward staff meeting minutes with all staff.	OPMHU Ward Manager OPMHU Ward Manager	31.12.24 31.01.25

				Encourage staff to contact the Ward Managers if they feel they want to raise any issues via Open Door approach.		31.01.25
31.	Several health board policies or procedures were past their review dates.	The health board must review any out-dated policies and procedures to support staff in their roles.	People engagement, feedback and learning	Provide monthly Policy report at MHLD SQDG meeting on progress with reviewing Written Control documents past their review date.	Governance Lead	31.01.25

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): **Carole Evanson**
Job role: **Interim Director of Nursing/Operations, Mental Health and Learning Disability Division**
Date: **08/01/2025**