

Aneurin Bevan University Health Board

Overall, patient feedback was positive on all inspections. Patients felt they were treated with respect by staff, and the quality of the care they received was of a good standard.

We were pleased to find evidence of effective multidisciplinary working in some of our inspections, particularly in our GP and Mental Health inspections. Engagement from the health board was good throughout 2018-19, with prompt responses provided to our requests for improvement plans. The health board also responded promptly to any concerns we received through our concerns process.

Unfortunately, we found that action is not always taken as a result of previous HIW inspections, and this has been particularly evident across the two mental health inspections conducted in 2018 - 2019.

Despite raising our concerns regarding the lack of shower facilities at St Cadoc's Hospital during our previous inspection in October 2016, there remained

only two showers for up to 22 patients on the Adferiad ward when we inspected again in November 2018. Both showers had stained flooring and walls, as well as evidence of fungus around the window frames.

In addition, a number of issues identified at our inspection of County Hospital in 2017 were identified again at an inspection in 2018. We found that Care and Treatment Plans (CTP) were still not being fully completed and that the personal alarm system was not fit for purpose.

We issued three immediate assurance letters to the health board in 2018 - 2019 and we received sufficient assurance on the issues raised. This meant that the improvements had either been addressed or progress was being made to ensure patient safety is protected.

There are issues across the health board with regards to training being provided and kept up to date, as well as the overall standard of record keeping.

Hospitals

We inspected two hospitals: Ysbyty Aneurin Bevan (two wards) and Royal Gwent Hospital (surgical)

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| ✓ Patients were highly complementary of the staff involved in their care and treatment | ✗ Issues with staffing levels at both hospitals |
| ✓ Patients were appropriately supported and monitored at mealtimes | ✗ Improvements required relating to training for staff |
| ✓ Strong management and leadership within both hospitals | |

Mental Health

Two mental health inspections in St Cadoc's Hospital and County Hospital

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| ✓ Patients were treated with respect and care
Good access to indoor and outdoor activities | ✗ Issues with Mental Health Act application and documentation |
| ✓ Effective communication between staff and teams | ✗ Recommendations from previous inspections not actioned |
| ✓ Good use of meetings to plan and handover | ✗ The alarm systems at both hospitals were not fit for purpose and did not provide a safe setting for staff and patients |

Dental

We inspected 14 dental practices

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| ✓ Patients told us they were very happy with their care and treatment | ✗ Patient records are not always maintained correctly and securely stored |
| ✓ Patients being treated with dignity and respect | ✗ Staff are not consistently completing relevant training |
| ✓ Appropriate arrangements for the safe use of X-rays | ✗ Patient information and the distribution of patient leaflets could be improved |

GP

We inspected two GP practices

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| ✓ Positive patient comments about the service | ✗ Improvements to patient records and maintenance of staff training records to ensure renewal dates are not missed |
| ✓ Staff were polite and courteous to patients and visitors | |
| ✓ Good communication between practice teams | ✗ Increased promotion and usage of the chaperone service |

IR(ME)R

We completed one IR(ME)R inspection at the Royal Gwent Hospital

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| ✓ Patients reported a positive view of services provided by the department | ✗ The health board must ensure it maintains the dignity, privacy and safety of patients who are transported to the holding bay of the department's in-patient area |
| ✓ Patients felt involved in any decisions about their care | ✗ Aspects of the employer's (IR(ME)R) procedures need to be updated, developed and formally adopted |
| ✓ Staff had a good awareness of the risks associated with ionising radiation and their responsibilities in this regard | ✗ Staff training and entitlement records need to be completed correctly, signed and dated by the trainee, and countersigned by the trainer for verification purposes |

Community Mental Health

We undertook one Community Mental Health Team inspection - North

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| ✓ Service user feedback was generally positive about their care and treatment | ✗ The environment for service users |
| ✓ Staff were committed to providing a positive experience for service users in a difficult environment | ✗ Information for service users, including advocacy and complaint processes and procedures |
| ✓ Service user assessments were completed in a timely manner | ✗ Some areas of health and safety, including a ligature point risk assessment |
| ✓ We saw evidence of good team working between professional disciplines. | ✗ Elements of recording in care records, to ensure a consistent high standard is met across the team |
| | ✗ Managerial processes and procedures to improve integrated working |