



Inspections carried out across the health board during 2017/18 were broadly positive.

A number of our reports refer to committed and passionate staff with patient feedback being positive. Our findings in both inpatient and community mental health services are broadly positive, although we have made some recommendations in these areas.

Medicines management issues continue to be the main area for improvement across a range of inspection types. Where services are stretched, some of the basic but fundamental procedures are not being followed, for example, checking drugs fridge temperatures.

There is scope for improvement in the quality of patient records across mental health, primary and secondary care. It is clear that some general practices are under pressure in terms of patients' ability to make appointments.

Hospital

- | | |
|--|--|
| ✓ Positive feedback about the way staff interacted with children and parents | ✗ Some issues remain unresolved from our previous inspection in 2015 - information to patients/relatives in relation to managing concerns; quality of record keeping and medicines management. |
| ✓ Positive use of a monthly patient experience survey | |
| ✓ Positive comments from staff about the induction process and support they received from mentors | ✗ Fragmented inpatient care for some children over the age of 16 with scope for improvement in transition arrangements |
| ✓ Sufficient time was allocated for staff to complete on-line training to support them in their work | |

Mental Health

- | | |
|--|---|
| ✓ Care was provided to a high standard by a passionate team and in a respectful manner | ✗ Support is needed to minimise the isolation of Llanvair Unit should a medical emergency occur |
| ✓ Good multi-disciplinary team working and collaborative working with community mental health teams | ✗ We made a number of recommendations about medicines management arrangements |
| ✓ Legal documentation was completed to the required standard | ✗ Staff need to complete mandatory training and the level of staff appraisals needs to improve |
| ✓ Patients were able to provide feedback via monthly questionnaires and community meetings held on wards | ✗ Some environmental improvements were required |
| ✓ On the whole, the hospital environments appeared well maintained | |

GP

- | | |
|--|--|
| ✓ Patients broadly happy with the service that they receive, although access to an appointment was an issue at two practices | ✗ The quality of record keeping was variable - good in two practices and an issue in the other two |
| ✓ We saw committed staff and good leadership | ✗ There was scope for improvement in checks on staff, including DBS and professional registration |
| ✓ Practices were focused on future development, although few written plans exist | ✗ Some practices needed to improve their governance systems |
| | ✗ Adult and child protection policies were not updated and not all staff had been trained appropriately for their role |
| | ✗ We made recommendations about checking emergency equipment |

Dental

- | | |
|---|--|
| ✓ Clinical facilities were well equipped and visibly clean and tidy | ✗ Various issues with record keeping |
| ✓ Good processes for cleaning and sterilising dental instruments | ✗ Inadequate systems to review and replace expired emergency drugs and equipment |
| ✓ Appropriate arrangements for handling, storing and disposing of hazardous and non-hazardous waste | ✗ All relevant staff should have disclosure and barring service (DBS) check |
| ✓ Practices were good at assessing/taking account of patients' views | ✗ Not all staff had been trained appropriately for their role regarding adult and child protection |
| | ✗ Complaints procedures were not always compliant with 'Putting Things Right' |
| | ✗ It was unusual for practices to have formal arrangements in place for peer review |

IR(ME)R

- | | |
|---|--|
| ✓ Patients were happy with the care they received | ✗ Staff training records were incomplete (this was also a recommendation in HIW's inspection in August 2010) |
| ✓ Staff were aware of the risks associated with ionising radiation and their responsibilities. | ✗ Updates and improvements were needed to aspects of the employers IR(ME)R procedures |
| ✓ Senior staff provided effective management and leadership | |
| ✓ Staff were 'dose aware' making every effort to expose patients to the lowest possible dose of radiation | |