

Inspection Summary Report

Tŷ Grosvenor

Inspection date: 25, 26 and 27 April 2022

Publication date: 28 July 2022



This summary document provides an overview of the outcome of the inspection



We found staff were dedicated to providing a high standard of care. Suitable protocols were in place to manage risk, health and safety and infection control.

Improvements had been made in a number of areas since our previous inspections at the hospital. This included better oversight of clinical and operational issues by senior management.

We did identify areas for improvement, but no areas of non-compliance with the regulations were identified.

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



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 independent mental health inspection at Tŷ Grosvenor on 25, 26 and 27 April 2022.

The following hospital wards were reviewed:

- Alwen Ward - 15 single gender beds providing locked rehabilitation services
- Brenig Ward - 15 single gender beds providing locked rehabilitation services.

Our team for the inspection comprised of two HIW Inspectors, four clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).

Quality of Patient Experience



Overall Summary

- All patients who completed a questionnaire rated the care and service provided by the hospital as either very good or good
- Staff interacted and engaged with patients appropriately and treated patients with dignity and respect
- Patients had access to a range of suitable activities and therapies. Patients could engage and provide feedback to staff on the provision of care at the hospital in a number of ways
- Patients had access to a mental health advocate who provided information and support with any issues they may have regarding their care.

What we found this service did well

- The appointment of patient representatives was a positive initiative that helped promote patient engagement and ensure the voice of patients is heard.

Where the service could improve

- Work must be undertaken to improve the appearance of the garden for patients on the Brenig ward
- The oven in the occupational therapy kitchen on the Alwen ward must be repaired or replaced.

Delivery of Safe and Effective Care

Overall Summary

- Staff appeared committed to providing safe and effective care.
- Patient care and treatment plans were being maintained to a good standard and were easy to navigate.
- Safe and therapeutic responses were in place to manage challenging behaviour and promote the safety and wellbeing of patients.
- The statutory documentation we saw verified that the patients were appropriately legally detained.
- However, we found that some audits were not effective at identifying errors or areas for improvement.



What we found this service did well

- There was a strong additional focus on the physical healthcare of patients being led by the physical health nurse at the hospital.

Where the service could improve

- Medication Administration Record charts must be completed to a higher standard and audited more effectively
- Guidance must be developed that sets out the requirements for the safe use of the Extra Care Areas on each ward
- Staff must be reminded of the importance of wearing their personal alarm at all times.

Quality of Management and Leadership

Overall Summary

- The majority of staff who completed questionnaires provided positive feedback about working at the hospital.
- Recruitment was being undertaken in an open and fair process with appropriate employment checks being carried out prior to employment.

Where the service could improve

- Efforts to recruit permanent staff must be continued to reduce the number of agency staff being used to fill rotas and provide stability and consistency in care being provided to patients.

Staff told us:

Staff provided us with the following comments:

“This hospital is committed to continual improvement”

“I have the support of management and also peer support”

“I feel happy and comfortable working here”

Staff provided the following comments about how the setting could improve the service it provides:

“Improved systems to communicate decisions made by the MDT to ward staff”

“Better communication between shifts and departments”

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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

