

Inspection Summary Report

Bryn Hesketh

Inspection date: 01 and 02 November 2022

Publication date: 03 February 2023



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



We found the quality of patient experience to be very good.

Patients and their relatives spoken with during the inspection expressed satisfaction with the care provided.

We observed good interactions between staff and patients with staff supporting patients in a dignified, respectful and inclusive manner.

We found the provision of care to be safe and effective.

The staff team were committed to providing patients with compassionate, safe and effective care.

The environment was clean and tidy.

We found good management and leadership at ward level with staff commenting positively on the support that they received. However, staff were critical of the lack of support and engagement from the wider organisation and senior managers outside of Bryn Hesketh.

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 inspection at Bryn Hesketh, Betsi Cadwaladr University Health Board on 01 and 02 November 2022.

Bryn Hesketh is an older persons' mental health assessment unit which can accommodate up to 13 patients.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and one patient experience reviewer (one of which was the nominated Mental Health Act 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

We found the quality of patient experience to be very good.

Patients and their relatives spoken with during the inspection expressed satisfaction with the care received. We observed good interactions between staff and patients, with staff supporting patients in a dignified, respectful and inclusive manner.

We saw staff attending to patients in a calm and reassuring manner.

The environment was clean and tidy.

What we found this service did well

Staff approach and engagement

- Comments box and 'You said, we did' notice board
- Good outside space
- Clean and tidy internal environment
- John's Campaign¹ room
- Communication with patients and relatives
- Positive responses from relatives and patients.

Where the service could improve

- Repair the toilet on the female side of the ward
- Repair broken door handles on two of the bedroom doors on the male side of the ward
- Clear the guttering to prevent water ingress

¹ <http://johnscampaign.org.uk/>

- Review mealtimes and consider providing the cooked meal in the evening rather than at lunch time
- Provide more information to relatives and visitors by the main entrance into the ward.

Patients told us:

Patients provided us with the following comments:

“The staff and setting are excellent.”

“Treated me well and friendly and have been getting to know me.”

“I like it here you get me laughing.”

Delivery of Safe and Effective Care



Overall Summary

We found the provision of care at Bryn Hesketh to be safe and effective.

The staff team were committed to providing patients with compassionate, safe, and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

Bryn Hesketh was clean and tidy, and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

What we found this service did well

- Checks on all patients every 15 minutes
- Deep cleaning following COVID outbreak
- Housekeeping staff seven days per week
- Care planning and record keeping in general
- Mental Health Act administration and management of DoLS²
- Medication management in general.

Where the service could improve

- Install observation windows on bedroom doors
- Review the availability of occupational therapist, physiotherapist, psychologist and pharmacist support to the ward
- Ensure that patients physical health conditions are reflected in care plans

² DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

- Ensure that staff record dates on controlled drugs checklists
- Review care files to ensure that patients' wishes in relation to resuscitation are clear and unambiguous
- Upgrade the staff personal alarm call system to ensure that the signal covers all areas of the ward
- Establish an electronic records management system
- Continue to work with local authority colleagues in order to address delayed discharge/transfer of care.

Patients told us:

Patients provided us with the following comments:

"I think the care is very good."



Quality of Management and Leadership

Overall Summary

We found good management and leadership at ward level, with staff commenting positively on the support that they received. However, staff were critical of the lack of support and engagement from the wider organisation and senior managers outside of Bryn Hesketh,

Staff told us that they were generally happy in their work and that an open and supportive culture existed.

What we found this service did well

- Management and oversight at ward level
- Auditing and reporting processes
- Day to day staff support and supervision.

Where the service could improve

- Continue with efforts to ensure that all staff have regular Performance and Development Reviews (PADR)
- Continue with efforts to ensure that all staff complete all aspects of mandatory training
- Review the roles and responsibilities of the Acute Care Clinical Site Manager to ensure that they are able to discharge their duties effectively across all the services that they are responsible for.

Staff told us:

“The care, the patients receive is above and beyond a high standard.”

“It is a pleasant working on this unit with all the staff and management.”

“We need more staff; better communication between management and floor staff; full information of our options when off work due to medical reasons; ore support for staffs own mental health; more encouragement to work as a team; to feel that reports are taken seriously and not swept under the carpet; to have our concerns with hours or shift patterns taken seriously.”

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.

