

Inspection Summary Report

Claerwen Ward, Llandrindod Wells Memorial
Hospital, Powys Teaching Health Board

Inspection date: 17 and 18 January 2023

Publication date: 20 April 2023



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



We found that staff were committed to providing patients with safe and effective care. Incidents of pressure and tissue damage and falls were low, and falls prevention was being managed particularly well.

The patients we spoke with during the inspection provided positive feedback about the care they had received while on the ward.

We identified issues in relation to the arrangements in place to manage a patient emergency. Due to the potential impact on patient safety we asked for these concerns to be addressed straight away during the inspection.

We have also recommended a large number of improvements following the inspection which indicates there is work to be done to ensure senior managers have better oversight of the day-to-day running of the ward.

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 inspection at Llandrindod Wells War Memorial Hospital, Powys Teaching Health Board on 17 and 18 January 2023. We inspected Claerwen Ward, which provides rehabilitation of the elderly and palliative care services. At the time of the inspection the ward was operating at a maximum capacity of 21 beds.

Our team for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers 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

We saw evidence that staff provided respectful and dignified care. Patients were encouraged to be active and were given equipment to help them walk and move. We saw occupational therapists and assistants working well with patients throughout the inspection. We saw evidence of some initiatives that had been introduced to help care for patients living with dementia.

Where the service could improve

- Welsh speaking staff could be made more easily identifiable to patients, for example by wearing a ‘iaith gwaith’ badge
- Further work could be done to fully utilise all the initiatives available on the ward to provide dementia care in line with best practice guidelines
- A regular formal process of collecting patient and family and carer feedback should be implemented.

What we found this service did well

- Staff attended to the needs of patients in a discreet and professional manner. This was particularly evident in relation to the care provided to patients requiring palliative care
- A defibrillator deactivation magnet was available to help provide better dignity for patients with implantable cardioverter defibrillators requiring end of life care.

Patients told us:

Patients were asked how the setting could improve the service it provides. The only comment we received was:

“More staff in the morning when bed making.”

Delivery of Safe and Effective Care



Overall Summary

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. We were assured that the management and storage of medicines was being undertaken in a safe and effective manner. A pharmacy technician provided good support to staff on the ward. We found that the standards set out in the All Wales Hospital Nutrition Care pathway were generally being met.

Where the service could improve

Immediate assurances:

During the inspection we did not find appropriate arrangements in place to safely manage a patient emergency. This is because:

- We could not be assured whether the emergency equipment items were in date as no daily or weekly checks were being undertaken and recorded
- One staff member we spoke with did not know how to use the defibrillator
- Some staff members we spoke with did not know how to open the resuscitation trolley.

In addition to the immediate assurance issues highlighted above, this is what we recommend the service can improve:

- Staff must be reminded about their responsibilities in relation to effective hand hygiene and audits must be effective at highlighting poor compliance
- Deprivation of Liberty Safeguards assessments must take place when required and recorded appropriately within the patient records to ensure patients are not illegally deprived of their liberty
- The individual needs of each patient must be documented, particularly around specifying what assistance is required during mealtimes
- The security of patient records must be improved; we saw multiple instances where patient records had been left unattended.

What we found this service did well

- Yellow warning stickers were being used to warn staff of patients with similar names to avoid medication errors.

Quality of Management and Leadership



Overall Summary

The staff we spoke with told us that senior managers were visible and engaged with staff on a regular basis, and told us they felt able to report concerns. The ward was operating at a high acuity with many patients requiring enhanced patient support. Staff members that we spoke with during the inspection felt that it was often a challenge to spend enough time with patients and ensure care was being provided safely to these patients. There was a feeling that staff wellbeing was potentially at risk if patient acuity remained high. The health board must involve and communicate with staff when evaluating the evidence as part of the next staffing establishment review.

Where the service could improve

- A better system of enabling staff to monitor training compliance should be implemented
- Staff compliance with Intermediate Life Support should be taken into account when creating rosters to ensure staff working each shift have the appropriate skills in the event of an emergency
- Senior managers must ensure staff are kept informed of any improvements identified from audits, incidents or national patient safety notices.

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.

