

# Inspection Summary Report

Llanarth Court Hospital

Inspection date: 13, 14 and 15 February 2023

Publication date: 18 May 2023



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



Staff were committed to providing safe and effective care. Staff interacted and engaged with patients appropriately and with dignity and respect. Staffing levels were appropriate to maintain patient safety within the wards at the time of our inspection.

The physical healthcare needs of patients were being well provided for through an onsite healthcare and medical team. Suitable protocols and policies were in place to manage risk, health and safety and infection control.

The majority of staff who completed HIW questionnaires provided positive feedback about working at the hospital.

We did find some areas for improvement; for example, resuscitation and emergency equipment must be stored in a clear and accessible place for staff to identify quickly in an emergency. However, no immediate concerns about patient safety were identified during the inspection.

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 Llanarth Court Hospital on 13, 14 and 15 February 2023.

Our team for the inspection comprised of two HIW Healthcare 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

Patients had their own programme of care that reflected their individual needs and risks. Good facilities were available onsite such as a social club and café which gave opportunities for patients to engage and relax outside of their immediate environment of care. Patients could engage and provide feedback about their care in a number of ways. Patients had weekly access to a mental health advocate who provided information and support with any issues they may have regarding their care.

## Where the service could improve

- The communal shower areas need suitable storage facilities for patients to be made available.

## What we found this service did well

- A quarterly newsletter was being produced which helped bring patient experiences to life.

# Delivery of Safe and Effective Care



## Overall Summary

The clinic rooms had been reconfigured since our previous inspection to improve the privacy and dignity of patients receiving their medication. Robust procedures were in place for the safe management of medicines on each ward. Patient care plans were being maintained to a good standard. The statutory documentation we saw verified that the patients were appropriately legally detained. Some maintenance work was needed to improve the standard of the environment of care for patients.

## Where the service could improve

- Fridge and room temperatures checks in the clinic rooms must always be documented
- Sharps bins must be stored safely and removed for collection in a timely way
- Resuscitation and emergency equipment must be stored separately and in a clear and accessible place for staff to identify quickly in an emergency
- All mental capacity assessments must be documented and stored within patient records to be accessible by staff.

## What we found this service did well

- The medicines management procedures on Treowen Ward were of a particularly high standard, demonstrating excellent initiatives and practice.

# Quality of Management and Leadership



## Overall Summary

Established and effective governance arrangements were in place to provide oversight of clinical and operational issues. Some members of staff reported that they had faced discrimination at work from patients within the last 12 months. We have asked the service to outline the actions that will be taken to try and eliminate this discrimination and describe the support that is available to staff following such incidents.

## Where the service could improve

- The service must ensure all recruitment follows the open and fair process set out in the safer recruitment and selection policy.

### Staff provided us with the following comments:

*“There is always a good sense of team work on all the wards, lots of peer support is evident throughout the workplace. I would not hesitate for a friend or family member to be cared for here, I know that they would receive the best possible care.”*

*“... staff are not aware of the different roles within the hospital and what different people do. This creates confusion.”*

*“... I feel that the wards having more staff on shift would provide more opportunities for patients in terms of being able to facilitate more 1:1s, and being able to provide escorting staff for more sessions to take place/ groups to run etc.”*

*“Be more consistent. Stop moving staff so frequently and without explanation. Have more emphasis on care and less on process.”*

## 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 service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service 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 service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

