

Inspection Summary Report

Learning Disability Hospital
(Unannounced) (03275)

Betsi Cadwaladr University Health Board

Inspection date: 22 and 23 March 2023

Publication date: 23 June 2023



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



Overall, we found evidence that the service provided safe and effective care within a pleasant and clean environment. The service demonstrated an emphasis on patient centred care.

We found a dedicated staff team that were committed to providing a high standard of care to patients. We saw staff interacting with patients respectfully throughout the inspection.

We found some improvements were required to ensure appropriate replacement cover for absent multidisciplinary team members. Additional improvements were required in relation to hospital record keeping arrangements and staff mandatory training.

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 learning disability inspection of a hospital ward setting at Betsi Cadwaladr University Health Board on 22 and 23 March 2023. At the time of our inspection the ward provided care for five patients with a learning disability.

Our team, for the inspection comprised of two HIW Healthcare Inspectors and two clinical peer reviewers. 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 and family members who completed a HIW questionnaire rated the care and service provided by the hospital as either good or very good. Staff were passionate about their roles and enthusiastic about how they supported and cared for patients. An Occupational Therapist (OT) had been recently recruited to the Multidisciplinary Team (MDT) and patients were provided with a wide range of therapeutic activities in the hospital. We saw evidence of good individual patient communication care plans but many staff members voiced concerns that the ward had not had a dedicated Speech and Language Therapist (SaLT) for three years. We found systems in place to protect patient rights but some improvements were required in respect of Mental Capacity Act Assessment and Best Interests form completion.

Where the service could improve

- A Speech and Language Therapist must be appointed who has clinical responsibility for the ward
- The health board should review MCAA and BI documentation to ensure it provides the level of detail expected by the Mental Capacity Act and case law. Supplementary or alternative documentation should be considered where the health board documentation limits staff in meeting the statutory and case law requirements.

What we found this service did well

- Staff interacted and engaged with patients appropriately and treated patients with dignity and respect
- Staff demonstrated that they met patient language communication needs on an individual basis.

Patients were asked how the service could be better and told us:

“I like it how it is”

Patients were asked what is good about the ward and told us:

“Staff are friendly to me. I enjoy going on home visits with staff organising it with my family”

“Mynd allan”

Delivery of Safe and Effective Care



Overall Summary

We generally found good systems and governance arrangements in place which helped ensure that staff provided safe and clinically effective care for patients. Various processes were in place to manage and review risks to help maintain the health and safety of the patients, staff and visitors at the hospital. However, there was no alarm system in place for staff, patients or visitors to request assistance in the event of an emergency. We identified that some amendments to existing policies were required in order to ensure patient safety and prevent inappropriate patient admissions. We found that the hospital had an established and secure paper filing system and that patient records were well-organised and easy to navigate. However, we recommend that the health board should consider implementing an electronic health record system which will improve working practices for staff. Some improvements were required in respect of infection prevention and control, medicines management and the routine inspection of hospital equipment in order to ensure staff and patient safety.

Where the service could improve

- The health board should provide an effective and appropriate alarm system on the ward which ensures that staff, patients and visitors are able to raise alarms when necessary
- Health board senior managers must consider the limitations of the environment and the clinical opinion of the MDT when making decisions regarding patient admissions
- Special instructions relating to patient medication must be recorded in patient records for the awareness of staff
- Robust measures should be implemented to ensure that resuscitation equipment is serviced within the set time scales to ensure patient safety
- The health board must review its processes for transferring information with patients who attend hospital, to ensure that sufficient information is retained on the ward which allows for effective communication and multidisciplinary team review.

What we found this service did well

- Staff showed pride and dedication in highlighting the many achievements of the ward and engaged in activities which aimed to continuously improve the quality of patient care

- Patients had high quality Positive Behaviour Support plans which detailed preventative measures and specific care plans for physical intervention.

Family members were asked how the setting can improve the care and service it provides and told us:

“It can’t improve as it’s the perfect place for (the patient) to get the care he needs”

“I can only praise the staff - they are fantastic. They always give us a warm welcome when we visit and I know that (the patient) receives the best care and is safe here”

“Brilliant care”

Quality of Management and Leadership



Overall Summary

We found an effective governance structure in place in terms of activities and meetings to discuss incidents, findings and issues related to patient care which supported improvements and shared learning from incidents and serious untoward events. Staff spoke positively about the support provided by colleagues and supervisors and we witnessed strong team working throughout our inspection. However, some staff told us that the senior managers were not visible enough and did not involve them in important decisions. It was pleasing to find that staffing levels were sufficient, appropriate and supportive of patient safety. However, we noted that the lack of alternative cover for absent Multidisciplinary Team members including SaLT and pharmacy presented barriers to patient care and treatment on the ward. Some improvements were required in respect of staff mandatory training compliance.

Where the service could improve

- The health board should conduct further consultations with staff to discuss ways of involving ward staff in important decisions
- The health board must conduct a review of MDT requirements to ensure that there is sufficient and present cover for absent Multidisciplinary Team members in order to deliver appropriate and responsive patient care
- The health board must ensure staff are supported to attend mandatory training to ensure staff have the appropriate skills and knowledge to conduct their roles
- The training matrix system should be reviewed to ensure that current and accurate training compliance figures can be retrieved, for the effective management of staff training levels and the safety of patients and staff
- The training matrix system should be reviewed with a view to recording all staff training compliance on one system for ease of governance and monitoring.

What we found this service did well

- The staff team showed a commitment to providing high quality care to patients.
- The hospital actively sought to recruit, retain and develop existing staff members on the ward.

Staff provided us with the following comments:

“Communication is a major issue of concern to me, both how we address how staff communicate with each other and the lack of speech and language support in our service”

“The staff on the ground are overall trying to do the best job that they can but senior clinicians are no longer listened to by senior management who overturn clinical decisions re admissions. This places the whole system under pressure and has contributed to staff sickness, loss of staff and poor patient outcomes at times. This has become a chronic problem that senior clinicians are trying to stop but unsuccessfully”

“I feel there are pockets of really good work in the service and a good degree of cultural competency where some departments are doing what they can to address unconscious bias in an ongoing way”

Staff were asked how the setting could improve the service it provides and told us:

“Employ a full-time senior speech and language therapist as well as an art and music therapist...”

“Build a new bespoke building for the Therapeutic Support Service”

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 board to provide documented evidence of action taken and/or progress made.

