

Inspection Summary Report

Independent Mental Health Service Inspection
Report (Unannounced)

Priory and Partnerships in Care

Ty Cwm Rhondda

Cilliad and Clydwch Wards

Inspection date: 17, 18 and 19 April 2023

Publication date: 20 July 2023



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

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We found staff were committed to providing safe and effective care. Patient care plans reflected individual needs and risks and were being maintained to a good standard. Suitable protocols were in place to manage risk, health and safety and infection control. The statutory documentation we saw verified that the patients were legally detained.

Some improvements were required in to ensure the use of appropriate and professional language by staff and the provision of on-site Independent Mental Health Advocate services for patients. We also made recommendations in relation to Mental Health Act governance and hospital record keeping arrangements. 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 independent mental health inspection at Ty Cwm Rhondda on 17, 18 and 19 April 2023. The following hospital wards were reviewed during this inspection.

- Cilliad Ward - 10 beds - Low Secure
- Clydwch Ward - 10 beds - Low Secure

Our team, for the inspection comprised of two HIW inspectors, three 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

Staff interacted and engaged with patients appropriately and treated patients with dignity and respect. We observed good therapeutic relationships between staff and patients but witnessed staff using inappropriate and unprofessional language in relation to challenging patient behaviours. Patients had their own programme of care that reflected their individual needs and risks but there were no Patient Status at a Glance Boards displayed on the wards at the time of our inspection. It was positive to find that patients, family and carers could engage and provide feedback on the provision of care at the hospital in a number of ways. However, it was unacceptable to note that the provision of Independent Mental Health Advocate (IMHA) services to the hospital was limited to weekly telephone contact from advocacy services and no on-site visits. Therefore, we were not assured that patients had access to an IMHA who can provide information and support with any issues they may have regarding their care.

Where the service could improve

- The hospital garden areas should be tidied and maintained for patient use
- The registered provider must reinforce the use of appropriate and professional language by staff and should consider providing values-based training for staff in respect of this
- The registered provider must ensure that Patient Status at a Glance information can be quickly and easily accessed by all staff without compromising patient privacy and confidentiality
- The registered provider must engage with advocacy services to ensure the provision of onsite Independent Mental Health Advocate visits for the patients at the hospital.

What we found this service did well

- Patients had individualised activity timetables and the hospital provided a range of well-maintained facilities which supported patient health and wellbeing
- Patients spoke positively about their interactions with staff

- We found strong evidence that patients were regularly reminded of their legal status and rights.

Patients told us:

“Good staff. Helpful and kind”

Patients were asked for service improvement suggestions and provided us with the following comments:

“Smoking”

“Food”

“Given more rights and able to smoke”

Delivery of Safe and Effective Care



Overall Summary

We found that staff were committed to providing safe and effective care at the hospital. Overall, we were assured that the service had processes in place to manage and review risks to help maintain the health and safety of patients, staff and visitors. Patient Care and Treatment Plans (CTPs) were generally maintained to a good standard but improvements were required to ensure consistency in hospital record keeping processes. During the inspection it was concerning to find examples of outdated patient Positive Behaviour Support plans (PBSs) which had not been reviewed nor updated to reflect the current needs of the patients. The statutory documentation we saw verified that the patients were appropriately and legally detained. However, some improvements were required in respect of Mental Health Act governance oversight, audit processes and document completion.

Where the service could improve

- Measures must be undertaken to ensure that hospital emergency resuscitation equipment is regularly checked and in date
- The hospital records management systems must be reviewed to ensure that information is captured and recorded in a streamlined and consistent way to improve working practices and ensure that records can be accessed by all staff members
- The registered provider must implement a robust system of audit and governance oversight in respect of the MHA.
- The registered provider should conduct a review of patient s17 leave to ensure leave is personalised and tailored to the needs of individual patients and that patients, family and carers are involved in decision making processes
- The registered provider should conduct a review of patient CTPs and PBSs to ensure they contain all relevant information, are regularly reviewed and updated and are accessible to all staff
- Consent to treatment forms must be completed for all patients
- Mental Capacity Act assessments must be fully completed and regularly reviewed and updated.

What we found this service did well

- Established processes and audits were in place to manage risk, health and safety and infection prevention and control

- Patient nutritional and hydration needs were assessed, recorded and addressed appropriately.

Patients told us:

“Staff try to keep the ward calm and safe”

Quality of Management and Leadership



Overall Summary

The majority of staff who completed HIW questionnaires provided positive feedback about working at the hospital. Established governance arrangements were in place to provide oversight of clinical and operational issues. Most staff told us that they feel supported in their roles and satisfied with their organisational management. However, we were informed that the separate governance systems in place for clinical and hospital staff could sometimes cause communication difficulties between nursing staff, administrative staff and clinical staff. During the inspection we noted that there was no formal staff meeting process in place for staff to provide feedback on their experience at the hospital. We found that staffing levels were appropriate to maintain patient safety but there were several staff vacancies being recruited to at the time of our inspection.

Where the service could improve

- The registered provider should conduct further discussions with hospital staff to discuss ways to improve staff relationships, communication and working practices.
- The registered provider should provide additional training and governance oversight in relation to medications management, MHA and MCA document completion.
- The registered provider should undertake robust measures to progress the ongoing recruitment to vacant posts in the hospital
- The hospital should reintroduce a formal meeting process for staff in order to capture staff feedback and act upon any issues raised.

What we found this service did well

Overall staff mandatory training completion rates were high at 85.5 per cent.

Staff told us:

“It’s just a nice, well run, well organised and effective place to work and for the patients it appears to be ‘a happy and comfortable and supportive placement’.”

“There is a very supportive management team who endeavour to assist their staff when they have personal issues affecting ability to attend work. I and many of my colleagues have requested leave at short notice during these times which have been facilitated.

There is a recognition for good work and there team have been quick to respond during times during conflict between team members acting impartially..”

“The service has had a challenging few years since the Priory Merger. Positively the last year has seen a number of negative and disgruntled colleagues move on. The service is now settling with staff reporting feeling more settled and less anxious.

Patients report positively about the service and their quality of life is much improved”

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

“More meaningful use of the outdoor spaces could provide further opportunities for activities, such as a gardening club, or outdoor games in garden or on grounds where safe.”

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.

