

Inspection Summary Report

Assessment and Treatment Unit, Swansea Bay
University Health Board

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



We found patients were provided with a positive experience. We observed staff interacting with patients in a proactive and engaging manner, and staff we spoke with demonstrated a genuine patient focus. Patients were also happy to engage with the inspection team and the views expressed to us were overall supportive of the care they receive.

Related to the patient experience, we identified an area for improvement in relation to the physical environment and resources available for patients who are in receipt of rehabilitative care under the new service model.

We found that patients received safe care based on a review of care records, discussions held with staff, and a review of the quality and safety governance mechanisms. However, we identified a small number of areas for improvement to fully strengthen aspects of behaviour management, record keeping, and the physical environment.

We found a number of positives in relation to service level management and leadership. There were however less favourable findings in relation to the service change affecting the unit, and some staff told us that this affected their wellbeing and recommendation of the service as a place to work.



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 an Assessment and Treatment Unit, Swansea Bay University Health Board on 17-19 April 2023.

The Unit accommodates six patients who are admitted for assessment, treatment and now rehabilitation. The Unit will be imminently known as an Assessment and Rehabilitation Service to provide rehabilitative care to longer stay patients.

Our team for the inspection comprised of two HIW Healthcare Inspectors, two Clinical Peer Reviewers and one Mental Health Act Administration 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 patients were provided with a positive experience. We observed staff interacting with patients in a proactive and engaging manner, and staff we spoke with demonstrated a genuine patient focus. Patients were also happy to engage with the inspection team and the views expressed to us were overall supportive of the care they receive.

We identified an area for improvement in relation to the physical environment and resources available for patients who are in receipt of rehabilitative care under the new service model

Where the service could improve

- The health board must reflect on and ensure that the physical environment meets the needs of patients in receipt of rehabilitative care.

What we found this service did well

- Physical health needs of patients were assessed, reviewed and monitored in a full and individualised manner
- Staff communicated with patients in a kind, proactive and engaging manner throughout the course of the inspection
- There were appropriate patient feedback mechanisms which enabled patients to voice their views and opinions on a range of topics.

Delivery of Safe and Effective Care



Overall Summary

- We found that patients received safe care based on a review of patients care records, discussions held with staff, and a review of the quality and safety governance mechanisms. There were particularly positive findings in areas of infection prevention and control, medicines management, and care planning.

We identified a small number of areas for improvement to fully strengthen aspects of behaviour management, record keeping, and the physical environment.

Where the service could improve

- Aspects of record keeping must be strengthened in relation to seclusion documentation and mental health act administration.
- The ability of staff to access training to complement the Positive Behaviour Support model must be reviewed.

What we found this service did well

- There were good care planning arrangements, which had been regularly reviewed and were appropriate to the individual
- Infection prevention and control practises were robust, and the unit was visibly clean throughout
- There was good knowledge, implementation and oversight of safeguarding matters.

Quality of Management and Leadership



Overall Summary

- We found a number of positives in relation to service level management and leadership. Management was visible and all staff told us that their line manager could be counted on to help with a difficult task. Staff all confirmed that they had received training appropriate to their role and we found good use of external learning and development opportunities.

There were however less favourable findings in relation to the service change affecting the unit, and some staff told us that this affected their wellbeing and recommendation of the service as a place to work.

Where the service could improve

- The health board must continue to engage with staff and ensure that staff are supported in any changes to their roles aligned with the service change from assessment and treatment to that of rehabilitation
- The health board must reflect upon these issues when considering the training needs of staff and how supported staff feel in their role.

What we found this service did well

- Staff told us that there was visible management and that their line manager could be counted on to help with a difficult task
- Staff were clear on their responsibilities and demonstrated a good knowledge of patients and their care needs
- There were appropriate quality and safety oversight processes in place.

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.

