

Inspection Summary Report

Ty Llewelyn, Bryn Y Neuadd Hospital, Betsi
Cadwaladr University Health Board

Inspection date: 3 - 5 July 2023

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

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We found a dedicated staff team that were committed to providing a high standard of care to patients.

We observed staff interacting with patients respectfully throughout the inspection. Patients we spoke to told us they were receiving good 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.

Staff were positive about the support and leadership they received.

However, some improvements are required in relation to the hospital environment and menu choices and recruitment into vacancies.

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 Ty Llewelyn, Bryn Y Neuadd Hospital, Betsi Cadwaladr University Health Board on 3, 4 and 5 July 2023. The following hospital wards were reviewed during this inspection:

- Gwion - Five bed Medium Secure Psychiatric Intensive Care Unit
- Pwyll - Ten bed Medium Secure Acute Ward
- Branwen - Ten bed Medium Secure Rehabilitation Ward.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, three 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 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.

Patients told us that improvements were required regarding food preparation and menu choices.

Where the service could improve

- Bedrooms require redecoration
- Improvements to menu choices
- Improved access to electronic devices.

What we found this service did well

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Good activities programme for patients.

Patients told us:

Patients provided us with the following comments:

"Meals no longer freshly cooked on site".

"Menu choices could be more variable for us long term patients".

Delivery of Safe and Effective Care



Overall Summary

Staff appeared committed to providing safe and effective care. Patient care and treatment plans were being kept to a good standard.

Safe and therapeutic responses were in place to manage challenging behaviour and promote the safety and wellbeing of patients.

Suitable protocols were in place to manage risk, health and safety and infection control. Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

Where the service could improve

- Improve ventilation in bathrooms and gym areas
- Redecoration of ward and communal areas
- Bespoke audit activity tasks for mental health setting.

What we found this service did well

- Safe and effective medicine management.

Quality of Management and Leadership



Overall Summary

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital. We found a friendly, professional, and kind staff team who demonstrated a commitment to providing high quality care to patients.

There was dedicated and passionate leadership displayed by staff, the ward managers and senior leadership team. However, whilst not a finding during the onsite inspection, our staff survey received some negative responses. These were in relation to staff not feeling encouraged or supported to raise concerns, a lack of confidence that the organisation acts in response to concerns, and culture. We have asked the health board to review this feedback with a particular focus on the relationship between ward staff and senior managers.

We found an effective governance structure in place in terms of meetings to discuss incidents, complaints and issues related to patient care. However, some improvements are required in relation to updating policies.

Where the service could improve

- Recruitment of staff into vacant posts
- Review and update policies.

What we found this service did well

- Motivated and patient focussed team
- Staff team were cohesive and positive about the support and leadership they received from managers.
- Strong leadership provided to staff by ward managers and senior management team
- Wellbeing provisions for staff.

Staff told us:

Staff provided us with the following comments:

“Frequent staff shortage impacts on patient care and increases stress among regular employees”.

“There are not enough experienced or permanent staff members to ensure consistent or safe patient care at times”.

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.

