

# Inspection Summary Report

Cedar Parc Ward, Ysbyty'r Tri Chwm, Aneurin  
Bevan University Health Board

Inspection date: 07, 08 and 09 August 2023

Publication date: 10 November 2023



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

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We found staffing levels were appropriate to maintain patient safety at the time of our inspection. We saw evidence that patients were provided with a varied programme of therapeutic activities which were tailored to their individual needs. Patient records evidenced detailed and appropriate physical assessments and monitoring. The statutory documentation we saw verified that the patients were legally detained.

However, during the inspection HIW could not be assured that the health, safety and welfare of patients, staff and visitors was being actively promoted and protected. In addition, potential risks of harm were not being identified, monitored and where possible, reduced or prevented. We identified a general lack of communication between senior staff and ward staff and were not assured that the hospital's governance systems and arrangements supported continuous improvements and shared learning from incidents and serious untoward events.

Our concerns regarding these issues were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken.

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 Ysbyty'r Tri Chwm Hospital, Aneurin Bevan University Health Board on 07, 08 and 09 August 2023. The following hospital ward was reviewed on this inspection:

- Cedar Parc Ward - fourteen beds providing specialist assessment and treatment of dementia patients.

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

Staff interacted and engaged with patients appropriately and treated patients with respect. All patients who we spoke to during the inspection and who completed our questionnaire confirmed that staff were polite, supportive, and helpful. We saw evidence that patients were provided with a varied programme of therapeutic activities which were tailored to their individual needs. Patients had access to a mental health advocate who provided information and support with any issues they may have regarding their care.

However, we identified several issues that were compromising the privacy and dignity of patients during the inspection. The ward had insufficient washing facilities and there were no designated toilets and washing facilities for male and female patients. The covered vision panels within patient bedroom doors prevented staff from conducting patient therapeutic observations without opening the door and potentially disturbing patients. We witnessed patients receiving personal care in their bedrooms with their bedroom doors left open, which compromised their privacy and dignity.

## Where the service could improve

- The ward must be tidied and de-cluttered to ensure staff and patient safety
- A full assessment must be conducted of the ward environment to ensure the bedroom fixtures and fittings allow patients to rest and sleep in comfort
- The health board must ensure that patient information boards are fully completed and that relevant and up to date information is displayed in the communal areas of the wards for the awareness of patients and visitors
- The health board must ensure that only Welsh speaking staff are issued with uniforms which identify them as a Welsh speaker.

## What we found this service did well

- We observed staff using innovative ideas and techniques to engage patients during the inspection, which we identified as good practice

Patients provided us with the following comments:

*“Staff very kind. Nice and clean areas”*

*“All good. Quite happy”*

*“I feel safe and cared for”*

*“Better than a 5 star hotel”*

Family/carers told us:

*“Staff are very kind and care so well.”*

# Delivery of Safe and Effective Care



## Overall Summary

Patient records evidenced detailed and appropriate physical assessments and monitoring. Patient Care and Treatment Plans (CTPs) were individualised, person-centred and reflected the needs and risks of the patients in the hospital. The statutory documentation we saw verified that the patients were legally detained. However, we identified several potential risks to patient safety and found a lack of robust governance oversight of environmental risks and audit processes within the hospital. For example, we saw four missing handrails in the ward corridors with exposed sharp edges which posed a risk of injury to patients, staff and visitors. Various ward-based audits were also not completed within set timescales and we noted a number of IPC improvements were required to ensure the safety of patients, staff and visitors.

## Immediate assurances:

During the inspection HIW could not be assured that the health, safety and welfare of patients, staff and visitors at Ysbyty'r Tri Chwm was being actively promoted and protected. In addition, potential risks of harm were not being identified, monitored and where possible, reduced or prevented. The following issues required immediate action by the health board:

- The glass in the main door of Cedar Parc ward was damaged and boarded up. We saw evidence that this matter was escalated to estates on two occasions prior to 4 July 2023 but had still not been repaired by the time of our inspection. We identified that the damaged door posed a fire and a health and safety risk
- We observed that the call bells within patient bedrooms were not easily accessible for patients. Some call bells were located across the room from patient beds and others were positioned where they could not be reached by patients whilst lying down in bed. The call bell buttons were visibly small and therefore not appropriate for the patient group
- There was no emergency pull cord within four of the six patient toilets on the ward. We further noted that whilst all the toilets had emergency call buttons, these were positioned near to the toilet door where they were not easily accessible for patients
- There were sufficient personal alarms for staff but staff were not using them during our inspection. Staff told us they had stopped using the alarms and outlined additional issues regarding staff taking alarms home and not

returning them to the hospital. We further noted that there was no personal alarm policy in place to support staff in their roles. After advising staff of the requirement to use the alarms to ensure staff and patient safety we still witnessed staff not using the alarms throughout the inspection. Staff did not address the seriousness of the issue and the remedial action required

- We saw five examples of patient Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms being stored loosely within patient paper files. This posed a risk to patient safety as the forms could be lost or mislaid and were not easily accessible for staff in the event of an emergency
- We were provided with restraint data which indicated that within the past three months, four patient restraints had been conducted by staff who were non-compliant or had not completed their PMVA training. Furthermore, the health board's 'Use of Restrictive Physical Intervention' policy was out of date; the review date for the policy was 26 September 2019
- Restraint incidents were being recorded on the electronic Datix system. However, we were informed that staff were not always recording restraint incidents under the correct sub-category of 'restraint' within Datix. As a result, the system could not be filtered to produce accurate restraint data and posed considerable difficulty for supervisory staff to provide robust governance oversight of restraint incidents
- We were not assured that the hospital's medication management processes were sufficiently robust or safe. We identified a number of serious issues which required immediate action by the health board to prevent significant harm to patients.

Our concerns regarding these issues were dealt with under our immediate assurance process.

### **Where the service could improve (in addition to the above immediate assurance issues):**

- The health board must ensure that ligature cutters are easily accessible for staff to ensure patient safety
- The health board must implement a robust programme of governance oversight to ensure the hospital's maintenance issues are recorded appropriately and resolved promptly and effectively, and that audits are fully completed within set timescales to ensure the safety of patients, staff and visitors
- The health board must review the hospital record keeping arrangements to ensure patient records are well-organised, securely stored and easy to navigate

- The health board must review its communication processes between senior management and hospital staff regarding the dissemination of information, feedback and learning to all staff following patient safety incidents
- The health board must review the hospital Mental Health Act (MHA) document completion and filing processes to ensure that information is appropriately and securely stored and accessible for all staff
- Staff must be provided with additional Welsh Community Care Information System (WCCIS) training to ensure understanding and consistency in MHA administration processes
- The health board must ensure that patients are reliably informed of their rights on an ongoing and regular basis and that relevant documentation is fully completed and shared as appropriate.



# Quality of Management and Leadership



## Overall Summary

We were advised that there were no permanent staff vacancies at the time of our inspection and found staffing levels were appropriate to maintain patient safety. However, some staff felt there were not enough staff to meet fluctuating staff needs and increased patient demand on the ward. Overall staff mandatory training compliance was generally high at 81 per cent but improvements were required to improve compliance with several mandatory training courses. Staff confirmed there is a governance structure in place in terms of activities and meetings to discuss incidents, findings and issues related to patient care. However, we were not assured that the governance structure provided strong operational support, clear leadership and accountability to ward staff. We were not assured that the hospital governance systems supported continuous improvements and shared learning from incidents and serious untoward events.

## Immediate assurances:

During the inspection we identified a lack of governance oversight and communication between senior staff and ward staff in relation to ward-based systems, audit processes and opportunities for shared learning. Therefore, we were not assured that key issues were being effectively investigated, escalated, supervised and scrutinised to prevent reoccurrence and drive quality improvement.

The health board must:

- Undertake robust measures to ensure patient safety and strengthen the leadership and management systems within the hospital
- Provide ongoing senior management scrutiny of the hospital's systems and audit processes to ensure they are completed in a timely and effective manner and drive quality improvement
- Identify any additional staff training and development needs and implement training accordingly
- Strengthen quality governance and leadership to ensure effective communication between senior management and ward staff.

## Where the service could improve (in addition to the above immediate assurance issues):

- The health board must conduct a review of staff mandatory training compliance to ensure that all mandatory training is fully completed, regularly monitored and that staff are supported to attend the training
- The health board must implement a formal process which ensures that patient, family and carer feedback is routinely captured, documented and acted upon as necessary
- The health board must ensure staff meetings are conducted on a regular basis to engage staff, discuss issues and encourage staff feedback
- The health board must review any outdated policies to support staff in their roles.

## 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.

