

Inspection Summary Report

Tŷ Lliardiard

Cwm Taf Morgannwg University Health Board

Inspection date: 11, 12 and 13 September 2023

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

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We received positive feedback from the young people about their experiences at the unit.

It was clear that Tŷ Llidiard has been on an improvement journey since our previous inspection. We observed a positive change in the culture, atmosphere and environment of the whole unit. It appeared that the changes have been made through a joint effort by senior management, staff and the young people themselves, and the progress made should be acknowledged.

The quality of the care and treatment plans we reviewed had improved considerably since our previous inspection and were now more patient-centred, individualised and developed with the young person.

At the time of our inspection there appeared to be sufficient numbers of appropriately trained staff to meet the assessed needs of the young people at the unit. However, some staff members commented about staff shortages and about how their current working patterns did not allow for a good work-life balance. We have asked the health board to discuss this feedback with staff to fully understand their concerns.

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 Tŷ Llidiard, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board on 11, 12 and 13 September 2023.

Tŷ Llidiard provides child and adolescent mental health services to young people aged between 11 and 18 years of age. The unit has two wards:

- Enfys Ward, which provides the main day-to-day care
- Seren Ward, which provides short periods of acute care to those who may require it.

Our team for the inspection comprised of two HIW Healthcare 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

The therapy provision available at the unit had been increased since our previous inspection to support the young people. A range of therapeutic and leisure activities were available for the young people to access. A wide range of relevant and appropriate information for the young people was available either on display or included within an information booklet provided on admission. A mental health advocate was available to the young people to provide them with support and information.

Where the service could improve

- The appearance of the outside areas on the unit must be improved for the therapeutic benefit of the young people
- The language preference of each young person should be recorded in a place that is easily accessible for staff to be aware.

What we found this service did well

- The preferred pronouns of young people whose gender identity was now different from the sex assigned at birth had been recorded in the patient records for all staff to be aware
- The education staff were dedicated and caring and noted that the environment of the classroom was appropriate and conducive to providing suitable educational and learning opportunities for the young people.

One family member provided us with the following comment:

“I’ve noticed a huge difference this admission from the last time we were here, much better.”

Delivery of Safe and Effective Care



Overall Summary

Overall, we were assured that Tŷ Llidiard had processes in place to manage and review risks to help maintain the health and safety of the young people, staff and visitors at the unit. There were suitable measures demonstrated to safeguard the young people. Staff were knowledgeable about the needs and risks of each young person which resulted in a confident approach to managing their care. There was an established electronic system which enabled staff to appropriately record, review and monitor incidents.

We viewed a sample of Medication Administration Records (MAR charts) across all wards and found they were being maintained to a good standard. The statutory detention documentation we saw was compliant with the Mental Health Act and Code of Practice.

However, a number of improvements in relation to the infection prevention and control procedures in place at the unit were required.

Where the service could improve

- Maintenance work was required in some areas of the unit
- The health board must provide clarity and guidance on staff responsibilities to ensure effective cleaning of the outside areas and staff toilets
- The clinic room was very warm and the health board need to ensure medication is being stored at the correct temperature
- The variety and frequency of menu choices available for the young people should be reviewed
- Mental capacity assessments undertaken on the young people must be completed using the capacity assessment forms available and stored appropriately within the patient records.

What we found this service did well

- It was positive to see the downward trend in the number of incidents of restraint occurring at the unit over the last 12 months which helped evidence the successful least restrictive approaches taken by staff
- The processes and procedures in place to help support the young people and staff with mealtimes had been strengthened since our previous inspection.

Quality of Management and Leadership



Overall Summary

The majority of staff said they would recommend the unit as a place to work and that they would be happy with the standard of care provided by the unit for themselves or their friends and family. Appropriate governance and oversight processes were in place in terms of activities and meetings to discuss issues related to patient care and identify improvements.

We saw that suitable processes were in place for senior staff to monitor compliance with mandatory training.

Where the service could improve

- Staff must receive training in the duty of candour to help them understand their responsibilities in helping meet the new legal requirements.

Staff told us:

Staff provided us with the following comments:

“We are currently very proud as a team of the care and treatment we provide patients and their families after a negative time of the culture and leadership being scrutinised. We have a strong/robust senior management team who are transparent, supportive and dedicated to not only the patients but to all the disciplines of the Tŷ Lliard team.”

“There have been many changes over the last couple of years and regular improvement meetings have helped in communicating and discussing the changes needed with all members of the MDT involved.”

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.

