

# Inspection Summary Report

Ty Gwyn Hall

Elysium Health Care Ltd

Inspection date: 2 - 4 October 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.

Staff were positive about the support and leadership they received, and staff described a positive culture around teamwork and learning from incidents.

Staff described the leadership team as approachable and supportive.

However, some improvements are required in relation to mandatory training compliance and availability of personal alarms for staff and visitors.

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 Gwyn Hall Hospital, on 2,3 and 4 October 2023.

The following hospital wards were reviewed during this inspection:

- Ty Gwyn Hall - 17 bed male rehabilitation ward
- Skirrid View Main - 12 bed female assessment ward
- Skirrid View Annex - 3 bed mixed gender assessment ward
- Pentwyn House - 4 bed mixed gender 'step down' unit.

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 reviewers. 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 menu choices, and that they would like to be involved in more activities. Patients told us that staff at the hospital were fantastic and looked after them well.

## Where the service could improve

- Improvements to menu choices
- More access to activities.

## What we found this service did well

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Care for patients' physical health needs and individual risks.

### Patients told us:

Patients provided us with the following comments:

*"Staff are fantastic here".*



# Delivery of Safe and Effective Care



## Overall Summary

Staff were committed to providing safe and effective care and during meetings we attended, the multidisciplinary team worked well together. Care plans were well detailed, individualised, and reflected a wide range of MDT involvement and there was clear and documented evidence of patient involvement.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

## Where the service could improve

- Increase number of personal alarms available for staff and visitors
- Improvements in patient care records.

## What we found this service did well

- Mental Health Act monitoring and records
- Safe and effective medication management.

### Patients told us:

Patients provided us with the following comments:

*"Staff are good here - I understand they are trying their best for me".*



# 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. There was dedicated and passionate leadership displayed by the hospital manager.

We found an effective governance structure in place in terms of regular audit activities and meetings to discuss incidents, complaints and issues related to patient care.

However, improvements were needed in training compliance for basic life support and mandatory Safe Therapeutic Management of Violence and Aggression (STMVA) training.

## Where the service could improve

- Completion rates of STMVA and Basic Life Support mandatory training courses.

## What we found this service did well

- Strong leadership provided to staff by the hospital manager
- Motivated and patient focussed team.

### Staff told us:

Staff provided us with the following comments:

*“Culture is good. We are a kind and empathetic team and there’s good team support from colleagues.”*

## 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.

