

Inspection Summary Report

Angelton Clinic, Glanrhyd Hospital,
Cwm Taf Morgannwg University
Health Board

Inspection date: 13, 14 and 15 November 2023

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

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Staff demonstrated a commitment to driving continuous service improvement in the hospital. It was positive to find that many improvements had been undertaken since our previous inspection in November 2022. Staff were very enthusiastic, motivated and receptive to our findings and recommendations.

We observed staff interacting with patients respectfully throughout the inspection. Patient care plans reflected individual needs and risks and were being maintained to a good standard.

We found staff were committed to providing safe and effective care and there were suitable protocols in place to manage risk, health and safety. However, we identified several potential safety risks which were appropriately resolved during the inspection.

At the time of our inspection the hospital's staffing levels met health board templates but we noted a high number of permanent staffing vacancies, which placed additional pressure on ward staff.



We did identify additional areas for improvement, but no immediate assurance issues were identified during the inspection.

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 Angelton Clinic, Glanrhyd Hospital, Cwm Taf Morgannwg University Health Board on the evening of 13 November 2023 and the following days of 14 and 15 November 2023. Angelton Clinic provides a service for older people with serious and enduring mental health diagnoses and dementia. We reviewed the following wards during the inspection:

- Ward 1, a 12 bedded, mixed-sex ward which was providing care for six patients at the time of our inspection
- Ward 2, a 20 bedded, mixed-sex ward which was providing care for seventeen patients at the time of our inspection.

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 observed staff treating patients with respect and supporting patients in a dignified and sensitive way. All patients had their own bedroom and bathroom which maintained their privacy and dignity. Patients had access to a mental health advocate who provided information and support with any issues they may have regarding their care.

We saw evidence that patients were provided with a varied programme of therapeutic activities which were tailored to their individual needs. However, there were no physical exercise facilities available to patients and the hospital's communal gardens required weeding and general maintenance to make them a more pleasant therapeutic environment.

We found suitable visiting arrangements provided for family and carers within the off-ward atrium of Angelton Clinic. However, staff told us that patients would benefit from having access to additional rooms or areas where they could be visited on the wards.

Where the service could improve

- The hospital communal gardens areas must be tidied and maintained to provide a more pleasant and appealing environment for patients
- The health board should ensure the provision of gym and exercise equipment to support patient health promotion and improvement
- The health board must implement measures to ensure the active offer of Welsh is appropriately delivered in the hospital
- The health board should ensure the provision of suitable areas where patients can be visited on the wards.

What we found this service did well

- Staff demonstrated a caring and understanding attitude to patients, and communicated using appropriate and effective language
- Appropriate arrangements were in place to protect patients' privacy and dignity
- We found plentiful patient information provided in the hospital including a comprehensive patient information booklet which had been developed in collaboration with family and carers

Family and carers told us:

“So relieved that my husband is here, being definitely the appropriate setting for him for the foreseeable future”

“Staff Ward 1 kind and caring”

Delivery of Safe and Effective Care



Overall Summary

Overall, we were assured that the hospital had robust processes in place to manage and review risks to help maintain the health and safety of patients, staff and visitors. However, we identified several potential risks to patient safety which were appropriately resolved during the inspection. Some examples included staff not using personal safety alarms, and emergency resuscitation equipment not being readily accessible to staff. We also found that one patient's Care and Treatment Plan (CTP) had been accidentally deleted from the hospital's electronic health record system and required immediate replacement to ensure the safe care of the patient concerned.

We reviewed a sample of patient records to ensure compliance with the Mental Health Act (MHA) and found that the statutory documentation verified that patients were legally detained and reliably informed of their rights under the Act. We examined patient care plans and Medication Administration Records (MAR charts) and found they were being maintained to a good standard. Effective infection prevention and control (IPC) arrangements were evident but we saw low compliance figures with Ward 2 IPC environmental audits. We also found improvements were required to ensure the hospital's audit processes were routinely completed to support patient safety. Some examples included fridge and clinic room temperature checks, magnetic door checks, patient adverse reactions assessments and venous thrombosis assessments.

The hospital had an electronic process in place to log estates and maintenance issues. However, we found a number of outstanding maintenance issues and were not assured there was an effective process in place which ensured that maintenance issues were being identified, addressed and signed off as complete to support patient safety.

Where the service could improve

- The health board must ensure that the hospital's established audit processes are fully completed within set timescales to ensure the safety of patients, staff and visitors
- The health board must ensure instances when clinic room temperatures fall outside of recommended guidelines are appropriately recorded and promptly escalated to support patient safety

- The health board must ensure the hospital's maintenance issues are promptly and effectively recorded, addressed and signed off
- The health board must undertake robust measures to improve IPC environmental audit compliance on Ward 2
- The health board must ensure patient foods are regularly checked, appropriately labelled and suitably stored.

What we found this service did well

- The hospital had an appointed Mental Health Act Manager who demonstrated very good understanding of the health board's MHA processes and responsibilities.

Quality of Management and Leadership



Overall Summary

We found a strong ethos of continuous service improvement in the hospital, and the staff were very enthusiastic and motivated. It was positive to find many improvements had been undertaken since our previous inspection in November 2022. It was clear from our discussions with senior staff that the health board was continuously reviewing the provision of the service on the wards to support safe and effective patient care. Established governance arrangements were in place to provide oversight of clinical and operational issues. However, we noted that several health board policies were undated or outdated, resulting in a lack of clear guidance for staff. We further noted that improvements were required in respect of overall staff compliance with several mandatory training courses.

There were processes in place to ensure key issues were being effectively investigated, escalated, supervised and scrutinised to prevent reoccurrence. The hospital's governance systems and arrangements largely supported quality improvement and shared learning. However, we identified that some improvements were required to ensure recurrent staff errors and points of learning were appropriately escalated and addressed. We also found improvements were required to ensure hospital records could be filtered to retrieve ward-specific data to support effective governance oversight and monitoring.

At the time of our inspection the hospital's staffing levels met health board templates. However, it was concerning to note that there was a high number of permanent staffing vacancies including 1.7 Registered Nurses on Ward 1 and 6 Registered Nurses on Ward 2. We were told the hospital required a high use of agency staff to fill vacant shifts, which placed additional pressure on ward staff. Some staff we spoke with during the inspection felt there were not enough staff to meet staffing requirements and increased patient demand on the wards.

Where the service could improve

- The health board must review any outdated or undated policies to provide clear guidance to staff and support them in their roles
- The health board must implement measures to ensure all outstanding mandatory staff training is completed, regularly monitored and that staff are supported to attend the training

- The health board must ensure that staff and family/carer meetings take place within set timescales to ensure their feedback is regularly captured and addressed as appropriate.

What we found this service did well

- Staff were receptive and responsive to our findings and recommendations
- We observed strong, supportive team working on the wards throughout our
- Inspection

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.

