

Inspection Summary Report

Royal Glamorgan Hospital, Admissions Ward,
Ward 21, Ward 22, and the Psychiatric
Intensive Care Unit, Cwm Taf Morgannwg
University Health Board

Inspection date: 20, 21 and 22 November 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.

We issued an Immediate Assurance letter, where we write to the service immediately after our inspection with our findings requiring urgent remedial action in relation to poor compliance rates for mandatory training.

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.

Significant improvements had been made to the discharge planning process since the last HIW inspection and local review and this was identified as an area of good practice during the inspection.



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.



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 Royal Glamorgan Hospital, Cwm Taf Morgannwg University Health Board on 20,21 and 22 November 2023. The following hospital wards were reviewed during this inspection:

- Admission Ward - Adult Mental Health
- Ward 21 - Adult Mental Health
- Ward 22 - Adult Mental Health
- Psychiatric Intensive Care Unit - Adult Mental Health.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, four clinical peer reviewers 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 at all levels interacting with patients respectfully throughout the inspection.

Robust arrangements were in place to tailor care and treatment plans to patients' individual needs and preferences. This included good evidence of multidisciplinary involvement, to ensure patients' care plans are comprehensive.

As highlighted in our previous inspections some wards still had a mix of single and two-bedded rooms. These shared rooms can impact on the privacy and dignity of patients. Also, patients told us that improvements were required regarding menu choices for patients with specific dietary requirements.

Patients told us that staff at the hospital looked after them well.

Where the service could improve:

- More varied menu choices for patients with specific dietary requirements
- More robust application of the health boards no smoking policy.

What we found this service did well:

- Good team working and motivated staff
- Patients spoke highly of staff and told us that they were treated well.

Patients told us:

Patients provided us with the following comments:

“Staff are very good”.

Delivery of Safe and Effective Care



Overall Summary

We found an excellent standard of care planning which reflected the domains of the Welsh Measure. Care plans were well detailed, individualised, and reflected a wide range of MDT involvement. There was also clear and documented evidence of patient involvement.

There were good 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. However, some improvements are required in relation to reliability of current personal alarm systems.

We identified the discharge planning process as a key strength, as we found significant improvements from previous HIW assurance work. This included good communication between inpatient and community services.

Unresolved plumbing and drainage issues continue to impact upon the availability of toilet, shower, and bath facilities across the mental health wards.

Where the service could improve:

- Redecoration of ward and communal areas
- Review of staff personal alarms
- Resolve plumbing and drainage issues on all wards.

What we found this service did well:

- Patient care plans were regularly being monitored and assessed
- Safe and effective medication management
- Robust strategies were in place to help manage challenging behaviour, to promote the safety and wellbeing of patients
- Comprehensive and detailed discharge planning process.

Patients told us:

Patients provided us with the following comments:

“Food very good, staff helpful”

Quality of Management and Leadership



Overall Summary

We found significant improvements had been made to address the findings from our last [inspection](#) in 2019, and the HIW [local review](#) in 2022. This related to care planning, audit activity and discharge planning processes. In addition, it was positive to see that the health board had learnt from previous inspection findings.

We found a friendly, professional, and kind staff team who demonstrated a commitment to providing high quality care to patients.

We found well established governance arrangements in place to provide oversight of clinical and operational issues. Staff told us that they felt supported in their roles and satisfied with their organisational management.

Processes were in place to ensure staffing levels met the hospital's staffing templates. However, it was clear that the service required a high use of agency staff to fill vacant shifts, which placed additional pressure on staff.

At the time of our inspection, we noted a high number of permanent staffing vacancies, and some staff told us they felt there were not enough staff to meet increased patient demand on the wards.

Immediate assurances:

HIW highlighted the following training deficiencies for mandatory training courses which required immediate action by the health board. Please note this list is not exhaustive and full details are contained in the full report within Appendix B:

- Improve mandatory training compliance in respect of Immediate Life Support, Basic Life Support, Physical Intervention and Safety and Moving and Handling Training
- Promote patient safety in the interim.

Where the service could improve:

- Ensure mandatory training courses are accessible and available and staff have opportunities to attend training
- The health board must review the hospital's current staffing template to consider whether it continues to support effective patient care and staff welfare requirements
- The health board must continue to actively focus on the recruitment of staff to outstanding permanent vacancies.

What we found this service did well:

- Significant Improvements had been made to the discharge planning process
- Robust and effective governance systems in place
- Good collaborative work between ward staff and community-based teams.

Staff told us:

Staff provided us with the following comments:

“Good ward to work on, management supportive.”

Staff told us they felt there were not enough staff to meet increased patient demand on the wards.

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.

