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Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Talygarn Ward, County Hospital, Aneurin Bevan University Health Board

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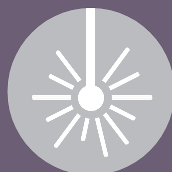

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

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1. 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 mental health inspection of County Hospital, within Aneurin Bevan University Health Board on the evening of 5 February and following days of 6 and 7 February 2024. The following sites and wards were visited during this inspection:

- Talygarn Ward - Adult Mental Health Acute Admission.

Our team, for the inspection comprised of two HIW Healthcare Inspectors and three clinical peer reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we invited patients and their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. None of the patients completed a questionnaire, however we did speak with patients during the inspection. Five questionnaires were completed by staff, and we also spoke to staff during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found a dedicated staff team that were committed to providing a high standard of care to patients. Overall, we found evidence that the service provided safe and effective care.

As highlighted in our previous inspections the ward still had a mix of single, four bedded dormitories and two-bedded rooms. These shared rooms can impact on the privacy and dignity of patients. Staff were knowledgeable and had effective safeguards and processes in place to manage these challenges to ensure that dignified care was maintained, however this does not reflect modern mental health care provision because shared bedrooms can impact on the privacy and dignity of patients.

Although we found staff undertaking a range of activities with patients, the lack of funding is preventing some key activities taking place, for example ingredients for cooking therapies cannot be purchased.

We found there was limited information displayed to help patients and their families or carers understand their care. However, we were told this was due to a recent incident that involved a patient where the information had been removed.

Patients we spoke to told us that staff were helpful and treated them well. We also found that patients were involved in their monthly multidisciplinary reviews.

This is what we recommend the service can improve:

- Provide health information on the ward for patients and visitors.
- Availability of funding for patient activities

This is what the service did well:

- Clear focus on rehabilitation and individualised patient centred care
- Patients told us that staff treated them well.

Delivery of Safe and Effective Care

Overall summary:

There were established processes in place to support staff to provide safe and effective care. We found that in most cases staff were completing clinical processes as required.

Throughout the inspection we observed staff using effective de-escalation skills with patients, and it was evident that staff were very skilled in this area.

We found that staff were committed to providing safe and effective care at the hospital. However, further improvements are required in relation to care planning, cleaning and environmental audits.

Further improvements need be made to the ward and hospital grounds environment to make it more welcoming for visitors and patients. A greater focus on maintaining a clean and tidy environment would also help provide a better patient experience.

Immediate assurances:
We identified a lack of detail in some patient documentation regarding care documentation and risk assessments, which required immediate action by the health board. Please note this list is not exhaustive and full details are contained in Appendix B:

- Improve audit processes to ensure that patient records are complete, up to date and followed by staff
- Review all patient records to ensure that all care planning documentation is fully completed.

This is what we recommend the service can improve:

- Redecoration of ward and communal areas
- Estates response to environmental issues requires improvement
- Maintenance of the hospital facilities
- Improvements in Infection Prevention and Control processes
- Care plan documentation
- In person visits by the Speech and Language Therapist, rather than telephone consultations
- Access to Psychology support for patients.

This is what the service did well:

- Safe and effective medicine management
- Comprehensive and detailed discharge planning process
- Mental Health Act administration and management of DoLS.

Quality of Management and Leadership

Overall summary:
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.

Our staff survey and interviews with staff received some negative responses. These were in relation to staff not feeling encouraged or supported to raise concerns, a lack of confidence that the organisation would effectively deal with concerns, and staff feeling undervalued and unsupported. We have asked the health board to review this feedback with a particular focus on the relationship between ward staff and senior managers.

Some improvements are required in relation to updating policies and improvements are required in completion of staff appraisals.

This is what we recommend the service can improve:

- The health board must continue to actively focus on the recruitment of staff to outstanding permanent vacancies
- Continue with efforts to ensure that all staff have regular Performance and Development Reviews (PADR)
- Updating policies and procedures.

This is what the service did well:

- Motivated and patient focussed team
- Staff teams were cohesive and positive about the support and leadership they received from ward managers, deputies and senior nurse
- Completion of mandatory training compliance
- Good collaborative work between ward staff and community-based teams.

3. What we found

Quality of Patient Experience

Person centred

Health Promotion
Talygarn ward had a range of facilities available to support the provision of therapies and activities for patients. This included regular access to the community for patients that were authorised to leave the hospital.

Patients were able to access GP, dental services and other physical health professionals as required. Patient records evidenced detailed and appropriate physical assessments and monitoring.

Health promotion and healthy eating was evident within individual patient care plans.

Patient meetings take place to provide patients with information on any external appointments, and activities that were scheduled for the day.

We observed patients and staff participating in activities during the inspection. The occupational therapy staff also offered some activities for patients. However, we were told that there is limited financial support available to purchase resources for the patients. This included a lack of funds to purchase ingredients for cooking therapies and breakfast groups were no longer taking place due to lack of funds.

The health board must ensure that the ward is funded appropriately to support staff in purchasing resources to facilitate patient activities.

Dignified and Respectful Care
We found that all employees engaged with patients appropriately and treated patients with dignity and respect. This included ward staff, senior management, and administration staff.

The staff we spoke with were enthusiastic about their roles and how they supported and cared for the patients. We saw most staff taking time to speak with patients and address any needs or concerns the patients raised. This showed that staff had responsive and caring attitudes towards the patients. However, there were times when the ward was busy, and it was noted that on some occasions staff were not able to attend to some of the patients requests and queries.

Some of the comments from patients included:

"Staff are lovely", patients also told us that they were well looked after by staff.

The ward entrances were locked and an intercom system to the ward prevented any unauthorised access.

There were nine individual bedrooms, two of which each had an en-suite toilet, sink and shower. The remainder of the accommodation comprised of two gender specific dormitories, with four beds in each and two gender specific dormitories, with two beds in each. The bed areas within the shared dormitories were separated by curtains.

The ward provided mixed gender care which can potentially present challenges around aspects of dignified care. It was therefore positive to find that staff were knowledgeable and had effective safeguards and processes in place to manage these challenges to ensure that dignified care was maintained. However, as highlighted during previous inspections; due to the mix of two-bedded rooms and four bedded dormitories, this does not reflect modern mental health care provision because shared bedrooms can impact on the privacy and dignity of patients.

Senior management spoke about proposals to move Talygarn to a new hospital build but plans for this were only in the discussion phase and had not been approved.

Outdoor exercise equipment had been installed since the last inspection, along with perimeter fencing which gave the patients some privacy to exercise. However, during the first night of the inspection, clinical waste bags, a mattress and bed base had been discarded in this area. Arrangements were made for this to be immediately removed on the first night of the inspection.

Patients were able to personalise their rooms and store their own possessions. Personal items were risk assessed on an individual basis for the safety of each patient. This included the use of personal mobile phones. A telephone was available at the hospital for patients to use to contact friends and family if needed.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes.

Patient information

We noted there was limited information displayed in the hospital to help patients and their families understand their care. There were no details on display about organisations that can provide help and support to patients and families affected by mental health conditions.

There was no information available on display on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales.

Staff told us information on advocacy, and other support networks was available, however this was not displayed for patients or family members to see.

Staff advised the inspection team that all the appropriate information was available, however the information had been removed during an incident from a patient and staff were in the process of arranging to replace the posters.

The health board must ensure that patient information is up to date and relevant. The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors.

It was positive to see that Patient meetings were held on a regular basis with both the nurses and occupational health team leading on patient meetings.

Individualised care
There was a clear focus on rehabilitation with individualised patient care that was supported by least restrictive practices, both in care planning and hospital practices.

Patients had their own individual weekly activity planner, which included individual and group sessions based within the hospital and the community (when required authorisation was in place).

Patients were fully involved in monthly multidisciplinary reviews.

Timely

Timely Care
Overall, we found evidence that patients were provided with timely care during their time on the ward. Patient needs were promptly assessed upon admission, and we observed staff assisting patients when requested.

The ward held daily morning meetings which adequately established the bed occupancy levels, observations, staffing levels and any emerging and changing patient issues.

We found that there was a mix of acuity and dependency of patients receiving care on the ward. There were recently admitted individuals with acute mental health

care needs, and patients assessed as suitable for discharge and awaiting placement or the setting up of other care services in the community.

We found that there were adequate discharge planning systems in place. However, we found delays in some patients being discharged, mainly due to a lack of suitable social care provision. Lack of social care capacity resulting in delayed discharges is a national challenge. During meetings we attended and from interviews with staff, the health board were making efforts to engage with local authorities and commissioners to try and source available and suitable social care provision to facilitate timely patient discharge, however availability and financial restrictions were delaying the release of patients from the hospital in a timely way.

The health board, local authority and commissioners must continue to work collaboratively with a view to improving the availability of suitable social care provision to facilitate timely patient discharge.

Equitable

Communication and language

During the inspection we observed staff engaging and communicating in a positive way with patients.

We saw that staff engaged with patients in a sensitive way and took time to help them understand their care using appropriate language.

For individual meetings, patients could have help from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers were included in meetings.

Rights and Equality

We found that good arrangements were in place to promote and protect patient rights.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes.

We reviewed records for patients who were detained under the Mental Health Act (the Act) and saw that documentation required by legislation was in place within the sample of patient records. This showed that patient rights had been promoted and protected as required by the Act.

All patients had access to advocacy services, and we were told that advocates visit the hospital. Staff told us that patients are invited to be part of their MDT meetings and that the involvement of family members or advocates was encouraged where possible.

Delivery of Safe and Effective Care

Safe

Risk management
Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. There was an established electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions are checked and robustly supervised.

Staff wore personal alarms which they could use to call for help if needed. There were also nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could summon aid if needed.

A range of up-to-date health and safety policies were available and various risk assessments that had been conducted including, ligature point risk assessments and fire risk assessments. We were told of the environmental checks that are completed and saw evidence of the weekly ward manager check. However, we felt further improvements were needed to provide a safer environment for patients and staff.

The environment of the ward was tired, well-worn and in need of redecoration. There were limited storage areas available which made the ward feel cluttered and untidy. We identified several decorative and environmental issues that required attention:

- Lighting throughout the ward area is poor and needs modernisation and replacement

- Screen covering the nursing office requires replacing as visibility for nursing staff is poor and graffiti was present

- Mold on shower room flooring, shower trays are stained and have gaps around the base, gaps in flooring around toilet bases

- Large crack in rendering on the wall outside a patient’s door

- Cupboards and flooring in staff room needs replacing to make it a more welcoming environment to staff

- Food Serving trolley is rusty along with the kitchen serving hatch, which also has gaps in the grout and broken silicone seals. This is creating an IPC issue around food preparation and safety

- Grounds of the hospital poorly maintained, with rubbish and cigarette ends on the floor. Overall, the whole hospital grounds appear unkept with discarded hospital equipment within the grounds making it an unwelcoming environment for patients and visitors.

In addition, staff told us that the health boards estates department did not always respond in a prompt and timely manner when environmental issues were raised. The inspection team also reviewed documentation which highlighted that many of the above environmental issues had been raised and escalated by staff to the health board.

The health board must address the above environmental issues and resolve them in a prompt and timely manner.

Infection, prevention, control and decontamination

The inspection team considered the hospital environment during a tour of the hospital on the first night and the remaining days of the inspection. The inspectors' observations concluded that not all areas of the ward provided a clean environment for patients. This was because:

- Dust and debris in patients lounge areas and kitchen floor were visible

- Unpleasant odours were prevalent in shower cubicles and the 4 bedded dormitory

- Ripped flooring throughout the ward needs to be replaced, to prevent hazards and risk of infection

- COSHH materials such as laundry detergents were not stored in a locked cupboard in the laundry room.

There appeared to be systems of regular audits in respect of infection control. However, the audits we examined did not reflect the issues we identified during the inspection as highlighted above. Consequently, based on the findings above we would query the effectiveness and supervision of the environmental and cleaning audits. In addition, the cleaning audits viewed on the inspection did not contain a check list for cleaning the floors.

The health board needs to improve governance and oversight of this audit activity through supervision or spot checks to establish if the recordings of the audits accurately reflected the environment.

In addition, the health board must review the current environmental cleaning audit checklist and check to ensure it is capturing all areas of the ward that require cleaning.

Safeguarding children and adults

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board safeguarding procedures via the intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

Whilst on the inspection a safeguarding issue was raised, and it was positive to see that staff linked in with the local authority and put the relevant safeguarding measures in place to protect the patient involved and other patients on the ward.

Medicines management

We found that there were suitable arrangements for the safe and secure storage and administration of controlled drugs. We saw evidence of regular temperature checks of the medication fridge to monitor that medication was stored at the advised temperature of the manufacturer. However, there were some gaps where temperature checks had not been recorded.

The health board must make sure that temperature checks are consistently recorded.

Overall, the clinical areas were clean, tidy, and well organised.

The ward is given good support from the pharmacy department who carry out regular audit of stock and individual medication. However, we did find an out-of-date temazepam medication in the controlled drugs cabinet.

The health board must ensure that out of date medication is disposed of appropriately.

The Medication Administration Records (MARs) we viewed were not always fully completed, in some records the legal status was not completed, with some missing information around the legal status and dates of section.

The health board must ensure that MAR charts are fully completed.

Staff were knowledgeable and confident when administering medication. During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency.

We saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

Challenging behaviour

Strategies were described for managing challenging behaviour to promote the safety and wellbeing of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern.

Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort. Any use of restraint was documented. Information produced to the inspection team confirmed that restraint data was low. Throughout the inspection we observed staff using effective de-escalation skills with patients and it was evident that staff were very skilled in this area.

There was an established electronic system in place for recording, reviewing, and monitoring incidents. Incidents were entered on to the health board's incident reporting system (DATIX).

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed so that the occurrence of incidents could be reviewed and analysed. Arrangements were in place to disseminate information, and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation.

Effective

Effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions are checked, analysed and supervised.

We found patients have limited access to psychology support on the ward. This was from review of patient records, and via staff discussion. This is a concerning unmet need for patients.

The health board must review the availability of psychology support for patients and make improvements.

Patient records

Patient records were being kept electronically. The electronic system was password protected to prevent unauthorised access and breaches in confidentiality. We used the system throughout the inspection and found it was challenging to navigate, and this raised some concerns regarding temporary or agency staff being able to access relevant and appropriate information.

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely. There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Nutrition and hydration

Patients were supported to meet their dietary needs. However, during staff interviews we were told that the Speech and Language Therapist (SALT) was completing telephone consultations with patients and had not visited patients on the ward for some time. It is important that the SALT attends the ward and meets the patients to ensure that all patient needs are being met, and that staff are fully aware of how to care and meet patients' specific nutritional requirements.

The health board must ensure that the SALT therapist attend the ward to see patients in person.

We found that patients were provided with a choice of meals. We saw that a varied menu was displayed, and patients told us that they had a choice of what to eat. Drinks and snacks were available throughout the day.

Patients did have access to a small kitchen to make hot or cold drinks however, the hot drinks machine had been broken and remained unfixed at the time of the inspection.

The health board must ensure that the hot drinks machine is fixed or replaced.

Mental Health Act Monitoring

We reviewed the statutory detention documents for five patients.

All patient detentions were found to be legal according to the legislation and well documented. Overall, the records we viewed were well organised, easy to navigate and contained detailed and relevant information.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of five patients and found that improvements are required.

Some care plan records were not comprehensive and overall, there was a lack of consistency in the quality of record keeping.

Patient care plan records were not being regularly assessed and monitored by the health board to ensure quality of the service and to identify, assess and manage risk relating to safe patient care. Some risk assessments were not up to date or comprehensive enough to enable a member of staff who does not know a patient to be confidently aware of the risks.

This would be of particular concern for an agency or unfamiliar member of staff attending the ward for the first time, where it would be very difficult for them to understand patient behaviours and the appropriate actions to take to manage them.

These issues were dealt with under our immediate assurance process, details of which can be found in Appendix B.

Quality of Management and Leadership

Staff Feedback

We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital. In total, we received five responses from staff at the setting. We also spoke to staff during the inspection.

Staff interviews, and feedback from the staff survey indicated that staff did not feel confident that management would address serious concerns when raised.

Staff comments included the following:

"Unsupportive management that does not address serious concerns".

"Staff feel undervalued and not supported".

It is acknowledged that the staffing survey completion rates were low, however the health board should consider and reflect on this feedback and see how they can develop relationships between ward staff and senior managers. The health board also need to build and develop confidence and trust in the staffing group, by demonstrating that when serious concerns are raised they will be dealt with appropriately.

Leadership

Governance and leadership

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

The day-to-day management of the ward was the responsibility of the ward manager, assisted by the deputy ward manager. The ward manager was supported by the senior nurse.

There was clear dedicated and passionate leadership from ward staff, who are supported by committed ward multidisciplinary teams and senior health board managers. Staff were able to describe their roles and appeared knowledgeable about the care needs of most patients they were responsible for.

During our time on the ward, we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff were striving to provide high levels of care to the

patient groups, to expedite recovery and minimise the length of time in hospital. Close and productive working with the community mental health teams supported this.

Most staff spoke positively about the leadership at the hospital and from senior managers within the health board's mental health directorate. Most staff also spoke favourably about the support from colleagues working within the hospital and reported a good team-working ethos at the hospital.

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. However, we found that not all staff had received formal, documented performance and appraisal reviews.

The health board must ensure that all staff receive regular supervision and performance and appraisal reviews take place.

Workforce

Skilled and enabled workforce

Staff we interviewed spoke passionately about their roles. Throughout the inspection we observed strong team working, and a sense that all staff pull together.

Staff were able to access most documentation requested by the inspection team in a prompt and timely manner, demonstrating that there are good governance systems in place at the hospital.

We were provided with a range of policies. The majority of which were updated however, the following policies were found to be out of date:

- Medication management policy review date October 2022
- Rapid tranquilisation protocol review date November 2023
- Restrictive practice policy review date September 2019
- PPE guidance review date January 2024
- Equality, diversity, and human rights policy review date November 2021.

The health board must ensure that policies are reviewed and kept up to date.

We noted a number of staffing vacancies in the hospital which the health board was attempting to recruit into. Gaps in staffing were covered by bank staff or agency staff who were usually familiar with the patient group. Staffing issues were discussed in the daily morning handover, and the staff rotas were frequently reviewed by the ward manager.

The health board must ensure that staff vacancies are filled, and future initiatives are explored to encourage recruitment into the hospital.

Culture

People engagement, feedback and learning
Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety, and continuous improvement of the service provided.

We saw that information was available on Duty of Candour, however some staff were unclear if they had received training. Despite this, staff did demonstrate an understanding of the Duty of Candour process during interviews and discussions.

The health board must ensure that staff are aware of the requirements of Duty of Candour and that all staff receive appropriate training.

Information

Information governance and digital technology
The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance, and the General Data Protection Regulations 2018 within the wards.

We were told that all staff had their own computer access login to help ensure information governance was maintained. All staff spoken to understand their roles and responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance. The training statistics showed a high level of staff compliance with information governance training at 86 per cent.

Learning, improvement and research

Quality improvement activities

The ward manager and deputies were relatively new in post and during interviews with them it was positive to hear of future initiatives that they were planning and implementing. A task and finish group had been set up to look at how processes could be improved around auditing activities and clinical processes.

Plans were in place to provide staff with additional training around falls and personality disorders, venepuncture training and clinical therapeutic skills training was being organised for health care support staff.

Whole system approach

Partnership working and development

Staff were able to describe how the service engaged with partners to provide patient care and implement developments. They told us they engaged with outside partner agencies including local authorities, General Practitioners, housing, community health services to ensure a whole systems approach to patient care.

We were told that senior staff attended regular joint agency meetings to discuss issues and build strong working relationships.

4. 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 following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Clinical waste, bed mattress and bed base in outdoor exercise area.	Hazard and safety issue.	Immediately brought to attention of senior staff.	Items were removed.

Appendix B - Immediate improvement plan

Service: Talygarn Ward - County Hospital

Date of inspection: 5 - 7 February 2024

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed Delivery Safe and Effective Care	Standard/ Regulation	Service action	Responsible officer	Timescale
Finding - Records management / Care Planning The inspection team considered the information available within patient care records on Talygarn Ward. We reviewed 5 sets of patient records and in one set of patient notes we identified the following: • The electronic system (WICCIS) had limited recorded entries for the patient	**Delivery of Safe and Effective Care**	The ward manager immediately updated all patients' records. The MDT reviews Care & Treatment Plans of all patients at the weekly ward round. Any anomalies/ omissions are addressed through this process. The audit process identified below will identify themes for learning with the Senior Nurse and will be explored through clinical supervision with the appropriate senior professional lead.	Ward Manager MDT Senior Nurse, Consultant, Lead OT, Psychologist.	Complete 07/02/24 Complete 08/02/24 March 2024

• There was no evidence of a WARRN risk assessment being updated to reflect the patients admission • There was no evidence of a formal assessment of mental state or presenting needs for the patient • The Yellow admissions form had limited information and the checklist had not been commenced • No evidence of current care planning to address the risks and needs of the individual • In addition, this individual had been involved in an incident on Monday evening which was dealt with by ward staff, however no care plan was produced to address the potential risk to the individual and other patients on the ward. Based on the above findings we could not be assured that there were established audit processes in place to ensure that patient records were complete, up to date and		Following a task & finish group in Adult Mental Health, the standardised admission pack has been updated, approved for use by the Directorate's QPS meeting and is now in place for all wards. This will be monitored through the Directorate's Ward Managers' meeting. The audit tool will be used to ensure completeness and quality of all other patient records on WCCIS. The audit tool will be shared with other ward managers with the intention that the tool will be used across Adult Mental Health services. It will be used weekly and discussed monthly with Senior Nurses (see below). The above audits will be discussed monthly to identify trends/ themes & potential training needs/ learning	Chair, Ward Managers' meeting. Ward Manager & Deputy/ies Ward Managers, Directorate Lead Nurse Ward Manager, Senior Nurse	Ongoing from 08/02/24 Ongoing from 08/02/24 March 2024 13/03/24

followed by staff on Talygarn Ward to keep patients safe. Therefore, action is needed to ensure all patients records have been reviewed to ensure they are up to date, and an audit process is implemented to monitor this going forward. The health board is required to provide HIW with details of the action taken to ensure that all patient records are complete, up to date and followed as planned by staff. In addition, HIW need to be updated on what audit processes and systems will be put in place to continually monitor patient records.		opportunities. Audits will be fed into the Directorate's QPS meeting, which will also be reported into the Division's QPS meeting for any Divisional learning.	Directorate Lead Nurse & Deputy Lead Nurse	07/03/24

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Nadine Gould

Job role: Interim Divisional Director

Date: 16/02/2024

Appendix C - Improvement plan

Service: Talygarn Ward - County Hospital

Date of inspection: 5 - 7 February 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Lack of funding for patient occupational activities and equipment.	The health board must ensure that the ward is funded appropriately to support staff in purchasing resources to facilitate patient activities.	Talygarn has access to a Petty Cash fund of £50 to purchase items to allow for occupational activities and equipment. This can be utilised as and when required and is monitored by the Ward Manager.	Ward Manager and Senior Nurse	Complete
		Talygarn has access to a Charitable funds account managed via the Senior Nurse and access to central Occupational Therapy funds managed via the Occupational Therapy department.	Senior Nurse Lead Occupational Therapist	Complete
There were no details on display about organisations that	The health board must ensure that patient information is up	Ward is currently undergoing re-decoration, once complete (by the	Ward Manager	April 2024

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
can provide help and support to patients and families affected by mental health conditions. There was no information available on display on the role of HIW and how patients can contact the organisation.	to date and relevant. The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors.	end of March 24) patient information will be re-displayed, including staff photos and names, ward information, PTR process, information about HIW and advocacy.		
Delays in some patients being discharged, due, in the main, to a lack of suitable social care provision.	The health board and local authority and commissioners must continue to work collaboratively with a view to improving the availability of suitable social care provision to facilitate timely patient discharge.	Regular meetings will continue to take place with the Local Authorities and the Health Board's Commissioning department to review patient pathways - 117 meetings, Ward Round, Decision Support Tool (DST) meetings, MDT and weekly meetings with the Commissioning Department Lead.	Ward Manager, Senior Nurse, Service Improvement Manager	Complete
		Monmouthshire CC confirms it will continue to work with ABUHB to ensure that people have thorough and robust assessments to enable	Health Board's Commissioning Department	Continue to be monitored on a weekly basis

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		timely and safe discharges from the hospital setting. The Division employs a Housing Manager whose role it is to work with Local Authorities and third sector organisations to co-ordinate access to housing and accommodation. The patient flow co-ordinator is also part of this team and has a role in identifying and planning around barriers to flow.		
		All delays are reported via the Health Board's Pathway of Care Delays process and escalated accordingly via the Adult Mental Health Directorate Assurance meetings.	Leads from the Torfaen and Monmouthshire Local Authority	All Pathway of Care Delays reported monthly on the All Wales Census day
The environment of the ward was tired, well-worn and in need of redecoration. There were limited storage areas	The health board must address the above environmental issues			

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
available which made the ward feel cluttered and untidy. We identified several decorative and environmental issues that required attention:	and resolve them in a prompt and timely manner.			
• Lighting throughout the ward area is poor and needs modernisation and replacement.		Lighting has been replaced	Works and Estates	Complete
• Screen covering the nursing office requires replacing as visibility for nursing staff is not good and graffiti was present.		Screen covering for the nursing office ordered, to include a welcome sign and improved signage.	Service Improvement Manager	Estimated completion date 26/04/24
• Mould on shower room flooring, shower trays are stained and have gaps around the base, gaps in flooring around toilet bases.		Mould on shower room flooring - Facilities to action via a steam clean and include shower trays. Mould has discoloured the sealant. W&E request submitted to remove and reseal shower.	Facilities Manager	Clean complete 20/03/24

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		Flooring to be replaced in the 2 x larger shower rooms.	Works and Estates	Estimated completion date 12/04/24
		Replacement flooring in the toilet cubicles and 2 x smaller shower rooms underway.	Works and Estates	
• Large crack in rendering on the wall outside a patient's door		Large crack in rendering to be fixed.	Works and Estates	Complete
• Cupboards and flooring in staff room needs replacing to make it a more welcoming environment to staff		Bespoke cupboard to be built in the ECA corridor to allow for extra storage.	Works and Estates	Complete
		Staff room flooring and decoration underway (completion by end of March 24) Replacement of kitchen cupboards to be complete in the new financial year via Discretionary Capital funding.	Works and Estates	Estimated completion date 26/04/24

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
• Food Serving trolley is rusty along with the kitchen serving hatch which also has gaps in the grout and broken silicone seals, this is creating IPC issue around food preparation and safety.		Food serving trolley to be replaced.	Facilities Manager	Cost code released by the Health Board's Capital team - estimated completion date 02/05/24
		Grouting and silicone seals to be repaired.	Works and Estates	
• Grounds of the hospital poorly maintained - rubbish and cigarette ends on floor, overall the whole hospital grounds appear unkept with discarded hospital equipment within the grounds making it an unwelcoming environment for patients and visitors		Cigarette ends - to order ashtrays to be attached to the walls, to be fitted by Works and Estates, following risk assessment to include fire, V&A, climbing & ligature risk. (Note: Nicotine Replacement Therapy is available across all wards to support people to stop smoking should they wish).	Ward Manager	Complete (Ordered 04/04/24 by Facilities Manager) Works order raised with Works and Estates - 96167 Ashtrays will be included in the monthly courtyard audits
		Equipment has now been secured for porters to now complete site-	Facilities Manager	Complete

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		wide litter picking at weekends on a rota basis.		
Not all areas of the ward provided a clean environment for patients. This was because:	The health board must review the current environmental cleaning audit checklist and check to ensure it is capturing all areas of the ward that require cleaning. The health board must ensure that audit activity through supervision or spot checks is undertaken to establish if the recordings of the audits accurately reflected the environment.			
• Dust and debris in patients lounge areas and kitchen floor were visible.		Dust and debris in patient lounge areas and kitchen removed. Ward Manager will monitor as part of daily checks and escalate concerns to facilities accordingly.	Ward Manager	Complete 21/03/24
• Unpleasant odours were prevalent in shower cubicles and the 4 bedded dormitory.		W & E have been requested to assess the unpleasant odours in shower cubicles and 4 bedded dorms and propose solutions	Works and Estates	End of March 2024
• Ripped flooring throughout the ward needs to be replaced, to prevent hazards and risks of infection.		Replacement flooring is underway (to be completed by the end of March 24)	Works and Estates	Complete

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
COSHH materials such as laundry detergents were not stored in a locked cupboard in the laundry room.		COSHH materials-to be locked in the Domestics Cupboard and accessed accordingly.	Ward Manager	Complete
Out-of-date temazepam medication found in the controlled drugs cabinet.	The health board must ensure that out of date medication is disposed of appropriately.	Discarded immediately. Staff have been reminded to return out of date medication to pharmacy as soon as practicable. Ward Manager will continue to monitor as part of weekly CD cupboard checks.	Ward Manager	Complete
Some MAR charts had missing information on legal status and dates of sections.	The health board must ensure that MAR charts are fully completed.	To be highlighted to the Assistant Divisional Director for Medics to ensure all MAR charts are completed in full.	Advanced Nurse Practitioner (ANP)	Complete and ongoing
		The Advanced Nurse Practitioner to audit the MAR charts weekly and amend accordingly. This will be fed back in the weekly update to the Ward Manager, and monthly update to the Senior Nurse, who will monitor for any themes. Any	Assistant Divisional Director	End of April 2024

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		themes will be reported via the Directorate QPS meeting.		
		To be included in the 'Top Tip Tuesday' bulletins as a reminder for all areas across the Division.	QPS Dept	End of March 2024
Patients had very limited access to psychology support on the ward.	The health board must review the availability of psychology support for patients and make improvements.	Talygarn has access to 1.7 WTE Clinical Psychologists, 1.0 Counselling Psychologist, 1.0 CAAP and 1.0 Psychological Therapist and an Assistant Psychologist. The ward is offered 1.5 days of psychology provision per week that is utilised to support multi-disciplinary assessment and specialist psychological assessments on an ad hoc basis, the provision of low intensity interventions, and some staff support (including supervision and reflective practice) as required. Psychology team will continue to liaise with Senior Nurse and Ward Manager to ensure that there is good awareness of the	Head of Psychology, Adult Mental Health	Complete

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		availability of individual requests for psychological input and that the provision of low intensity, easily accessible psychological interventions are protected.		
Speech and Language Therapist (SALT) was completing telephone consultations with patients and had not visited patients on the ward.	The health board must ensure that the SALT therapist attend the ward to see patients.	The triage process for SLT is to complete telephone screening in the first instance to inform whether an assessment is clinically indicated. In this instance, an assessment was not clinically indicated and advice was given to staff accordingly.	Professional Lead SLT (Adult acute)	Complete
The patients' hot drinks machine had been broken and remained unfixed at the time of the inspection.	The health board must ensure that the hot drinks machine is fixed or replaced.	Replacement part ordered. Awaiting delivery (this will be fixed by W&E once part arrives).	Ward Manager	Estimated delivery 10/04/24

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
There were some gaps where Medication fridges temperature checks had not been recorded.	The health board must make sure that temperature checks are consistently recorded.	Temperature checks to be recorded daily. All staff, including Bank and Agency will be reminded. To be included as a message in the handover log. (This is already part of the daily Resus checks).	Ward Manger	Complete
		Ward Manager will include this in the clinical records audit. This will be fed back in the weekly update to the Ward Manager, and monthly update to the Senior Nurse, who will monitor for any themes. Any themes will be reported via the Directorate QPS meeting.	Ward Manager	Complete
Some staff comments indicated that they felt unsupported and undervalued and that	The health board must provide an update in relation to how they will action some of the	Staff survey to be undertaken on Talygarn ward to look at staff opinions, staff wellbeing and ideas for improvement.	Lead Nurse for Adult Mental Health	Survey to be submitted by 12/04/24

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
management do not address serious concerns.	comments raised via staff in completed questionnaires.	Ward has held a staff meeting since the visit but no concerns have been raised, staff have been informed that they can raise anything outside of this setting in confidence.	Senior Nurse, Ward Manager, Directorate Team	Complete and ongoing
		Divisional Senior Management Team members continue to visit wards and teams in and out of hours to meet with staff and patients, to increase leadership and offer opportunities to discuss their work, including any concerns or issues. Feedback is shared regularly at SMT meetings and themes collated for scrutiny and action where required.	Divisional Senior Management Team, Divisional Director	Complete and ongoing
		Staff satisfaction and engagement communication/ activity a standing item on SMT agenda.	Ward Manager/ Senior Nurse	Complete and ongoing
		Staff 'Time Out' Day arranged June 24	Ward Manager/ Senior Nurse	June 2024

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Not all staff had received formal, documented performance and appraisal reviews.	The health board must ensure that all staff receive performance and appraisal reviews at least one every twelve months.	PADR compliance to be improved. Ward Manager/ Deputy to schedule 1-2 PADRs per week to ensure all outstanding are complete within the timescale. (7 currently outstanding, 1 currently on Mat leave)	Ward Manager	Outstanding to be complete by end of May 2024
The following policies were found to be out of date:	The health board must ensure that policies are reviewed and kept up to date.			
• Medication management policy review date October 2022		The policy is currently being re-written. In the interim, the existing policy remains extant.	Head of Pharmacy, Operational Services	October 2024
• Rapid tranquilisation protocol review date November 2023		The policy is currently under review. In the interim, the existing policy remains extant.	Deputy Head QPS (MHLD)	July 2024
• Restrictive practice policy review date September 2019		The draft policy is complete. Consultation to be arranged as part of ratification process.	Head of H & S, Deputy Head QPS (MHLD)	July 2024

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
• PPE guidance review date January 2024		PPE guidance is now part of the Health Board's Transmission Precaution Policy		Complete
• Equality, diversity, and human rights policy review date November 2021.		Policy is under review.	Equality, Diversity & Inclusion Specialist, WOD	End of May 2024 for ratification at EQIA panel and Policy Group
There were a number of staffing vacancies in the hospital.	The health board must ensure that staff vacancies are filled, and future initiatives are explored to encourage recruitment into the hospital.	Recently appointed to 2wte HCSW posts - in process of confirming start dates.	Ward Manager	Start dates to be confirmed - pre employment checks ongoing
		6 x wte posts recently submitted via the Student Streamline process.	Lead Nurse for Adult Mental Health	Shortlisting for these posts to be completed by 03/05/24 in line with the All Wales process

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		Rolling advert to be submitted for RMN Band 5 positions	Ward Manager	Complete
		Talygarn Ward Manager to attend the In-reach Recruitment days at the Universities in Wales	Ward Manager	Complete
		The Directorate is already part of the centralised recruitment scheme	Adult Mental Health Directorate	Complete
		All unqualified staff are informed of the flexible route to nursing (1 due to commence in September and 2 have expressed an interest)	Ward Manager	Complete and ongoing

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		The Directorate Management Team to look at other ideas for transforming the multi-disciplinary workforce including potential for Band 4 roles.	Directorate Manager for Adult Mental Health	Ongoing
Some staff were unclear if they had received training on the duty of candour process.	The health board must ensure that staff are reminder of the requirements of Duty of Candour and that all staff receive appropriate training.	‘Top Tip Tuesday’ around Duty of Candour has been issued and displayed for all staff to access.	Lead for Quality and Improvement	Complete
		Staff to be encouraged to complete training via ESR in addition to the following link being shared to continue to raise awareness with all staff on the Unit: What does the	Ward Manager	Complete

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
		Duty of Candour mean for the NHS and our Staff? (sharepoint.com)		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Nadine Gould

Job role: Interim Divisional Lead Nurse, MHLD

Date: 08/04/24