Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Ward 7, Ysbyty Cwm Cynon Hospital, Cwm Taf Morgannwg University Health Board

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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.

Contents

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 inspection at Ward 7, Ysbyty Cwm Cynon Hospital, Cwm Taf Morgannwg University Health Board on the evening of 27 January and the following days of 28 and 29 January 2025. The following hospital wards were reviewed during this inspection:

- Ward 7 - 14 beds providing mixed gender older persons dementia care.

Our team, for the inspection comprised of two senior 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 senior HIW inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. No questionnaires were completed by patient or carers. We also invited staff to complete a questionnaire to tell us their views on working for the service, no questionnaires were completed by staff. However, we spoke to staff and carers during our inspection and some of their comments are highlighted 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 significant improvements had been made to address the findings from our last inspection in 2019, and the HIW local review in 2022. This included 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 did not receive any response from patient or carers to our questionnaire. However, we considered the wards internal patient feedback, complaints, and patient discussion data, to help us gain a better understanding of the overall patient experience. Feedback was generally positive. All patients we spoke with felt safe and were able to speak with staff when needed, and that they were happy at the hospital, and that staff were kind and helpful.

Patients had their own bedrooms, which provided them with a good level of privacy, and assisted staff in maintaining the dignity of patients. Each door had the patient's name written on it to help identify the room along with a pictural interest, personal to the patient, which enabled the patient to recognise their room.

Not all bedrooms were ensuite, and during the inspection one of the assisted communal bathrooms could not be used due to the flooring being unsafe. We advised the health board to resolve this issue promptly to ensure that the patients have access to sufficient toilet and bathroom facilities.

There is a range of activities in place providing therapies to patients; to support and stimulate them as part of their recovery. It was positive to see staff supporting patients to engage in activities, such as quizzes, gardening and baking. Visits from pets for therapy dogs were also taking place.

Overall, we found that patients are provided with timely care, and their needs are promptly assessed upon admission, and staff appropriately providing care and assisting patients when required. Staff were knowledgeable of each patient and strove to provide individualised care. We observed kindness, warmth and respect between staff and patients.

Most patients we spoke with spoke highly of staff and told us that they were treated well by staff and felt safe. During the inspection we noted that when patients approached staff, they were met with polite, caring and responsive

attitudes. Throughout the inspection the inspection team observed a very calm, inclusive, and professional environment on the ward.

Delivery of Safe and Effective Care

Overall summary:
Overall, we found appropriate systems and governance arrangements in place, which helped ensure the provision of safe and effective care for patients. A range of up-to-date health and safety policies were in place and various risk assessments had been completed, such as ligature point risk assessments and fire risk assessments. We also found evidence of clinical audit taking place, which was monitored by the clinical leads.

Appropriate processes were 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, which were supported by the Wales Safeguarding procedures.

The arrangements for the management of medicines and their safe and secure storage were appropriate. However, there was no designated mental health pharmacist allocated to the ward. In addition to this, the ward did not have a designated dietician, to support staff and appropriately manage patient nutritional needs and there was no ward-based speech and language therapist. The health board must review these services to ensure the ward and patients are appropriately supported.

Patient records were well organised, and improvements had been made relating to patient records since our last inspection. Patient data and their records were kept securely.

We saw a good standard of care planning which reflected the domains of the Welsh Measure. Care plans were well detailed, individualised, and reflected a wide range of Multi-disciplinary Team (MDT) involvement, and there was clear and documented evidence of patient and family involvement.

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

There was dedicated and passionate leadership displayed by staff, the ward manager and senior leadership team.

There was a clear organisational structure in place, which provides clear lines of management and accountability. Staff defined these arrangements during the day, and with senior management and on-call systems in place for the night. Staff felt the culture on the ward was positive and said they would feel confident in raising a concern and knew the process of how to do so, and we saw evidence to confirm this.

Most staff spoke favourably about the support from colleagues working within the ward and hospital and reported a good team-working ethos. Processes were in place to ensure staffing levels met the hospital's staffing templates. However, staff told us that they felt there were not enough staff to meet increased patient demand on the wards and was not consistent with similar services in the wider health board.

Improvements are needed with the timely compliance of mandatory training compliance for physical intervention training, and several policies needed review to ensure they were current.

There were many positive examples of quality improvements and learning activities taking place on the ward, examples included the newsletter bulletins, staff wellbeing events and the natural waking and fresh 15 patient initiatives. All the initiatives were helping to improve patient and staff care, and were areas identified on the inspection as noteworthy practices.

3. What we found

Quality of Patient Experience

Person-centred

We provided HIW questionnaires to patients and family/carers during the inspection, to obtain their views and experiences of the service provided at the hospital. However, we did not receive any responses.

To support patient experience findings, we also reviewed the ward's internal patient feedback, any complaints, and other survey data, to help us gain a better understanding of the overall patient experience. Suggestion boxes are available on the ward for patients and or family carers to provide feedback on their stay, and to suggest how improvements can be made.

Patients and family/carers we spoke with during the inspection said patients were treated well, and that staff were kind and helpful.

Patient and carer comments included:

"Very grateful for the kindness and support shown to our family, all the staff on ward 7 are an absolute credit to the NHS"

"We as a family just want to say how grateful we are for the outstanding care that dad received, every staff member treated dad with respect, dignity and compassion".

We observed patients being involved in a range of activities throughout the inspection. These included arts and crafts, board games, quizzes and music and pet therapy sessions. Patients had access to outdoor garden spaces, and we observed patients accessing this space frequently. The ward had introduced a 'Fresh in 15' initiative to ensure that all patients had regular daily access to fresh air and outdoor areas.

The Occupational therapy team were very engaged with patients throughout the inspection, and staff were very enthusiastic when interviewed and spoke passionately about their roles.

Staff were trying to promote good sleep hygiene for the patients, which is a natural waking project led by healthcare staff, supporting patients to wake

naturally and in their own time. Initial results were showing that patients who usually displayed high emotion on the ward were much more settled, and subsequently this created a more relaxed environment on the ward. In addition, staff were able to manage their time and patients time more effectively and family and carers liked and supported the initiative. Overall, we perceive this to be a noteworthy initiative.

Dignified and respectful care
We found that staff engaged with patients appropriately and treated them with dignity and respect, which included ward staff, senior management, and administration staff.

The staff we spoke with were enthusiastic about their roles and how they support and care for the patients. We saw most staff taking time to speak with patients and address any needs or concerns they had. This showed that staff had responsive and caring attitudes towards patients.

Some rooms had en-suite bedrooms which provided a good standard of privacy and dignity for patients. Patients could lock their rooms, but staff could override the locks if needed. Patients were able to personalise their rooms, and each patient had a specially designed name poster on their bedroom door, which contained a pictorial representation of the patients' personal interest and supported them in identifying their room.

All patient rooms have closable observation panels that can be open or closed from the outside, to enable staff to monitor a person when necessary. We also saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

To further support patients, nurse call points were located around the hospital and within patient bedrooms and bathrooms, so they could easily call for help if needed.

It was noted that the ward entrance was locked and an intercom system to the ward prevented any unauthorised access.

Staff did not wear personal alarms whilst they were working on the ward, however we were told they were available for staff and visitors to use, if needed. This was documented in the health boards policy and was regularly reviewed by senior management when any new admissions come onto the ward.

The ward provided mixed gender care which can present challenges around aspects of dignified care; however, staff were knowledgeable and had effective safeguards

and processes in place to manage these challenges to ensure that dignified care was maintained.

There were electronic devices available on the ward for patients to use. The 'Rita' computer technology system was also available for patients to use to enable them to participate in digital activities, and we were told that patients really enjoyed using this equipment.

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

Patients had an individualised weekly activity planner, which included personal and group sessions based within the hospital, and in the community when leave authorisation was in place. We also found that patients and their family/carers were fully involved in monthly multidisciplinary reviews.

All patients had a 'This is me' document which captures all information on patients from hobbies, interest, likes and dislikes, to help support them in settling onto the ward. Family members are also asked to complete these, to ensure all relevant details are captured to help support staff in individualised care of the patient.

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. Arrangements were in place for patients to make telephone calls in private.

We reviewed a sample of patient records for those detained under the Mental Health Act (the Act) and saw that the documentation required by legislation was in place. This showed that patients' rights had been promoted and protected as required by the Act. The quality of these documents is discussed later in the report.

Timely

Timely care
Overall, we found that patients are provided with timely care during their ward admission. Their needs are promptly assessed upon admission, and we observed staff appropriately providing care and assisting patients when required. There was a mixed acuity and dependency of patients receiving care on the ward, and due to the complex care needs of some patients, it was positive to see that staff, were providing one to one support and supervision to patients when appropriate.

Equitable

Communication and language

All patients we spoke with said they felt safe and were able to speak with staff when needed. They also said they were happy at the hospital, and that staff were kind and helpful. There was a clear mutual respect and strong relational security between staff, patients and family/ carers.

Throughout the inspection, we observed staff engaging and communicating in a positive and sensitive way with patients, taking time to help them understand their care, and using appropriate language or communication styles.

We were told that some bilingual (Welsh and English) staff were working on Ward 7. This allowed staff to provide the active offer of speaking to patients in Welsh. We were told that translation services can also be accessed should patients need to communicate in other languages other than English or Welsh.

Where applicable, patients can receive support from external bodies, such as solicitors or patient advocacy services during patient specific meetings. With patients' agreement, and wherever possible, their families or carers were included in these meetings.

Patient notice boards displayed relevant information to help patients and their families understand their care. This included information, such as the weekly activity timetable and advocacy services.

Bilingual information on HIW and the NHS Wales Putting Things Right process was also displayed at the entrance to the ward. A suggestion box was also available, which allowed patients and family or carers to feedback to the ward anonymously.

Rights and equality

We found good arrangements in place to promote and protect patient rights. We reviewed the statutory documentation completed for Deprivation of Liberty Standards (DoLS) and found this to be compliant with legislation. There was evidence that patients could access advocacy and where appropriate staff could refer to advocacy on behalf of the patient.

All patients have access to advocacy services, and we were told that advocates visit the hospital when required. Staff told us that patients are invited to be part of their MDT meeting 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 appropriate systems and governance arrangements were in place, which helped ensure the provision of safe and effective care for patients. Staff implemented a patient supervision process, where a staff member would always be present in a central area on the ward. This means that staff are on hand to maintain patient safety and deal with any situations as they occur, prevent falls, and maintain observations where required.

There was an electronic system in place for recording, reviewing, and monitoring patient safety incidents, and staff confirmed that de-briefs take place following any incidents.

A range of up-to-date health and safety policies were in place and various risk assessments had been completed, such as ligature point risk assessments and fire risk assessments. We saw evidence of comprehensive clinical audits, monitored by the clinical leads.

The environment was clean and tidy; however, some areas require improvement. For example, vents on the ward need cleaning as they were dusty, a plug socket and exposed wiring in a patient bedroom required replacing, sharp edging in the corridor next to the nursing station needed to be fixed, and one of the lights in the clinical area was not working.

In addition, the assisted communal bathroom had not been in use due to an issue with the flooring being unsafe for the patient group. The health board had made attempts to fix the flooring, however at the time of the inspection the flooring was still unsafe for the patient group to use. These areas had been identified on the environmental audits undertaken by ward staff, but at the time of the inspection they remained unresolved.

The health board must address the environmental issues and resolve them in a prompt and timely manner, particularly the unsafe area of flooring.

Infection, prevention and control and decontamination
We found suitable Infection Prevention and Control (IPC) arrangements in place which were supported by a range of up-to-date policies to maintain patient and staff safety. Regular ward audits had been completed to review the cleanliness of the environment and check compliance with hospital procedures. All were

appropriate and compliance was checked by senior ward staff. Staff compliance with mandatory IPC training was currently at 96%

We saw evidence to confirm that staff had conducted the necessary risk assessments and relevant policies and procedures were updated accordingly. Staff also explained their responsibilities in line with infection prevention and control.

We found that staff had access to and were appropriately using Personal Protective Equipment (PPE). Staff told us that PPE was always readily available, and we saw that sufficient hand washing and drying, and sanitisation facilities were available.

Cleaning equipment was stored safely and organised appropriately and there were suitable arrangements in place for the disposal of domestic and clinical waste.

Safeguarding of children and adults
Appropriate processes were 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 processes, which were supported by the Wales Safeguarding procedures, accessible 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.

Management of medical devices and equipment
There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when this had occurred to ensure that the equipment was ready for use and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency.

Medicines management
We found suitable arrangements in place for the management of medicines and its safe and secure storage. We also saw evidence of regular temperature checks of the medication fridge to maintain safe temperature storage.

Medication stock is checked daily by registered staff, and weekly audits are undertaken by the clinical leads. We observed several medication rounds, and saw

staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

During our inspection of the clinical room, we found a vial of morphine sulphate present in the controlled drug cupboard, which was unaccounted for.

The health board must ensure:

- **The controlled drug cupboard is monitored and organised to ensure all drugs are correctly stored and accounted for.**
- **Medication not classed as a controlled drug (CD) or other non-CD items are not stored in the CD cupboard.**

At the time of the inspection there was no appointed mental health pharmacist allocated to the ward, to provide appropriate support to relevant staff and patients with mental health needs.

The health board must consider how Ward 7 is appropriately supported by a pharmacist with knowledge and experience of medication stored and prescribed for mental health patients.

The Medication Administration Records reviewed were fully completed by staff. We saw several medication rounds, and saw that staff undertook these appropriately and professionally, interacting with patients respectfully and considerately.

Effective

Effective care

Overall, we found appropriate governance arrangements in place which helped ensure that staff provide 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 (such as restraint) are checked, analysed, and supervised.

Incidents and use of physical interventions were infrequent, and it was positive to find that incidences of physical interventions rarely take place. This demonstrated that the use of least restrictive model of care was being used effectively, and the focus was on therapeutic engagement between staff and patients, which created a relaxed ward atmosphere. The inspection team witnessed positive redirection and

de-escalation of difficult behaviours during the inspection, all of which were done respectfully and in a very supportive manner.

Staff training compliance for Physical Intervention was currently at 70%. Staff who had not completed their training had been booked on courses in March 2025, and there were sufficiently staff on each shift who were trained to manage a situation needing a physical intervention. However, we were informed that bank staff who work on the ward currently do not receive any physical intervention training.

The health board must:

- **Ensure that mandatory training compliance rates for physical restraint training are improved**
- **Liaise with the health board's temporary staff department, to gain assurance that any bank staff working in areas which may need to undertake physical intervention (restraint), have received the required training, to maintain the safety of staff and patients.**

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.

Nutrition and hydration

All patients have a nutritional assessment on admission. The hospital provided patients with regular meals on the ward, making their choices from the hospital menu.

Patients were supported to meet their dietary needs, and we were told that specific dietary requirements were accommodated as appropriate. We observed positive practice during mealtimes, where all patients requiring assistance with feeding were helped. We also saw staff providing encouragement and support to patients to eat independently.

At the time of the inspection there was no dietician allocated to the ward to support staff and patients. Staff had received additional nutritional training to try and support them, however, this remained an unmet patient need. The absence of

a dietician had been placed on the health boards risk register, however the post remained vacant.

The health board must ensure a dietician is allocated to Ward 7 to support staff and meet the dietary and nutritional needs of patients.

Patient records
Patient records were a combination of paper and electronic documents. The files were well organised, and improvements had been made since the last inspection.

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 process in place, and staff were aware of their responsibilities in respect of accurate record keeping and maintaining patient 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.

Mental Health Act monitoring
We reviewed the statutory detention documents for three patients.

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

The Mental Health Act administrator runs an efficient and effective system to support the implementation monitoring and review of the legal requirements of the mental health act.

The MHA administrative team attended all wards in the health board on a rota basis and deliver training sessions in areas identified by the team as requiring a more in-depth training programme. Staff reported very positively about the ward-based training and there was a high level of compliance.

Monitoring the Mental Health (Wales) Measure 2010: care planning and provision
We reviewed the Care and Treatment Plans (CTPs) of four patients. The records evidenced a fully completed and current overall physical health assessment and

standardised monitoring documentation, such as NEWS[1] and MUST[2]. In addition, there were standardised assessments based on the individual patient needs. Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training, to use skills to manage and defuse difficult situations. It was positive to see that the clinical records clearly showed patient and family involvement in care discussions, which were patient focussed.

There was evidence that care plans are reviewed regularly by staff and updated to reflect current needs and risks. Physical health monitoring is consistently recorded in patient records. Risk management plans were good with detailed risk assessments and risk management strategy plans. In addition, there was evidence of active planning and discharge planning for long term placements.

The records we reviewed contained detailed evidence of appropriate discharge and aftercare planning, with good involvement from the MDT, care co-ordinators and relevant partner services within the local community.

An area of noteworthy practice was the benefits of the physical health of patients following their appointments with the advanced nurse practitioner (ANP). It was positive to see that the benefits and progress following patient's appointments with the ANP were documented and highlighted in patient records.

Mental Capacity Act and Deprivation of Liberty Safeguards
Mental capacity assessments were being undertaken as required, when Deprivation of Liberty Safeguards (DoLS) referrals were made.

We reviewed one DoLS Record, and this evidenced that the correct procedures had been followed relating to DoLS applications. It was evident that the processes were being applied appropriately.

Efficient

[1] The National Early Warning Score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs such as, respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU (alert, verbal, pain, unresponsive) response.

[2] MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

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

We found a generally good level of communication between staff working on the ward and the sharing of information during shift handover meetings was recorded. Staff told us this method worked very well and was detailed and effective. The handover recordings were also audited to ensure that relevant and appropriate information was being shared.

We were told that the health board faces ongoing challenges with availability of move on placements, pressure on beds, and blockages within the wider acute care system. Records we reviewed documented efforts made by ward staff and community teams to find suitable placements and expedite discharge as quickly as possible and in a safe manner. Upcoming discharges, admissions and transfers were all discussed in the daily morning meetings.

Quality of Management and Leadership

Governance and leadership

There was a clear organisational structure in place, providing clear lines of management and accountability. Staff defined these arrangements during the day, and with senior management and on-call systems in place for the night and out of hours.

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. During interviews with staff, we were told that the ward manager was a caring and supportive leader.

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

We observed a positive staff culture with good relationships between staff who worked well together as a team. Most staff spoke positively about the leadership at the hospital and from senior managers within the health board's mental health directorate. In addition, they spoke favourably about the support from colleagues working within the hospital and reported a good team-working ethos at the hospital.

The ‘Wellbeing Wednesday’ initiatives for staff, introduced by the ward manager and deputy, was seen as an area of noteworthy practice. The wellbeing events are held monthly, staff had secured funding by applying for an external grant which enabled the ward manager to purchase equipment to reduce stress and support staff wellbeing and fund the monthly themed wellbeing events.

This initiative and the evidence produced in the staff wellbeing folder and news bulletins demonstrated, compassionate, supportive and caring leadership from the ward manager and her deputy. This contributes to a better working environment for staff and helps to enhance the quality of care and patient experience.

Staff meetings take place on a three-monthly basis, and we saw evidence of minutes of meetings. Staff who are unable to attend these meetings can read the minutes in folders along with the news bulletins, and minutes of meetings are also displayed in the staff room, which therefore, are available for bank staff and agency staff to view.

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

helped to maintain patient safety and continuous improvement of the service provided.

Workforce

Skilled and enabled workforce
Staff we interviewed spoke passionately about their roles, and throughout the inspection we observed a strong and cohesive team working together.

Staff were able to access and produce most documentation we requested in a prompt and timely manner, therefore, demonstrating good governance processes.

There were appropriate systems in place to ensure that recruitment followed an open and fair process. Prior to employment, staff references are sought, Disclosure and Barring Service (DBS) checks are undertaken, and professional qualifications are checked.

Newly appointed staff undertook a period of induction under the supervision of the experienced ward staff. Staff also showed us evidence of this and described the induction process to us.

We saw evidence that staff annual appraisals had been undertaken along with supervision, and staff explained that supervision takes place on a regular basis.

We were provided with a range of policies, the majority of which were in in date; however, the following policies required a review:

- Management of violence and behaviors that challenge, no review date
- Health and safety policy, review date August 2024
- Consent to examination or treatment, review May 2024
- Policy for safe support and supervision of patients, review date October 2018
- PPE, review date March 2021.

The health board must ensure that policies are reviewed in a timely manner to ensure they are current.

Staff told us that similar services within the wider health board had more resources on comparable wards, and that these wards also had access to administrative support. During staff interviews they indicated that a review of staffing numbers on Ward 7 and some support with administrative duties, such as a ward clerk, would enable staff to have more time to dedicate to patients. Apart from the issue of most staff telling us that they would like more staff, most felt Ward 7 was a lovely place to work.

The health board must review staffing levels to ensure they meet the administrative demands of the ward and adequately support the patient group.

We considered staff training compliance and the records we saw indicated that overall compliance was reasonable, however improvements are required in relation to physical restraint training as highlighted earlier.

It was positive to see that staff were given training opportunities in addition to mandatory training. For example, all staff had been trained to level 3 dementia care awareness, which had been delivered by the OT team.

Culture

People engagement, feedback and learning

Suitable arrangements were in place to promptly share information and any lessons learnt to staff, following complaints and incidents. This included across the hospital and the wider organisation. This helped to promote patient safety, shared learning and continuous improvement of the service provided.

We saw that information was available to staff on the Duty of Candour and staff had completed Duty of Candour training. Staff also told us that they would feel secure raising concerns about patient care or other issues at the hospital and felt confident that the health board would address their concerns. A whistleblowing policy was in place to support staff when raising such concerns.

Information

Information governance and digital technology

We considered the arrangements for maintaining patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the ward.

We were told that all staff have a personal login with password protection to access the intranet. This helps ensure prompt access to policies and procedures, and to access the Datix incident reporting system. In addition, staff said they understand their roles and responsibilities in respect of accurate record keeping and maintenance of confidentiality.

The staff training compliance for information governance was 85%, and staff described their role and responsibilities in managing personal and sensitive information.

Learning, improvement and research

Quality improvement activities
In addition to the audits undertaken by the ward staff, we saw evidence that the other health board teams undertake unannounced quality assurance visits. Any actions identified from the quality assurance visits are reviewed and actioned by the ward manager. We also identified improvements or actions were shared with staff via news bulletins or during supervision.

The news bulletins produced by ward staff is an area of noteworthy practice. Monthly newsletters are produced, which contained information on the ward training statistics, any lessons learnt from incidents and monthly refresher training themes, such as pressure ulcer prevention.

A seasonal newsletter namely 'Better times', is also produced quarterly by the ward staff. The newsletter showcased the activities taking place on the ward with patients and staff, such as the staff wellbeing days, patients participating in quizzes, pet therapy sessions and gardening activities. This newsletter helped to create a real sense of community and engagement, and showcased all the different types of activities and events that the patients participate in. We were told that patients and family members and carers really enjoy looking at the contents of the newsletter.

A falls working group had been established, and two staff were designated as 'falls' champions. This had improved the quality of reporting and data submissions around falls, and lessons and shared learning had been achieved. In addition, it is positive to note that the falls collaborative group project had been nominated for a recent NHS award.

There were several examples of noteworthy practice and good initiatives taking place on the ward. For example, the stop and think board where staff populated images of their own families as a reminder to be aware of the standard of care that staff deliver to patients. Another example was the implementation of yellow name badges with black text, which helps improve patient experience and address barriers and inequalities for patients with visual and cognitive impairments.

Whole-systems approach

Partnership working and development

Staff described how the service engages with others to support partnership working in the interest of patient care, and to initiate and implement developments. It was positive to hear about the ongoing engagement with outside partner agencies, such as local authorities, General Practitioners, housing departments, community health services, and care homes to ensure a whole systems approach to patient care. In addition, we were told that senior staff attend regular joint agency meetings to discuss any issues and to build stronger 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 summarises 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
No Immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Ward 7 Ysbyty Cwm Cynon

Date of inspection: 27 - 29 January 2025

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate assurances were identified on this inspection.					

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Ward 7 Ysbyty Cwm Cynon

Date of inspection: 27 - 29 January 2025

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Vents on the ward need cleaning as they are dusty.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety	Vents to be cleaned by estates team.	Service Manager Estates Officer	Complete
				A new estates reporting and monitoring system is currently being piloted, the roll out of this on all Older Adult Mental Health Inpatient wards will be completed by 30/04/2025.	Service Manager Estates officer	In progress Estimated date for completion 30/04/2025

				This reporting system will generate outstanding estate issues for escalation. This will feed into Quarterly Health and Safety Directorate meetings.		
2.	Flooring in the assisted toilet and shower room needs to be fixed or replaced to ensure it is safe for the patient group and is available for patients to use.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety	Contractors have revisited the site since the inspection and agreed that floor needs to be completely replaced.	Service Manager Estates Officer	In progress Estimated date for completion 30/06/2025
3.	Plug socket in patient bedroom needs replacing.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety	Plug socket replaced.	Service Manager Estates Officer	Complete
4.	Exposed wires in bedroom and tv	The health board must address this environmental	Managing risk and promoting health and safety	Exposed wires to be covered as much as possible.	Ward Manager Estates Officer	In progress

	lounge need to be covered.	issue and resolve it in a prompt and timely manner.		Wires covered but there remains a small area of exposure which has been escalated to estates.		Estimated date for completion 30/04/2025
5.	Sharp edges in the corridor next to the nursing station need to be fixed.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety	Sharp edges in the corridor need to be fixed. The part remains on order.	Service Manager Estates Officer	In progress Estimated date for completion 30/04/2025
6.	Light in clinical room not working.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety	Light to be fixed.	Service Manager	Complete
7.	Doors that are not locking on the corridor need to be fixed.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety	All doors to be lockable.	Service Manager	Complete

8.	A vial of morphine sulphate was present in the controlled drug cupboard, which was unaccounted for.	The health board must ensure that the controlled drug cupboard is monitored and organised to ensure all drugs are properly accounted for and that presence of other medication and items that are not controlled drugs are not stored in controlled drug cupboard.	Medication.	Pharmacy to collect vial from Ward 7. Daily CD checks are now being completed to ensure monitoring of controlled drugs is in place Any issues will be reported through Quality, Safety, Risk, Experience (QSRE) meetings.	Ward Manager Principle Pharmacist	Complete
9.	There was no appointed mental health pharmacist allocated to the ward.	The health board must ensure that a mental health pharmacist is allocated to the ward to support staff and patients.	Workforce	Pharmacy provision to form part of the wider strategic programme on Older Adult inpatient redesign work. The risk remains on the risk register with	Lead Nurse Service Manager	In progress Estimated date for completion 31/12/25

				mitigation appropriately in place. The mitigation includes; Ysbyty Cwm Cynon pharmacy teams screen medication charts and supply medication to the wards and the Principle Pharmacist for Mental Health supports the ward on an adhoc basic with reviewing medication incidences.		
10.	Physical Intervention and compliance were currently at 70%. In addition, we identified that bank staff who work on the ward currently do not receive any physical intervention training.	The health board must ensure that appropriate physical intervention training is provided to bank staff who work on the ward to ensure the safety of staff and patients.	Workforce	Compliance to reach 85% or more by 31.03.2025. Evidence attached, training compliance at 92% in March. Bank staff have the responsibility of	Ward Manager	Complete

				booking onto PMVA training themselves. As mitigation, staff ensure they roster a minimum of 3 staff per shift who are trained appropriately.		
11.	No dietician allocated to the ward to support staff and patients.	The health board must ensure that a dietician is allocated to the ward to support staff and meet the needs of the patients.	Workforce	Dietetic provision to form part of wider strategic programme on Older Adult inpatient redesign work. The risk remains on the risk register with mitigation appropriately in place. Mitigation includes; all patients have a risk assessment which determines the level of risk. There is a scoring mechanism in place from 0-7+ based on nutritional risk. If	Lead Nurse Service Manager	In progress Estimated date for completion 31.12.25

				the score is 7+ then the patient requires referral to Dietetic service. In this scenario the Advanced Nurse Practitioner (ANP) or Doctor also prescribe supplements, advise on diet plan and nursing staff would complete weekly weights.		
12.	Some policies require review.	The health board must ensure that policies are reviewed to ensure they are current.	Workforce	The policies identified within the inspection that were; **Mental Health policies** • Management of violence and behaviours that challenge, no review date	Assistant Director of Governance and Risk Cooperate Governance	In progress Estimated date for completion 31/12/2025

				(this has been completed) **Corporate / Health Board policies** • Health and safety policy, review date August 2024 • Consent to examination or treatment, review May 2024 • Policy for safe support and supervision of patients, review date October 2018 • PPE, review date March 2021		

				The Health Board is undertaking a policy review project this year with the scope and objectives as outlined below: **Project Scope** To undertake a robust review of Non-Clinical Written Control Documents within the Health Board in order to establish a baseline compliance figure. The review will also include a review of the "Policy on Policies", development of a new system to support robust policy management and a redesign of the Health Boards policy pages on its internal and external web pages.		

				This review will focus on Non-Clinical Written Control Documents, however, at appropriate intervals there will be engagement with the Assistant Medical Director Quality & Clinical Effectiveness, who leads on Clinical Written Control Documents to ensure consistency and flow. **Project Objectives:** 1. To establish a baseline compliance position for Non-Clinical Written Control Documents 2. To ensure that Non-Clinical Written Control Documents are appropriately defined i.e. policy,		

				procedure, guideline etc. 3. To explore an automated approach for the management of Written Control Documents to support monitoring, review prompts, version control and document storage. 4. To review the policy pages on the internal and external websites to ensure ease of access for users when searching for documents. To review the “Policy on Policies” and develop a simplified document supported with clear process maps.		

13.	Staff told us that similar services within the wider health board have more resources.	The health board must review staffing levels to ensure they meet the demands of the patient group.	Workforce	It has been agreed that a priority for the Older Adult Mental Health Directorate is to complete a pan CTM inpatient redesign review which will scope a widespread multi-disciplinary establishment review.	Lead Nurse Service Manager	In progress Estimated date for completion 31/12/2025

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): Sophie Bassett

Job role: Lead Nurse

Date: 24/03/2025