

# Hospital Inspection Report (Unannounced)

Pantomime Ward, Wrexham Maelor  
Hospital, Betsi Cadwaladr University  
Health Board

Inspection date: 14 and 15 October 2025

Publication date: 16 January 2026



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-80633-975-4

© Crown copyright 2026

# 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 .....	5
2.	Summary of inspection.....	6
3.	What we found .....	9
	• Quality of Patient Experience.....	9
	• Delivery of Safe and Effective Care .....	13
	• Quality of Management and Leadership .....	18
4.	Next steps.....	21
	Appendix A - Summary of concerns resolved during the inspection .....	22
	Appendix B - Immediate improvement plan.....	23
	Appendix C - Improvement plan .....	24

# 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 of Pantomime Ward, Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board on 14 and 15 October 2025. The following hospital wards were reviewed during this inspection:

Our team, for the inspection comprised of three HIW healthcare inspectors, two clinical peer reviewers and one patient experience reviewer.

During the inspection we invited patients or 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. A total of eight questionnaires were completed by patients or their carers and seven were completed by staff. 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 the quality of patient experience to be generally good. Most patients and their relatives spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff, generally, supporting patients in a dignified and respectful manner. We saw staff attending to patients in a calm and reassuring manner. However, there were limited bathing facilities on the ward.

There were some delayed patient discharges, due to lack of suitable community care packages. We also identified some delays in renewing Deprivation of Liberty Safeguards (DoLS) assessments following a referral from the ward to the DoLS team.

This is what we recommend the service can improve:

- Ensure that staff respond to patients in a timely way
- Review the provision of bathroom facilities on the ward
- Continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge
- Promote the use of Welsh on the ward.

This is what the service did well:

- Good interactions between staff
- Food provision
- General environment and cleanliness.

### Delivery of Safe and Effective Care

Overall summary:

We found care delivery on Pantomime Ward to be generally safe and effective, supported by comprehensive policies, regular audits, and strong multidisciplinary working. However, several areas require improvement to ensure patient safety, efficiency, and compliance with best practice standards. We found that patient records were managed using both paper and electronic systems, but it was recommended that all records should be maintained electronically to ensure greater consistency and efficiency.

Although patient care records were stored in cupboards within individual bays and near the nurse's station, there were instances when these cupboards were left unlocked while unattended, which heightened the risk of unauthorised access.

Staff showed dedication to efficient care, serving a diverse group of patients, including those with dementia, high physical needs, or awaiting discharge placement. Though generally effective, they occasionally faced challenges with patients exhibiting difficult behaviour, and we noted that behavioural charts often lacked sufficient detail and did not always clearly outline the actions to be taken or specify which interventions were proving beneficial.

While the ward demonstrated good standards in cleanliness, safeguarding, and collaborative care, addressing these issues will strengthen patient safety, improve operational efficiency, and enhance overall care quality.

This is what we recommend the service can improve:

- Some aspects of care documentation
- Ensure that Deprivation of Liberty Safeguards (DoLS) assessments are reviewed and updated on time
- Ensure fire escape doors are not locked
- Ensure that all equipment on the ward is checked and serviced regularly
- Some aspects of medication management
- Some aspects of record keeping and confidentiality.

This is what the service did well:

- Provision of person-centred care
- Risk management in general
- Multidisciplinary working.

## Quality of Management and Leadership

Overall summary:

Staff reported strong support from the ward manager and matron, with effective informal supervision and regular formal appraisals in place. However, while ward-level leadership was praised, staff felt unsupported by senior managers external to the ward. This disconnect may impact morale and operational resilience.

Well-defined systems and processes underpinned governance, including a rolling audit programme and structured meetings to review clinical outcomes.

Recruitment procedures were compliant, and staff records confirmed appropriate checks. Training completion rates were high across mandatory subjects such as fire safety, infection control, Mental Capacity Act, and safeguarding. However, staff

comments highlighted concerns about inadequate staffing and poor skill mix, which were perceived to hinder patient care and place strain on staff.

The ward benefits from strong partnership working with other professionals, including pharmacists, physiotherapists, and dieticians.

Staff were described as friendly, approachable, and committed to delivering high-quality care. Engagement with Duty of Candour responsibilities was evident, and complaint levels were reported as very low.

This is what we recommend the service can improve:

- Move to electronic records management system
- Ensure the staff are supported appropriately by key leaders and managers external to the ward.

This is what the service did well:

- Good support and oversight by ward manager
- Good auditing and reporting processes.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of eight were completed.

Patients were generally positive about the care provided.

Patient comments included:

*"I couldn't ask for better care."*

#### Person-centred

##### Health promotion

Health related information and pamphlets were available in various parts of the ward, many of which were bilingual.

We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

There was a Butterfly scheme in place to identify patients with dementia, with staff having recently had discussions around its implementation. However, there was no evidence of it being in use on the ward at the time of the inspection.

**The health board must ensure that the Butterfly scheme is fully implemented.**

##### Dignified and respectful care

We saw good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner. Patients were treated with dignity, respect and compassion by the staff team and patients, and their relatives were full of praise for the staff.

We observed staff being kind and respectful to patients, and they were making efforts to protect patient privacy and dignity when helping with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

We saw that staff were making an effort to ensure that patients were clean, and that they were encouraged and assisted to change out of their night attire into daytime clothing to maintain independence.

Patients told us that they were happy with the way that staff maintained their privacy, and we saw doors to bedrooms and curtains being drawn around patients when personal care was being given.

### **Individualised care**

We found that care was generally planned and delivered in discussion with patients and in a way that identified and met individual needs and wishes.

Most patients told us that they and their relatives were involved in the planning of care.

The quality of care documentation was good, with care plans accurately reflecting the level and quality of care being provided.

There was limited bathing and toilet facilities on the ward which made it difficult to manage patients with infections who were being barrier nursed.

**The health board must review the provision of bathroom and toilet facilities on the ward to ensure that the current facilities are sufficient, and that patients have a choice of a shower or bath.**

There were good multidisciplinary discussions taking place during the board round regarding patients' needs.

We found that patients' wishes with regards resuscitation in the event of collapse were being discussed with the patients and their nominated family representatives. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation was being completed where appropriate.

## **Timely**

### **Timely care**

Patients were attended to promptly when they needed assistance, and staff were seen to anticipate patients' needs through general observation. However, call bells were not always placed within reach of patients.

**The health board must ensure that call bells are placed within reach of patients.**

There were good multidisciplinary discharge planning processes in place. However, some patients were being accommodated for longer than was needed due to unavailability of suitable community care packages.

**The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.**

## **Equitable**

### **Communication and language**

Throughout the inspection, we saw staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients in an encouraging and inclusive manner.

Only a small number of staff spoke Welsh, which meant that Welsh speaking patients and relatives could not always converse in their first language.

**The health board must take steps to further promote the use of Welsh on the ward through encouraging staff to undertake Welsh language training.**

Signage on doors leading into bathroom and toilet facilities were not very clear, particularly for patients with sight or cognitive impairment, and should be improved in order to maintain patient independence.

**The health board should review bathroom and toilet signage within the ward in order to make them more apparent, particularly to patients with sight or cognitive impairment.**

### **Rights and Equality**

We saw staff being kind and respectful to patients and patients spoken with confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family.

We found that care was being provided in a way to promote and protect patients' rights.

We found the application of Deprivation of Liberty Safeguards (DoLS) to be variable with some delays in re-assessing patients following a referral from the ward to the DoLS team.

The health board must ensure that renewals of DoLS assessments are undertaken in a timely way in line with recognised national guidelines.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found that the delivery of care was generally safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors.

We found that some fire escape doors were obstructed by items, such as hoists and wheelchairs. This was brought to the attention of the ward manager who took immediate action to resolve the matter. In addition, some of the fire escape doors were locked.

**The health board must ensure that fire escape doors are unlocked.**

### Infection, prevention and control and decontamination

There were very good housekeeping arrangements in place. The communal areas and rooms appeared clean and tidy. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

Hand washing and drying facilities were available. However, we advised that the location of hand gel dispensers and waste bins be reviewed in order to facilitate good IPC practice in high traffic/public and clinical areas.

**The health board should review the location of hand gel dispensers and waste bins be reviewed in order to facilitate good IPC practice in high traffic/public and clinical areas.**

There was a comprehensive infection control policy in place supported by comprehensive cleaning schedules.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. We suggest that outcomes of such audits be displayed for patients, visitors and staff to see.

#### **Safeguarding of children and adults**

Patients told us that they felt safe on the ward. There were written safeguarding policies and procedures in place and staff had received safeguarding training.

#### **Blood management**

There was a blood transfusion policy in place, and we were told that staff involved in blood transfusion and the management of blood products attended training and undertook regular competency assessments.

#### **Management of medical devices and equipment**

The ward had a range of medical equipment available, and we were told that these were checked and serviced regularly. However, we found that service labels on some items of equipment were out of date.

**The health board must ensure that all equipment used on the ward is regularly checked and serviced.**

#### **Medicines management**

Medicines management arrangements required some improvement to ensure safety and effectiveness.

We found that not all patients had identification bands on. This was escalated to the ward manager who took immediate steps to address the issue.

In addition, patient weight was not always recorded on the medication administration chart. However, weights were recorded on a weekly basis within individual care records.

**The health board must ensure that patient weights are recorded on medication administration charts.**

We also noted that the medication trolley was left open and unattended on occasions.

**The health board must ensure that staff lock the medication trolley when left unattended.**

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be generally well managed.

There was evidence of pain assessments taking place and nurses, when administering medication were asking patients if they needed any pain relief.

### **Preventing pressure and tissue damage**

On review of patient records, we found that skin pressure area risk assessments were undertaken routinely and in a timely way, and were updated regularly, and that referrals to the tissue viability specialist nurse were made where necessary.

### **Falls prevention**

Physiotherapy and occupational therapy staff were observed supporting patients to mobilise and maintain their independence.

Falls risk assessment were undertaken routinely and in a timely way.

## **Effective**

### **Effective care**

There was evidence of very good multidisciplinary working between the nursing and medical staff. From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

National Early Warning Score (NEWS) system was reflected in the assessment and care planning process and there was a designated sepsis trolley on the ward, the contents of which was being checked daily.

### **Nutrition and hydration**

We found the provision of food and drink to be good, with patients' eating and drinking needs assessed on admission.

All the meals were cooked on site daily and looked well-presented and appetising. Patients told us that the food was good.

Patients had access to fluids with water jugs available by the bedside. However, we noted some delays in re-filling water jugs.

**The health board must ensure that water jugs are re-filled in a timely way to ensure that patients are kept hydrated.**

Staff were seen helping patients to eat and drink. We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently. However, patients were not always assisted by staff to re-position prior to mealtimes.

**The health board must ensure that staff re-position patients prior to mealtimes to ensure that they are able to eat their food without restriction or discomfort.**

### **Patient records**

The quality of the patients' records we looked at was generally good and easy to navigate.

The multidisciplinary healthcare team provided patients with individualised care according to their assessed needs. There were processes in place for referring changes in patients' needs to other professionals, such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

Records were being maintained in both paper and electronic formats. We recommended that all patient records be maintained electronically for consistency.

**The health board should move to an all-electronic patient records management system.**

Patient care records were kept in cupboards within individual bays and in a cupboard near the nurses' station. However, we found occasions when these cupboards were not locked when unattended increasing the risk of unauthorised access.

**The health board must ensure that cupboards containing patient records are locked when unattended.**

## **Efficient**

### **Efficient**

We saw staff striving to provide patients with efficient care.

There was a mix of patients receiving care on the ward which included patients with mental health care needs due to dementia, patients with high physical care needs, and patients assessed as suitable for discharge and awaiting suitable care home placement or community care packages.



Some patients displayed behaviour that staff found difficult to manage at times. Behavioural charts lacked detail and did not always specify actions to be taken to manage behaviour and what interventions were having a positive impact on the patient.

**The health board must ensure that behavioural charts are detail and clearly specify actions to be taken to manage behaviour and what interventions have a positive impact on the patient.**

# Quality of Management and Leadership

## Staff feedback

Staff responses to the questionnaire were generally positive in respect of most areas of the service. However, some staff were critical about staffing levels and skill mix.

Staff comments included:

*“I believe the skill mix on my ward is poor.”*

*“Staffing is also an issue which I believe hinders the care I can give to my patients...”*

*“Staff members are working above and beyond to meet needs of patients but issue of being short staffed is putting a strain on hardworking individuals.”*

*“Patient care usually cannot be met or is incredibly difficult to meet due to staffing.”*

Staff told us that they were well supported by the ward manager and matron. However, they felt unsupported by the senior managers outside of ward.

**The health board must reflect on the staff responses to our questionnaire highlighted throughout the report and ensure the staff are supported appropriately by key leaders and managers external to the ward.**

## Leadership

### Governance and leadership

There was a clear structure in place to support the ward’s governance and management arrangements.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place and we found that formal,

documented staff performance and appraisal reviews were taking place on a regular basis.

## **Workforce**

### **Skilled and enabled workforce**

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the appropriate procedures had been followed when recruiting staff and that relevant recruitment checks had been undertaken prior to the commencement of employment.

Staff on the ward were encouraged to access both in house and external training opportunities.

Staff were expected to complete training in subjects, such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding, as well as service specific training. Records showed good training completion rates.

## **Culture**

### **People engagement, feedback and learning**

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients.

We were told by staff that the number of complaints received about the service was very low.

We found that staff we spoke with were aware of their responsibilities under the Duty of Candour.

## **Information**

### **Information governance and digital technology**

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.

## **Learning, improvement and research**

### **Quality improvement activities**

Regular audits were being undertaken to monitor and improve the quality of care provided.

## Whole-systems approach

### Partnership working and development

The ward was well supported by other professionals, such as pharmacists, physiotherapists, occupational therapists and dieticians.

## 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
We found that some fire escape doors were obstructed by items such as hoists and wheelchairs.	This could impede the evacuation of the ward in the event of a fire and could result in harm to patients, visitors and staff.	This was brought to the attention of the ward manager.	The ward manager took immediate action to resolve the matter by removing the obstructing items.

## Appendix B - Immediate improvement plan

**Service:** Pantomime Ward

**Date of inspection:** 14 and 15 October 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 concerns were highlighted during 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:** Pantomime Ward

**Date of inspection:** 14 and 15 October

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.	There was no evidence of the Butterfly scheme being in use on the ward.	The health board must ensure that the Butterfly scheme is consistently implemented and visible on the ward. Staff should demonstrate good knowledge and understanding of the scheme and its appropriate use to support patients with cognitive impairment/s.	Person Centred Care	Re-introduction of the Butterfly Scheme on ward. Ensure Butterfly symbols are available and displayed appropriately.  Staff awareness and education regarding the purpose and correct use of scheme (Dementia Nurse Consultant visit to Pantomime Ward). Monitor compliance through audit and spot checks.	Ward Manager	31/03/2026



2.	There was limited bathing and toilet facilities on the ward which made it difficult to manage patients with infections who were being barrier nursed.	The health board must review the provision of bathroom and toilet facilities on the ward to ensure that there is adequate access to bathing and toilet facilities in order to maintain effective infection prevention and control practices.		<p>Review current ward layout and availability of facilities.</p> <p>Infection Prevention Team to support a ward visit to agree and support implementation an interim measure for managing patients requiring barrier nursing - enhanced cleaning.</p> <p>To progress funding for additional toileting facilities.</p> <p>Capital bid submission to add additional showering facilities.</p>	<p>Matron</p> <p>IPT Matron</p>	30/06/2026
3.	Call bells were not always placed within reach of patients.	The health board must ensure that call bells are consistently placed within reach of patients. Staff must check accessibility during routine care/safety rounds.	Timely Care	Reinforce staff responsibility to ensure call bells are within reach after all patient interactions.	Ward Manager	31/01/2026

				<p>Provide reminders during handover and safety briefings.</p> <p>Monitor compliance through NIC/Ward Manager/Bleep holder spot checks. Feedback to be included in Matron Peer Audit.</p>		
4.	Some patients were being accommodated for longer than was needed due to unavailability of suitable community care packages.	The health board must continue to engage with the local authority to support timely discharge planning and improved communication with community services to ensure patients are discharged as soon as they are clinically optimised.	Equitable Care	<ol style="list-style-type: none"> <li>1. Strengthen discharge planning, commencing from point of admission - monitored through STREAM compliance, board round and afternoon huddles.</li> <li>2. Improve communication and escalation pathways with community services and social care (Long Length of Stay Meeting/Check and Challenge).</li> </ol>	Ward Manager/ Head of Site/Deputy Head of Site	<ol style="list-style-type: none"> <li>1. 28/02/2026</li> <li>2. 30/06/2026</li> <li>3. 31/01/2026</li> </ol>

				3. Prompt identification and escalation of care package availability/provision through nursing hierarchy. Evidenced through board round actions and escalation communications.		
5.	Only a small number of staff spoke Welsh, which meant that Welsh speaking patients and relatives could not always converse in their first language.	The health board must take steps to ensure Welsh speaking patients and their relatives are supported to communicate in their preferred language, with systems in place to identify language needs and access as appropriate.		<p>Identify Welsh-speaking patients on admission and record their language preference clearly.</p> <p>Ensure staff are aware of how to access interpretation services.</p> <p>Encourage and support staff to develop Welsh language skills. Monitoring ESR compliance.</p> <p>Embed 'Active offer' principles.</p>	Ward Manager	<p>31/01/2026</p> <p>Wider actions including workforce development 6-12 months.</p>
6.	Signage on doors leading into	The health board should review bathroom and		Review signage currently in place across the ward.	Ward Manager	28/02/2026

	bathroom and toilet facilities were not very clear, particularly for patients with sight or cognitive impairment.	toilet signage within the ward in order to ensure they are clear, accessible and dementia friendly to support independence, safety and dignity.		<p>Introduce clear, high-contrast, pictorial signage -request costing from external company for signage.</p> <p>Ensure signage is of appropriate height and is secure.</p> <p>Seek expert advice from Dementia leads.</p>		
7.	Application of Deprivation of Liberty Safeguards (DoLS) was variable with some delays in re-assessing patients following a referral from the ward to the DoLS team.	The health board must ensure that renewals of DoLS assessments are undertaken in a timely manner in line with legal requirements and recognised national guidelines.		<p>Ensure Risk register accurately reflects the known risk associated with delayed assessments.</p> <p>Ward leads to embed a process to support timely identification of those approaching DoLS renewal period - Monitored through monthly audit and reported via Safeguarding section of Matron KPI report.</p>	<p>Matron</p> <p>Ward Manager</p>	28/02/2026

8.	Some of the fire escape doors were locked.	The health board must ensure that fire escape doors are unlocked and accessible at all times.	Safe Care	<p>Fire Officer to review all fire escape doors on the ward to ensure they are unlocked and functional.</p> <p>Reinforce staff awareness of fire safety via safety brief, staff meetings and e-learning.</p> <p>Implement routine checks of fire doors as part of ward reviews.</p>	Ward Manager in collaboration with the Fire Officer and estates team.	Complete 15/10/2025
9.	The location of hand gel dispensers and waste bins required reviewed in order to facilitate good IPC practice in high traffic/public and clinical areas.	The health board should review the location of hand gel dispensers and waste bins be reviewed in order to facilitate good IPC practice in high traffic/public and clinical areas.		<p>Walkabout to be undertaken with IPC Matron and Ward Manager to identify improvements in location of hand gel dispensers and waste bins. provisions.</p> <p>Housekeeper, and ward leads to ensure proactive messaging regarding appropriate waste disposal</p>	Ward Manager  IPC Matron	31/01/2026

				as an interim measure to increase awareness.  Portable hand sanitiser available at each bed space and on notes trolleys.		
10.	Service labels on some items of equipment were out of date.	The health board must ensure that all equipment used on the ward is regularly checked and serviced.		Housekeeper to audit equipment servicing and escalate any delays to estates. Sitrep to be shared electronically once per month.	Ward Manager	30/04/2026
11.	Patient weight was not always recorded on the medication administration charts.	The health board must ensure that patient weights are recorded on medication administration charts.		Weekly audit of medication prescription charts. Audits to be scanned and uploaded to ward shared drive.	Ward Manager	30/04/2026
12.	The medication trolley was left open and unattended on occasions.	The health board must ensure that staff lock the medication trolley when left unattended.		Medication trolleys to be removed to support EPMA launch.	Ward Manager	Complete 17/10/2025
13.	There were some delays in re-filling water jugs.	The health board must ensure that water jugs are re-filled in a timely	Effective Care	NIC/Housekeeper to undertake care and	Ward Manager	31/01/2026

		way to ensure that patients are kept hydrated.		<p>comfort walkabouts twice per shift, between mealtimes to ensure adequate hydration is available.</p> <p>Completion to be captured on a signature sheet and actions recorded in an action log. Scanned and uploaded to shared drive weekly.</p>		
14.	Patients were not always assisted by staff to re-position prior to mealtimes.	The health board must ensure that staff re-position patients prior to mealtimes to ensure that they are able to eat their food without restriction or discomfort.		<p>Repositioning to be undertaken prior to mealtimes to ensure patients are at their optimum position and sat out to enable recovery.</p> <p>Designated meal time co-ordinator to confirm this action has been undertaken prior to commencing service.</p>	Ward Manager	31/01/2026
15.	Records were being maintained in both	The health board should move to an all-		Feedback shared with CNIO.	Matron	Complete 15/12/2025

	paper and electronic formats.	electronic patient records management system.		CNIO & CMIO to provide update on timeframe / plan for a move to all-electronic patient management system	Health Board CNIO/CMIO	30/06/2026
16.	Cupboards containing patient records were not always locked when unattended.	The health board must ensure that cupboards containing patient records are locked when unattended.		Cupboard to be removed and records to be secured behind locked door. Daily signature sheet will be maintained to monitor and record compliance.	Ward Manager	Complete 02/12/2025
17.	Behavioural charts lacked detail and did not always specify actions to be taken to manage behaviour and what interventions were having a positive impact on the patient.	The health board must ensure that behavioural charts are detail and clearly specify actions to be taken to manage behaviour and what interventions have a positive impact on the patient.	Efficient Care	Highlight that current documentation does not account for interventions. Utilisation of WNCR to track interventions and actions.  Consider review of behaviour charts across organisation to facilitate recording of actions and outcomes.	Ward Manager  Patient Safety Team	31/03/2026
18.	Staff comments highlighted concerns about inadequate staffing and poor	The health board must reflect on the staff responses to our	Leadership	Review staffing levels and skill mix against patient acuity, utilising systems	Matron	31/03/2026



skill mix and that they felt unsupported by the senior managers outside of ward.	questionnaire highlighted throughout the report and ensure the staff are supported appropriately by key leaders and managers external to the ward.		such as Safe Care to reflect this robustly.  Escalate staffing concerns through appropriate local processes.  Provide regular opportunities for staff to raise concerns and receive feedback.		
--	--	--	---	--	--

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):** Erin Humphreys

**Job role:** Interim Associate Director of Nursing

**Date:** 29/12/2025