

# Hospital Inspection Report (Unannounced)

Hergest Unit

Ysbyty Gwynedd

Betsi Cadwaladr 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 .....	5
2. Summary of inspection.....	6
3. What we found .....	10
Quality of Patient Experience .....	10
Delivery of Safe and Effective Care .....	15
Quality of Management and Leadership .....	22
4. Next steps.....	27
Appendix A - Summary of concerns resolved during the inspection .....	28
Appendix B - Immediate improvement plan.....	29
Appendix C - Improvement plan .....	30

# 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 Hergest Unit, Ysbyty Gwynedd Hospital, Betsi Cadwaladr University Health Board on 8,9 and 10 September 2025. The following hospital wards were reviewed during this inspection:

- Aneurin Ward - Female acute mental health admissions ward
- Cynan Ward - Male acute mental health admissions ward
- Taliesin Ward - Psychiatric Intensive Care Unit (PICU)
- Section 136 Mental Health Suite.

Our team, for the inspection comprised of two HIW healthcare inspectors, four clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one patient experience reviewers.

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 four questionnaires were completed by patients or their carers and 11 were completed by staff. Some questions were skipped by some respondents, meaning not all questions had 11 responses. However, we spoke to staff and patients during the inspection and some of the comments we received appear throughout the report.

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

## 2. Summary of inspection

### Quality of Patient Experience

Patient feedback indicated that individuals felt safe, respected, and able to communicate effectively with staff, who were consistently described as kind, helpful, and attentive. Our observations confirmed that staff engaged with patients in a positive and sensitive manner, ensuring that communication was clear and tailored to individual needs. The availability of bilingual staff, particularly those fluent in Welsh and English, enables the proactive provision of care in a patient's preferred language, thereby enhancing engagement and wellbeing. Translation services further support those who speak other languages.

Patients could access support from external bodies, such as solicitors and advocacy services, during relevant meetings, with family involvement encouraged where appropriate. The hospital's procedures to protect patient rights were robust, with compliance observed regarding legal documentation under the Mental Health Act. Whilst advocacy services were available to all patients, staff identified a need for a more structured and frequent advocacy presence.

There was an absence of structured therapeutic activity programmes across all wards. This issue was identified during previous inspections, and we found no progress had been made in addressing this issue. The health board must take action to address this.

We observed a general absence of patient facing information. There were no visible notices or materials relating to health promotion, the role of Healthcare Inspectorate Wales (HIW), or advocacy services. Additionally, information for families and carers was limited. There was also lack of accessible details about the wards, including what patients can expect during their stay and throughout the admissions process. Patient comments reflected this.

Wards consisted of a mix of single bedrooms, and shared bays with rooms lacking en-suite facilities. These arrangements do not align with modern standards for mental health care, as shared bedrooms can compromise patient safety, privacy, and dignity, and pose challenges for infection prevention and control.

This is what we recommend the service can improve:

- Ensure that each ward displays accessible and up-to-date patient information
- The provision of single ensuite bedrooms to support privacy, dignity and modern mental healthcare is considered

- Develop and implement structured therapeutic activity programmes across all wards.

This is what the service did well:

- Good team working and motivated staff
- Staff skills and caring responses when dealing with challenging situations.

## Delivery of Safe and Effective Care

Overall summary:

The inspection found that systems and governance arrangements were in place to ensure safe and clinically effective care. Patient safety incidents were recorded, reviewed, and monitored using an established electronic system, with staff debriefs occurring after incidents. Physical interventions were supervised and discussed in meetings, and nurse call points were available throughout the premises. Comprehensive health and safety policies, including ligature and fire risk assessments, were maintained, and regular environmental checks were undertaken, although some areas required improvement, such as faulty equipment and insufficient seating.

Infection prevention and control (IPC) arrangements were suitable and supported by up-to-date policies. Staff completed regular audits, demonstrated appropriate use of PPE, and had access to sufficient cleaning and waste disposal facilities.

Safeguarding procedures for children and vulnerable adults were effective, with staff knowledgeable about referral processes and was supported by Wales Safeguarding Procedures.

Effective management of medical devices and medicines was observed, with regular audits, clear documentation, and appropriate storage. However, some issues require attention, including missing documentation, incomplete drug checks, and inconsistent recording of allergy information.

Staff training compliance for physical intervention was high, and they demonstrated respectful de-escalation techniques. Nutritional and hydration assessments were conducted for all patients, though patients raised concerns about portion sizes and limited menu variety.

Paper records were organised and securely stored, but staff reported challenges due to the volume of paperwork and inadequate storage. Staff suggested that an electronic health record would improve efficiency and record management.

Information governance frameworks safeguarded personal data, and statutory detention documents complied with the Mental Health Act.

Care and Treatment Plans were thoroughly completed, with regular reviews, detailed risk assessments, and evidence of patient and family involvement. Discharge planning was actively pursued. Ward meetings held twice daily facilitated efficient bed management, staffing reviews, and communication. Despite ongoing challenges in securing 'move-on' placements and pressures within the acute care system, staff worked collaboratively to arrange timely and safe discharges and admissions.

This is what we recommend the service can improve:

- Environmental maintenance and safety
- Medication documentation and storage
- Record keeping systems.

This is what the service did well:

- Good standard of care planning
- IPC and regular audits.

## **Quality of Management and Leadership**

Overall summary:

During the inspection, staff feedback was gathered through surveys and direct conversations, revealing mixed views of senior management. While some comments indicated concerns about management's approachability and support for wellbeing, others praised colleagues' dedication and teamwork.

The organisational structure was clear with defined lines of accountability and support systems in place for both day and out-of-hours management. Most staff felt patient care was prioritised, but fewer were confident about organisational safety standards. Less than half said they would recommend the workplace or felt assured about care standards for themselves or their families.

Staff worked well together, and some noticed improved leadership culture since previous inspections. Training compliance was generally good but inconsistencies on some wards and appraisal rates remained low. The health board must take action to improve this.

Recruitment practices were appropriate, and newly appointed staff received structured induction, though staff shortages led to reliance on temporary workers and concerns about safe care, especially at night. There was also an absence of a



psychologist, which remains an unmet need since our previous inspections, therefore all staff vacancies across the unit must be addressed.

Staff felt confident raising concerns, supported by a whistleblowing policy and Duty of Candour training. Information governance arrangements were in place, though training compliance in this area also requires improvement.

Quality improvement was ongoing, with monthly senior nurse walkarounds and regular committee meetings to address emerging issues and learning opportunities. Initiatives focused on patient flow, morale, professional development, therapy dog visits and training in independent prescribing. The unit also engaged positively with partner agencies such as local authorities and health services, taking a whole-systems approach to patient care and attending joint meetings to address service issues collaboratively.

This is what we recommend the service can improve:

- Low completion rates of staff appraisals and formal supervision sessions
- Appointment of a Psychologist.

This is what the service did well:

- Overview and management of risks and incidents
- Resilient, caring, and supportive staffing group.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Although only a small number of patients completed the surveys, the feedback received was consistent with the initial findings observed during the inspection.

Patient responses highlighted a lack of clarity around their care journey, with some unsure of what was expected of them or how to progress through their stay.

There were concerns about limited access to therapeutic activities, such as music and art therapy, which were previously available but no longer offered. Some patients expressed frustration with restrictions, such as needing to be escorted during breaks, and noted a lack of meaningful activities.

Environmental factors also impacted patient experience, with shared bays causing sleep disturbances due to noise. While some patients acknowledged the dedication of nursing staff, they also observed that staff were often busy, which may affect the availability of support and communication. The health board should consider the comments below and focus on how the patient experience can be improved following this feedback.

Patient comments included:

*“First time in hospital. Unsure what I’m supposed to do here to be able to leave.”*

*“Used to be music and art therapy but don’t have it anymore.”*

*“Food is okay but don’t get much.”*

*“There are no activities here.”*

*“Really don’t like the bay as snoring keeps me awake.”*

The health board should consider the patient comments above and establish how their experience can be improved.

#### Person-centred

#### Health promotion

Patients received appropriate physical health assessments on admission, alongside their mental healthcare. Care plans included ongoing health promotion needs, such as dietician input and GP access. However, there was a noticeable lack of health promotion materials displayed on the wards, and patients had limited access to information about advocacy services, HIW, or what to expect during their admission. Families spoke positively about staff and care, but said they were not given enough information.

**The health board must display clear, accessible patient information in communal areas, covering health promotion, advocacy, HIW and ward routines. In addition, ensure patient and family leaflets are regularly reviewed and updated with essential care details.**

Ward gardens were suitable for patient use but required maintenance to remain pleasant and inviting.

**The health board must maintain and improve ward garden areas to ensure they remain welcoming and therapeutic.**

Lounge areas offered basic self-directed activities like TV, books, and board games. A large activities room and gym were available but rarely used due to a lack of staff to support off-wards activities. Some equipment was broken, and patients reported being unable to use the facilities.

**The health board must ensure patients have access to safe, functional equipment and facilities that promote health, wellbeing, and independence.**

There was no evidence of structured therapeutic activity programmes across the wards. This issue has been raised in previous inspections, but no improvement had been made, and staff and patients consistently raised concerns about the lack of meaningful activities. While some nursing staff arranged some wards-based activities, they reported difficulty doing so alongside their core duties.

Therapeutic activities play a vital role in supporting the recovery and wellbeing of patients in mental health settings. They help structure the day, promote engagement, reduce isolation, and support the development of life skills, independence, and self-esteem. For this patient group, access to meaningful activities is especially important in maintaining mental and physical health, encouraging social interaction, and fostering a sense of purpose.

**The health board must ensure that the wards implement a structured activity timetable that includes evenings and weekend and must prioritise recruitment to support therapeutic engagement.**

### **Dignified and respectful care**

We found that all staff engaged with patients appropriately and treated them with dignity and respect. In addition, the staff we spoke with were enthusiastic about their roles and how they support and care for the patients.

We saw most staff take time to speak with patients and address their needs or concerns. Staff were consistently seen working in busy wards, yet remained attentive and responsive, ensuring patient needs were met effectively. This indicated a professional and caring approach to patients among staff.

Ward entrances were secured with locked doors and an intercom system to control access. Aneurin and Cynan wards included both single bedrooms and shared bays and did not have en-suite facilities. This arrangement does not align with modern standards for mental health care, as shared bedrooms can compromise patient safety, privacy, and dignity, and pose challenges for infection prevention and control.

Whilst we acknowledge the cost involved with renovating wards environment and the disruption this may have on bed availability during renovation, it would be beneficial to patients if the shared bedrooms were adapted to provide individual rooms with ensuite facilities, thereby enhancing their privacy.

**The health board should consider how it can improve the patient experience and maintain their privacy and dignity for those who must share bay areas.**

Patient rooms had observation panels that can be opened or closed externally to enable monitoring by staff, as necessary. Patients can lock their bedroom doors, although, staff could override this when necessary. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

Patients were able to personalise their rooms and store their own possessions, and personal items were risk assessed on an individualised basis, to help maintain patient safety. This included the use of personal mobile phones and other electronic devices, and a telephone was also available for patients to use to contact friends or family if needed.

Staff wore personal alarms whilst they were working on the wards, and these were available for staff and visitors to use, if needed. 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.

Taliesin 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.

### **Individualised care**

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

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.

## **Timely**

### **Timely care**

The hospital has patient flow/bed management processes in place, which includes patient information communications, to discuss and consider bed occupancy levels, and to help plan for any emerging patient admission or discharge issues.

Overall, we found that patients were provided with timely care during their wards 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 wards, 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 many bilingual (Welsh and English) staff work on the wards, allowing the active offer of care in Welsh. Translation services are also available for patients who speak other languages. During the inspection, we observed staff and patients communicating in Welsh. This is a positive aspect of care, as providing care in a patient's preferred language can improve engagement, trust, and overall wellbeing.

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.

### **Rights and equality**

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

Legal documentation relating to detained patients under the Mental Health Act was compliant with the legislation.

All patients have access to advocacy services, and we were told that advocates visit the hospital when required. Staff expressed a desire for a more structured approach and more frequent visits from advocacy. 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.

**The health board should engage with advocacy services to establish structured and frequent visits to ensure consistent support and visibility.**

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found that systems and governance arrangements were in place to support safe and clinically effective care. An established electronic system was used to record, review, and monitor patient safety incidents. Staff confirmed that debriefs occur after incidents. Meetings and inspection evidence confirmed that incidents and physical interventions are monitored and well-supervised.

Nurse call points were available throughout the hospital, including patient bedrooms and bathrooms, allowing patients to summon help when needed.

A range of current health and safety policies and risk assessments were in place, including ligature and fire risk assessments.

Environmental checks were conducted regularly by the wards manager and a member of the estates department. The environment was clean and tidy; however, some areas require improvement. For example, the water geyser was found to be faulty and required repair or replacement to ensure reliable access to hot water. On Taliesin Ward, the washing machine was currently non-functional and should be assessed for repair or replacement to maintain essential laundry services.

In the lounge area in Taliesin Ward, seating was noted to be limited, which may impact patient comfort and engagement; additional seating should be considered. The clinical door on Taliesin lacked appropriate oxygen signage, presenting a potential safety risk.

The Perspex glass in the seclusion room on Taliesin Ward has been defaced and requires replacement to uphold a safe and therapeutic environment. Staff also reported difficulties accessing the seclusion room due to the design of the door and the absence of a hatch, which may hinder safe and timely interventions. A review of the door design is recommended to improve accessibility and safety.

Further, the ceiling in the nursing office on Aneurin Ward shows signs of water damage and should be repaired to prevent further deterioration.

**The health board must address the environmental issues and resolve them in a prompt and timely manner, which includes:**

- Implementing a notice for the location of portable oxygen cylinders
- Replacing the defaced Perspex glass in the seclusion room

- **Reviewing the design and function of the door to the seclusion room for accessibility and safety.**

Limited storage space on the wards resulted in some areas appearing cluttered and disorganised. For example, the bathroom on Aneurin Ward was being used to store equipment and supplies, reducing its availability for use. Similarly, the bathroom on Cynan Ward is currently out of commission and couldn't be used as a bathroom area.

**The health board must review current storage needs and consider alternative, dedicated storage solutions to make key therapeutic and communal spaces available.**

### **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 were completed to assess environmental cleanliness and compliance with hospital procedures, and compliance was verified by senior ward staff. Mandatory IPC training completion rates were 65% for Aneurin Ward 96% for Cynan Ward, and 79% for Taliesin Ward.

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 IPC.

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.

Wards staff had access to the health board safeguarding processes, which were supported by the Wales Safeguarding procedures, accessible via the intranet. Senior wards 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**



Clinical audits were routinely undertaken, including consistent checks 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 they 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 visit to the wards, while reviewing patient Medication Administration Records (MAR charts), we noted that CO2 forms were not attached. These forms are legally required under the Mental Health Act for specific treatments. Ensuring these documents are in place is essential to confirm that treatment is being administered lawfully, and that patients' rights are upheld.

**The health board must ensure that all legally required documentation, including CO2 forms, is consistently completed and attached to MAR charts.**

During inspection, the medication fridge on Aneurin Ward was out of use, and medications were stored on other wards. Although a new fridge was due for installation, this arrangement may delay access to time sensitive medications in emergencies potentially impacting patient safety.

**The health board must ensure that installation of the new medication fridge is prioritised to ensure immediate access to essential medication within Aneurin Ward.**

On Aneurin Ward, some controlled drug stock checks were missing dates and staff signatures. Furthermore, allergy information was not consistently recorded in patient notes. These deficiencies may impact patient safety and should be addressed by enhancing record-keeping procedures.

**The health board must ensure that controlled drug stock checks are completed with staff signatures and dates, and that all patient records include allergy information to support safe prescribing.**

All three clinical areas were found to be clean, tidy, and well organised. It was positive to note that the wards had access to a dedicated mental health pharmacist, who also attends MDT meetings when needed, to support safe and effective prescription and medication management.

## 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 and inspection evidence confirmed all incidents and physical interventions (such as restraint) are reviewed and supervised. Physical interventions from the previous 24 hours were reported and discussed at daily meetings, then further reviewed in the hospital's weekly incident and complaint meeting.

The inspection team witnessed positive redirection and de-escalation of difficult behaviours on all wards during the inspection, all of which were done respectfully and in a supportive manner.

Staff training compliance for Physical Intervention was 92% on Aneurin Ward, 88% on Cynan, and 87% on Taliesin. Each shift had enough trained staff to manage incidents safely. However, some bank staff have not yet received this training. Senior managers conduct daily staffing reviews to monitor that each ward is covered by trained staff, and this process is included in the twice-daily safety huddles.

**The health board must consult 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. Incident reports were regularly reviewed and analysed, with information and lessons from complaints and incidents shared with hospital staff and the wider organisation.

### **Nutrition and hydration**

All patients have a nutritional assessment on admission. Patients were supported to meet their dietary needs, and we were told that specific dietary requirements were accommodated as appropriate.

Specific dietary requirements were accommodated, and patients chose meals from the hospital menu, however, some patients felt portion sizes were too small. This often led them to order takeaways to supplement their meals, and staff supported them to do this as appropriate. In addition, patients said there was limited variety of choices on the menu and meals were often repetitive.

**The health board should review portion sizes to ensure they meet patients' nutritional needs, reduce takeaway meals, and expand menu options for choice and patients with specific dietary needs.**

### **Patient records**

Paper records on the wards were well organised, clearly sectioned, and securely stored. However, staff reported ongoing issues with the paper-based system, including difficulties with document completion, the volume of paperwork, and inadequate storage. Due to the large number of records, shelving and cupboards used for storage were broken and unsuitable, raising concerns about long-term record management and accessibility. Staff felt that an electronic health record system would improve efficiency and reduce these problems.

**The health board should review the current paper-based records system and consider implementing an electronic health record system. This would improve documentation processes, resolve storage issues, and better support staff workflows.**

Robust systems were in place to safeguard the personal information of both patients and staff. A structured information governance framework was in place and staff demonstrated clear understanding of their obligations regarding accurate record keeping and maintaining 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 statutory detention documents for five patients and found full compliance with the Mental Health Act 1983 (revised Code of Practice for Wales, 2016). All records confirmed legal detention, and showed patients were informed of their rights, with signed acknowledgements present.

The Mental Health Act Administrator operated an efficient and effective system to support the implementation, monitoring, and review of legal requirements under the Act.

### **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 and MUST. In addition, there were standardised assessments based on the individual patient needs.

The management of patient behaviours were documented in their care plans and risk management profile, and staff were trained to use skills for managing and deescalating challenging situations. It was positive to see that the clinical records clearly showed patient and family involvement in care discussions, which were patient focussed. Care plans were reviewed regularly by staff and updated to reflect current needs and risks. Physical health monitoring was consistently recorded in patient records, and risk management plans were good, with detailed risk assessments and risk management strategy plans in place. In addition, there was evidence of active planning and discharge planning for long term placements.

Although certain broad restrictions were required due to the hospital's security protocols, it was positive to see individual risk assessments in place to support patients' interests and goals. For example, on Taliesin Ward patients under enhanced observation were still supported in undertaking Section 17 leave, with family input on leave and associated restrictions being considered during ward rounds.

## **Efficient**

### **Efficient**

The wards held meetings twice daily to establish bed occupancy levels, record observations, review staffing levels and address emerging and changing patient issues. Staff typically communicated and shared information well during shift handover meetings.

Staff reported that the health board experiences persistent challenges with the availability of 'move-on' placements, pressure on beds, and bottlenecks in the wider acute care system.

Records we reviewed indicated that wards staff and community teams worked to find suitable placements and arrange discharges as efficiently and safely as possible. Upcoming discharges, admissions, and transfers were all discussed in the daily meetings.

# Quality of Management and Leadership

## Staff feedback

We received 11 responses to our staff survey. Responses were varied with senior managers receiving less favourable feedback from respondents. However, feedback gathered during the inspection indicated more positive views regarding senior leadership.

Most staff felt that patient care was a clear priority for the organisation, while fewer expressed satisfaction with the organisation's efforts to maintain safety for both staff and patients. Additionally, less than half of respondents said they would recommend the setting as a place to work and felt confident in the standard of care the organisation would provide to themselves, their friends, or family.

Staff comments included:

*"The [redacted] is highly critical of all staff and is often unsupportive of staff wellbeing and mental health. [They are] highly unapproachable."*

*"The patients are in need of inpatient psychology services as well as far more therapeutic activities and exercise facilities. A recurring complaint from patients, specifically patients under Section MHA, is that they have been detained in a facility that offers no activities, and they feel that they are simply here to be medicated."*

*"Staff are incredible, never known staff like it and I've worked in a lot of places."*

## Leadership

### Governance and leadership

There was a clear organisational structure in place, providing clear lines of management and accountability. Staff adhered to these arrangements during the day, with senior management oversight and on-call systems ensuring continuity at night and out of regular hours.

The day-to-day management of the wards was overseen by the wards manager, assisted by the deputy wards manager. The wards manager received additional support from the senior nurse. The wards demonstrated strong, dedicated, and proactive leadership from its staff, who received support from 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 strong sense of teamwork throughout the inspection with staff clearly working well together and supporting each other. Some staff reported that the leadership culture had improved, and that they now felt supported and valued by senior health board managers, which was an improvement from previous inspections.

## Workforce

### Skilled and enabled workforce

Staff expressed enthusiasm for their roles, and we observed effective teamwork during the inspection. The survey responses reflected a generally positive attitude among staff, particularly regarding teamwork and the quality of patient care. Most staff felt supported by their immediate colleagues and expressed confidence in maintaining patient privacy and dignity.

The staff training data indicated a positive overall compliance of 80%. However, some deficiencies were observed on Aneurin Ward, with health and safety compliance stood at 73%, and IPC training at 65%; all below expected standards. Maintaining up-to-date training is essential to ensure staff deliver safe and effective care, while also promoting accountability and continuous improvement.

**The health board must ensure that all staff complete mandatory training in a timely manner and are supported to attend.**

Staff promptly provided most requested documents, reflecting good governance processes. All supplied policies were current.

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.

Several new and recently qualified staff on the wards demonstrated enthusiasm and positivity. Managers, leaders, and the health board should support staff wellbeing to maintain this spirit, especially in demanding environments.

It was noted that Cynan Ward had only one registered nurse during night shifts, which differed from staff establishments other wards. Staff expressed concerns

that a second registered nurse was needed during night shifts to ensure safe and effective care.

**The health board must review the staff establishment on Cynan Ward to ensure the skill mix is appropriate for the patient acuity and dependency, particularly during night shifts.**

We found that ward meetings were irregular, yet they are essential for effective communication and team cohesion.

**The health board must ensure that regular ward meetings take place with clear agendas and records kept sharing with those not able to attend.**

We found that staff also lacked consistent supervision, reflective practice, and appraisals, with current appraisal compliance at just above only 53%.

**The health board must ensure that staff receive a timely annual appraisal and implement a staff supervision process as appropriate.**

During the inspection, the wards did not have a psychologist, which continues to be an unmet requirement noted in our previous inspections. Psychological support and therapeutic activities are essential for patient wellbeing and recovery.

We also noted staff vacancies across the unit, demanding a reliance on temporary staffing, however, the health board was making progress in recruiting into these vacancies.

**The health board must promptly review the absence of a wards psychologist which impacts on patient recovery and wellbeing and prioritise recruitment into the post.**

## **Culture**

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

Suitable arrangements were in place to share information and lessons learned with staff in a timely manner following complaints and incidents.

Information was available to staff on the Duty of Candour and staff had completed Duty of Candour training. Staff reported feeling secure to raise 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.



**The health board must consider the staff feedback highlighted throughout the report and take action to address key areas of concern. This includes staffing and resources, enhancing senior management visibility and communication, and strengthening support for staff wellbeing. Maintaining the positive culture around patient care and incident reporting should also remain a priority.**

## **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 wards.

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.

Staff training compliance for information governance was 61 % on Aneurin Ward, and on Cynan and Taliesin Wards was 88 and 75% respectively, therefore requires improvement. However, staff we spoke with were able to describe their role and responsibilities in managing personal and sensitive information.

**The health board must ensure staff complete information governance training in a timely manner.**

## **Learning, improvement and research**

### **Quality improvement activities**

Our discussions with ward staff and senior managers, highlighted examples of ongoing service review and improvement across the wards and wider health board.

Senior nursing staff conducted monthly ‘walkarounds’ to assess the ward environment and identify areas for improvement. The Quality, Safety and Experience Committee met monthly to explore emerging issues, learning opportunities, and recurring themes and trends.

The health board's focus was on improving patient flow, boosting staff morale and wellbeing, and supporting staff professional development. Therapy dogs regularly attended the wards, offering emotional support to patients and staff alike.

Staff training initiatives included independent prescribing, aimed at empowering clinical teams and improving patient care pathways.

## **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, 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.

## 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 during this inspection.			

## Appendix B - Immediate improvement plan

**Service:** Hergest Unit

**Date of inspection:** 8 - 10 September 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 identified during the inspection.					
2.						

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:** Hergest Unit

**Date of inspection:** 8 - 10 September 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
<p>1. There was a noticeable lack of health promotion materials displayed on the wards, and patients had limited access to information about advocacy services, HIW, or what to expect during their admission. Families spoke positively about staff and care, but said</p>	<p>The health board must display clear, accessible patient information in communal areas, including details about health promotion, advocacy, HIW and ward routines. In addition, review and update patient and family information leaflets to include key details about care and what to expect.</p>	<p>Health Promotion Patient Information</p>	<p>All areas where patient information is displayed will be updated to include bilingual health promotion, advocacy, HIW and admission expectations.</p>	<p>Head Of Nursing</p>	<p>31<sup>st</sup> December 2025.</p>

	they were not given enough information.					
2.	Patient comments indicated dissatisfaction on shared bays and lack of patient information.	The health board should consider the patient comments above and establish how their experience can be improved.		<p>Patient Experience will continue to be collected and reported via CIVICA to support how patient experience of care can be improved.</p> <p>Local Civica reports to be fed into Divisional Patient Carer Experience meeting to consider themes and feedback to patients</p>	<p>Head of Nursing</p> <p>Heads of Nursing</p>	<p>31<sup>st</sup> January 2026</p> <p>31<sup>st</sup> December 2025</p>
3.	Ward gardens were suitable for patient use but required maintenance to remain pleasant and inviting.	The health board must maintain and improve ward garden areas to ensure they remain welcoming and therapeutic.	Managing risk and promoting health and safety	Meet with Estates to agree a garden improvement plan.	Clinical Operations Manager	31 <sup>st</sup> January 2026

4.	Lounge areas offered basic self-directed activities like TV, books, and board games. A large activities room and gym were available but rarely used due to a lack of staff to support off-ward activities. Some equipment was broken, and patients reported being unable to use the facilities.	The health board must ensure patients have access to safe, functional equipment and facilities that promote health, wellbeing, and independence.	Managing risk and promoting health and safety.	Progress recruitment of 1 WTE Activity Co-ordinator.  To review the gym area for potential patient use.	Clinical Operations Manager	31 <sup>st</sup> January 2026  31 <sup>st</sup> January 2026
5.	There was no evidence of structured therapeutic activity programmes across the wards. This issue has been raised in previous inspections, but no progress was evident.	The Health Board must ensure that the ward implements a structured activity timetable that includes evenings and weekend and must prioritise recruitment to support therapeutic engagement.	Dignified Care	A programme of therapy activity to be put in place and monitored through local Service Quality Delivery Group.	Clinical Operations Manager	31 <sup>st</sup> January 2026



6.	Aneurin and Cynan wards consisted of a mix of single bedrooms and shared bays, with rooms lacking en-suite facilities.	The health board should consider how it can improve the patient experience and maintain their privacy and dignity for those who must share bay areas.	Dignified care	Ongoing discussion and escalation through Health Board forums regarding the need to consider next steps to improve environment for patients.	Director Senior Leadership Team/Executive Director of Environment	31 <sup>st</sup> July 2026
7.	All patients have access to advocacy services, and we were told that advocates visit the hospital when required. Staff expressed a desire for a more structured approach and more frequent visits from advocacy.	The health board should engage with advocacy services to establish structured and frequent visits to ensure consistent support and visibility.	Patient Information	<p>Establish a visit schedule with Advocacy services</p> <p>Advocacy service to be invited to local area Service Quality Delivery Group meetings twice yearly.</p>	Head of Nursing	<p>31<sup>st</sup> January 2025</p> <p>31<sup>st</sup> January 2025</p>
8.	The water geyser was found to be faulty and requires either repair or replacement to ensure reliable access to hot water.	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Managing risk and promoting health and safety.	The Health Board to identify if the current water geyser can be repaired or requires replacement.	Clinical Operations Manager	31 <sup>st</sup> December 2025

				Interim arrangements to be put in place for patients to access hot water until the current equipment repaired / replaced		Complete
9.	In the lounge area in Taliesin Ward, seating was noted to be limited, which may impact patient comfort and engagement; additional seating should be considered.	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Managing risk and promoting health and safety.	Review the ward environment in regards to seating to consider what is required and achievable aligned to the space and potential risks.	Clinical Operations Manager	31 <sup>st</sup> January 2026
10.	The clinical door on Taliesin lacked appropriate oxygen signage, presenting a potential safety risk.	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Managing risk and promoting health and safety.	Display oxygen signage on Taliesin Clinic room door.	Clinical Operations Manager	Complete
11.	The Perspex glass in the seclusion room on Taliesin Ward has been defaced and requires replacement to uphold a safe and	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Managing risk and promoting health and safety.	The Health Board to arrange for the Perspex glass to be replaced by Estates department.	Clinical Operations Manager	31 <sup>st</sup> January 2026

	therapeutic environment.					
12.	Staff reported difficulties accessing the seclusion room due to the design of the door and the absence of a hatch, which may hinder safe and timely interventions. A review of the door design is recommended to improve accessibility and safety.	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Managing risk and promoting health and safety.	<p>Make door safe to minimise risk.</p> <p>Record any incidents that occur with hatch, to ensure risks are minimised.</p> <p>Monitor and review through local Service Quality Delivery Group</p> <p>Consider alternatives for the hatch.</p>	Clinical Operations Manager	31st April 2026
13.	The ceiling in the nursing office on Aneurin Ward shows signs of water damage and should be repaired to prevent further deterioration.	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Managing risk and promoting health and safety.	Repaint ceiling in Aneurin ward nursing office.	Clinical Operations Manager	31 <sup>st</sup> January 2026
14.	There was limited storage space on the wards which	The health board must review current storage needs and consider	Managing risk and promoting health and safety.	Review current storage space for patient belongings	Clinical Operations Manager	30 <sup>th</sup> April 2026

	<p>contributed to a cluttered and disorganised appearance in some areas. For example, the bathroom on Aneurin Ward was being used to store equipment and supplies, reducing its availability for use. Similarly, the bathroom on Cynan Ward is currently out of commission and could not be used as a bathroom area.</p>	<p>alternative, dedicated storage solutions to make key therapeutic and communal spaces available.</p>		<p>on the wards, whilst considering ward washing facilities to determine the priority and progress definition of these areas as a result.</p> <p>Consider re-commissioning Cynan ward bathroom to suit patient needs.</p>		<p>30<sup>th</sup> April 2026</p>
15.	<p>A review of patient Medication Administration Records (MAR charts), highlighted that CO2 forms were not attached.</p>	<p>The health board must ensure that all legally required documentation, including CO2 forms, is consistently completed and attached to MAR charts.</p>	Patient Records	<p>Complete an audit on Medication Administration records.</p> <p>Circulate memo as a reminder to staff regarding appropriate MAR chart process.</p>	Clinical Operations Manager	<p>31<sup>st</sup> December 2026</p> <p>31<sup>st</sup> December 2025</p>

16.	At the time of the inspection, the medication fridge on Aneurin Ward was out of use, with medication being stored on other wards	The health board must ensure that the new fridge installation be prioritised to ensure immediate access to essential medication within Aneurin Ward.	Medication Management.	Replace the medication fridge on Aneurin ward.	Clinical Operations Manager	31 <sup>st</sup> December 2025
17.	On Aneurin Ward, some controlled drug stock checks were missing dates and staff signatures. Additionally, allergy information was not consistently recorded in patient notes. These gaps could pose risks to patient safety and should be addressed through improved documentation practices.	The health board must ensure that stock checks for controlled drugs are fully completed with staff signatures and dates, and allergy information should be recorded in all patient records to support safe prescribing.	Patient Records.	The Division will ensure audits of controlled drugs and progress any actions for improvement and any gaps in training identified.	Clinical Operations Manager	31 <sup>st</sup> January 2026
18.	Some bank staff working on the wards have not received	The health board must consult with the health board's temporary staff	Workforce.	Continue RPI training for bank staff who	Clinical Operations Manager	31 <sup>st</sup> January 2026

	physical intervention training.	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		<p>carry out regular bank shifts.</p> <p>Monitor and review RPI compliance report to ensure awareness and for any appropriate action to be taken, including monitoring of procedural compliance.</p> <p>Re-circulate RPI memo to re-affirm process.</p> <p>Continue to report in Daily Safety Huddle RPI data.</p>		
19.	Some patients felt portion sizes were too small.	The health board should review portion sizes to ensure they meet patients' nutritional needs, reduce takeaway meals, and expand menu options for	Nutrition and Hydration.	The HB portion sizes for patient are set aligned to nutritional requirements, patients are able to request additional	Clinical Operations Manager	Completed

		choice and patients with specific dietary needs.		<p>food aligned to their nutritional needs.</p> <p>Arrange quarterly meetings with the Catering department.</p> <p>Progress the proposal for “Feedback Friday” via CIVICA reporting to gather patient feedback.</p>		<p>31<sup>st</sup> January 2026</p> <p>31<sup>st</sup> January 2026</p>
20.	Due to the large number of records, shelving and cupboards used for storage were broken and unsuitable, raising concerns about long-term record management and accessibility.	The health board should review the current paper-based records system and consider implementing an electronic health record system. This would improve documentation processes, resolve storage issues, and better support staff workflows.	Record keeping.	<p>Progress the Digitisation project across the Division.</p> <p>Remove and replace any unsuitable records storage facilities.</p>	Head Of Operations	<p>30<sup>th</sup> April 2026</p> <p>31<sup>st</sup> January 2026</p>
21.	The training figures shared during the inspection showed that, while overall	The health board must ensure that all staff complete mandatory training in a timely manner	Governance, Leadership and Accountability.	Develop Action plan for increasing mandatory training compliance.	Clinical Operations Manager	31 <sup>st</sup> January 2026

	compliance was reasonable at 80.48%, there were some shortfalls on Aneurin Ward. For example, health and safety compliance stood at 73%, information governance at 61%, and IPC training at 65%.	and are supported to attend.		Continue to report training compliance locally and divisionally and take action with any area below target compliance rate.		
22.	It was noted that Cynan Ward operated with only a single registered nurse during night shifts, which differed from staffing levels on the other ward.	The health board must review the staff establishment on Cynan Ward to ensure the skill mix is appropriate for the patient acuity and dependency, particularly during night shifts	Workforce.	<p>Cynan staff establishment is for 1 WTE RMN. Based on incidents and risks Aneurin Ward has 2 RMN on nights aligned to an agreed SBAR.</p> <p>Progress Inpatient staffing review, currently in consideration regarding safe staffing.</p>	Director of Nursing	<p>Complete</p> <p>31<sup>st</sup> March 2026</p>



23.	Ward meetings were not consistently held. Additionally, the organisation and delivery of supervision and appraisals need improvement, as current compliance across the unit is low at only 53.57%.	The health board must ensure that regular ward meetings take place with clear agendas and records kept sharing with those not able to attend.	Governance, Leadership and Accountability.	A schedule of ward meetings to be put in place with key themes discussed in Local Operational Leadership meeting.  A template for the ward meeting and records of the meeting to be put in place	Clinical Operations Manager	31 <sup>st</sup> January 2026
24.	There is currently no psychologist in post for the wards, which remains an ongoing unmet need for patients and was previously raised during inspections. vacancies.	The health board must urgently review the absence of a psychologist and prioritise recruitment to ensure that patients have access to psychological support. The health board must also ensure they fill outstanding vacancies across the unit.	Workforce.	Progress recruitment to Psychologist posts.  Consider alternative posts for difficult to recruit posts.	Head Of Psychology	31 <sup>st</sup> April 2026
25.	Concerns were raised in the staff survey about staffing levels, availability of	The health board must consider the staff feedback highlighted throughout the report and take action to	Workforce	Continue Twice daily huddles	Head of Nursing	31 <sup>st</sup> April 2026

resources, and the ability to manage conflicting demands. Feedback also suggested that senior management visibility and communication could be strengthened, and that more proactive support for staff health and wellbeing.	address key areas of concern. This includes staffing and resources, enhancing senior management visibility and communication, and strengthening support for staff wellbeing. Maintaining the positive culture around patient care and incident reporting should also remain a priority.		<p>Twice weekly roster ward manager meetings</p> <p>Continue with DSLT Walkabouts</p> <p>Nominate West staff to be members of the MH&amp;LD Communication and Engagement Implement Group</p> <p>Continue to progress West Staff Survey Action plan.</p> <p>Continue to send any new staff onto the Staff Connect Days</p>		
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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): Tom Regan**

**Job role: Head Of Operations, West Area**

**Date: 01/12/2025**