

Hospital Inspection Report (Unannounced)

Twymyn Ward, Bro Ddyfi Community
Hospital, Powys Teaching Health
Board

Inspection date: 16 and 17 December 2025

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Bro Dyfi Community Hospital, Powys Teaching Health Board on 16 and 17 December 2025. The following hospital wards were reviewed during this inspection:

- Twymyn Ward - 14 beds providing medical and rehabilitation services.

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. No completed questionnaires were received.

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

This report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#)

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall, patients on Twymyn ward reported high satisfaction with their care, noting that staff responded swiftly to requests and consistently treated them with dignity and respect. Patient feedback highlighted positive interactions and a strong sense of compassion from staff. The ward promoted person-centred care, with bilingual health information available and staff encouraging patients' independence through supportive engagement. Care was tailored to individual needs, with patients and relatives involved in planning, although limited bathing and toilet facilities posed challenges for infection control.

Timely care was generally delivered, but some patients experienced extended stays due to delays in community care provision. Communication was inclusive, though the limited number of Welsh-speaking staff affected some patients' ability to converse in their preferred language. The health board was advised to enhance use of Welsh and improve signage for bathroom facilities, especially for those with sight or cognitive impairment. Rights and equality were prioritised, with staff consistently polite and attentive, and appropriate application of Deprivation of Liberty Safeguards.

This is what we recommend the service can improve:

- 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 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:

Patient safety and support for relatives were prioritised, with good risk management procedures, regular audits, and secure access in place. Infection prevention and control measures were generally sound, but some issues, such as improper equipment storage and delays in decontamination, were identified and

addressed promptly. Safeguarding policies were established, and staff received appropriate training.

Medical equipment was available and mostly well-maintained, though some service labels were out of date. Medicines management was supported by ongoing policy review, regular pharmacy visits, and well-managed administration processes, but improvements are needed in oxygen administration and record-keeping. Comprehensive risk assessments for skin pressure areas and falls were routinely conducted, ensuring timely interventions by specialist staff.

Care was clinically effective, supported by multidisciplinary collaboration and use of the National Early Warning Score system. Although care handover processes were robust, the introduction of daily 'board rounds' was recommended to enhance information sharing. Nutrition and hydration provision was satisfactory, but training in food hygiene for support workers needs improvement. Patient records were well maintained, with a move towards electronic documentation recommended for consistency.

Efficient care delivery was observed, facilitated by multidisciplinary discharge meetings; however, delays in decision-making sometimes hindered timely discharges. Overall, the ward demonstrated a commitment to safe, effective, and efficient care but should address identified areas for improvement to further enhance patient outcomes

We found care delivery on Twymyn 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.

Staff showed dedication to efficient care, serving a diverse group of patients, including those with high physical needs, or awaiting discharge placement.

Immediate assurances:

- The health board must ensure that all staff who use portable BOC Oxygen cylinders receive training on the safe use. This must be applied across all health board services where BOC Oxygen cylinders are in use.

This is what we recommend the service can improve:

- Review ward security arrangements
- Some aspects of care documentation
- Some aspects of infection prevention and control
- Some aspects of nutrition and food hygiene
- Ensure that all equipment on the ward is checked and serviced regularly

- Ensure that decision making around patient discharge is more proactive.

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:

The ward demonstrates good management and leadership structures, supported by effective governance arrangements and a continuous focus on service improvement through regular audits. Staff benefit from strong support and supervision from the ward manager, with formal appraisals and performance reviews conducted routinely. Recruitment processes are thorough, ensuring the appointment of appropriately checked and skilled personnel.

Staff are encouraged to access a range of training opportunities, both internally and externally, with high rates of completion in mandatory areas such as fire safety, infection control, safeguarding, and service-specific topics. The workforce is friendly, approachable, and committed to delivering high-quality patient care, with few complaints and a clear understanding of Duty of Candour responsibilities.

Information governance is well-managed, with staff aware of the importance of accurate record keeping and confidentiality. Ongoing quality improvement is driven by regular audits, and partnership working is evident, with the ward receiving support from a range of allied professionals including GPs, pharmacists, physiotherapists, occupational therapists, and dieticians.

This is what we recommend the service can improve:

- Further develop the electronic records management system.

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

Patients told us that they were generally happy with the care received on Twymyn ward and that staff treated them with dignity and respect. Staff were reported to respond quickly to requests for assistance.

Patient comments included the following:

“It’s really good here.”

“Marvellous place.”

“Lots of staff who will help.”

Person Centred

Health promotion

Health related information and pamphlets were available in various parts of the ward, most of which were bilingual. Staff were spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. ‘This is me’ documentation was used on the ward with a paper copy available within each patient’s bedside care file for ease of reference.

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. Staff were kind and respectful making efforts to protect patient privacy and dignity when helping with personal care needs. We saw doors to bedrooms being closed and curtains being drawn around patients when personal care was being given

Patients confirmed that staff were kind and sensitive when carrying out care. Staff also ensured that patients were clean and were encouraged and assisted to change into daytime clothing to maintain independence.

Individualised care

Care was generally planned and delivered in discussion with patients, 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 their care. Care documentation was good, with care plans accurately reflecting the level and quality of care being provided. However, there were 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 current facilities are sufficient, and that patients have a choice of a shower or bath.

Patients' wishes with regards to 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 anticipated patients' needs through ongoing observation. However, some patients were accommodated for longer than necessary due to the unavailability of suitable community care packages.

The health board must continue to engage with the local authority to improve the availability of suitable social care provision and facilitate timely patient discharge.

Equitable

Communication and language

Only a small number of staff spoke Welsh, meaning that Welsh speaking patients and relatives could not always converse in their first language. We saw staff communicating with patients and their relatives in a calm, encouraging, inclusive and dignified manner, and patients were referred to according to their preferred names.

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, which should be improved to maintain patient independence.

The health board should review bathroom and toilet signage to ensure it is easily identifiable.

Rights and Equality

Patients told us that staff were always polite and listened to them and their friends and family. Care was provided in a way that promoted and protected patients' rights. The application of Deprivation of Liberty Safeguards (DoLS) was appropriate with no reported delays in re-assessing patients following a referral to the DoLS team. Staff were also kind and respectful to patients and patients spoken with confirmed that staff were kind and sensitive when carrying out care.

Delivery of Safe and Effective Care

Safe

Risk management

The delivery of care was generally safe and effective, with patient care and support and to their relatives/carers, were key priorities for staff. Comprehensive policies and procedures in place, aligned with current clinical guidelines and were reviewed on a regular basis. Regular clinical audits and risk assessments further reduced the risk of harm to patients, staff, and visitors.

The main entrance to the ward was secure, with buzzer-controlled access. Areas for improvement relating to ward security were shared with the health board during post-inspection feedback. The door to the cleaning storeroom was found unlocked during the first day of the inspection; this was escalated and corrected promptly, and we confirmed this on day two of the inspection.

The health board must ensure that ward security is reviewed in line with the feedback provided.

Infection, prevention, control and decontamination

There were generally good housekeeping arrangements in place. The communal areas and rooms appeared clean and tidy. Personal protective equipment (PPE) was available and hand washing and drying facilities were available, to help prevent the spread of infection. However, PPE had been placed on plastic chairs outside barrier nursed cubicles, and one cubicle door was left open, increasing the risk of cross infection. This escalated to the nurse in charge who addressed this issue immediately.

We found that dirty linen trolleys were often stored by the main entrance, increasing the risk of cross infection. We escalated this to the nurse in charge, who arranged for the trolley to be re-located.

We were told there were delays of up to 48 hours in deep cleaning of cubicles, and no Hydrogen Peroxide Vapour machine was available on the ward to accelerate decontamination.

The health board must review the cubicle decontamination arrangements to reduce delays and support timely admissions.

Items of equipment were stored on the floor in a storeroom, increasing cross infection risk.

The health board must ensure that medical equipment and other items are stored on shelves to reduce the risk of cross infection.

Safeguarding of children and adults

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

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

A medication management policy was in place, subject to ongoing review and updates however, aspects of medicines management required improvement. Only one member of staff had completed training on the safe use of portable BOC Oxygen cylinders. **This issue was dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

We were told that the piped oxygen was checked on a weekly basis by the estates department. However, no record of checks was kept on the ward. In addition, the valves to administer oxygen at the bedside were kept in a storeroom and not fitted to the bedside outlet ports This would cause delays in emergencies and could present a risk to patient safety.

The health board must ensure that staff can maintain timely administration of piped oxygen and appropriate records are maintained.

One patient was found without an identification wrist band. This was escalated to the nurse in charge, who rectified this issue immediately.

Staff were observed administering medication, and an examination of medication administration records indicated that the process was generally well managed. Evidence demonstrated that pain assessments were conducted, and nurses routinely inquired whether patients required pain relief during medication administration. The ward received weekly visits from a pharmacist, with additional support provided by a pharmacy technician twice weekly and an assistant pharmacist on a weekly basis.

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. Referrals to the tissue viability specialist nurse were made where necessary.

Falls prevention

Falls risk assessments were undertaken routinely and in a timely way, and Physiotherapy and occupational therapy staff were observed supporting patients to mobilise and maintain their independence.

Effective

Effective Care

There was evidence of 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. The NEWS chart was used as an assessment and escalation tool for sepsis. However, we found that repeat patient observations were not always undertaken when readings were outside normal parameters.

The health board must ensure that staff undertake repeat patient observations when NEWS scores indicate and readings are outside normal parameters.

A comprehensive handover sheet was used by staff to share and record information about patient care needs. This arrangement could be enhanced through the implementation of a daily 'board round' to enable members of the multidisciplinary team to hold timely discussions around patient care needs and agree on care planning and interventions.

The health board should consider introducing a daily 'board round' to enhance information sharing around patient care.

Nutrition and hydration

We observed that food and drink provision was satisfactory, with patients' dietary needs evaluated upon admission.

Meals were freshly prepared on site each day, appeared appealing and well-presented, and patients reported enjoying the food.

Hotel services staff delivered meals to the ward, after which healthcare support workers served food to patients. However, these support workers stated they had not received training in food hygiene. It may be beneficial to reconsider this setup;

having hotel services staff serve the meals could allow healthcare support workers to focus on assisting patients who need help eating.

The health board must review the arrangement for serving meals to patients and ensure that the process is effective and that all staff who handle food have received food hygiene training.

Patient records

Overall, we found that patients' records were of good quality and easy to understand. The multidisciplinary healthcare team tailored care to each patient's needs as assessed. Systems existed for referring changes in patient requirements to relevant professionals, including the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists. However, we did find one instance where a referral to the dietician was not made after being indicated by the WAASP score.

The health board must ensure that staff refer patients to the dietician when their WAASP score indicates this.

Patient records were primarily maintained in electronic formats, while paper copies of care plans were kept at the bedside. We recommended that all patient records be managed electronically to ensure consistency across documentation.

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

Efficient

Efficient

We observed staff working hard to deliver efficient care to patients.

The ward accommodated a variety of patients, ranging from those with significant physical needs to others who were ready for discharge but waiting for appropriate care home placements or community care packages.

At a multidisciplinary discharge meeting attended by the Ward Manager, GP, Social Worker, Occupational Therapist, Discharge Liaison Nurse, and a Student Nurse, participation was high and everyone shared their viewpoints. However, delays still occurred because some decisions were not made quickly or proactively, which further postponed patient discharges.

The health board must ensure that the multidisciplinary meetings are proactive, ensuring timely discharges.

Quality of Management and Leadership

Leadership

Governance and Leadership

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

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.

Staff told us that they were well supported by the ward manager and that there were good informal, day to day staff supervision and support processes in place.

Staff performance and appraisal reviews were formally documented and conducted regularly.

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

In conversations with staff, we found them to be friendly, approachable, and dedicated to providing excellent patient care. Staff members mentioned that the service receives very few complaints. Those we spoke to also showed a clear understanding of their Duty of Candour obligations.

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 system approach

Partnership working and development

The ward was well supported by other professionals, such as GPs, 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
1.The door to the cleaning storeroom was unlocked during the first day of the inspection.	This meant that there was unrestricted access to cleaning materials which could cause harm to patients.	We escalated this to the nurse in charge who took steps to resolve the issue.	Checks during the second day off the inspection confirmed that the door was locked when staff were not in attendance.
2. PPE was placed on plastic chairs outside cubicles where patients were being barrier nursed, and the door to one of the cubicles was left open when a patient was being barrier nursed.	This increased the risk of cross infection.	This was brought to the attention of the nurse in charge	The chairs were replaced with stainless steel trolleys and staff were reminded to ensure that the door to the cubicle was closed.
3. A dirty linen trolley was located by the main entrance.	This increased the risk of cross infection.	This was brought to the attention of the nurse in charge.	The trolley was re-located to a more suitable location.

4. One patient was not wearing an identification wrist band.	This increased the risk of the wrong medication being administered as the patient's identity could not be verified.	This was escalated to the nurse in charge.	Immediate steps were taken to provide the patient with a wrist band.
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Appendix B - Immediate improvement plan

Service: Twymyn Ward, Bro Ddyfi Community Hospital

Date of inspection: 16 and 17 December 2025

Findings

Only one member of staff had received training on the safe use of portable BOC Oxygen cylinders.

This meant that we could not be assured that the risks of harm to patients was appropriately managed.

1. Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The health board must ensure that all staff who use portable BOC Oxygen cylinders receive training on the safe use.</p> <p>This must be applied across all health board services where BOC Oxygen cylinders are in use.</p>	<p>Delivery of Safe and Effective Care</p> <p>Patient Safety Notice 041 and Welsh Health Circular 2024/036</p>	<ul style="list-style-type: none"> Welsh health circular shared with all clinical teams both within CSG and across PTHB. All clinical staff that may be required to use portable BOC Oxygen cylinders within the course of their duties need to complete both :- <ul style="list-style-type: none"> the safe use of, storage and set up of medical gases - Via ESR (Electronic staff records) BOC free online training in the use of portable oxygen cylinders 	<p>Community Services Managers/ Heads of Nursing for other clinical areas</p>	<p>18.12.25 Completed</p> <p>Ongoing</p>

		<ul style="list-style-type: none"> • User guide to access training to be produced to support access to training and circulated within CSG and across PTHB • For CSG community wards, district nursing and specialist nursing services assurance will be provided through Community Service Group Quality and Safety Group meeting. Aiming for 85% compliance by March 31st 2026 • For other clinical areas/ teams within PTHB identification of reporting will be provided - expectation that there will also be compliance of 85% by March 31st 2026. 	<p>Community Services Manager</p> <p>Community Services Managers</p> <p>Operational Managers/ Clinical Leads</p>	<p>To be completed and circulated by 9th January 2026</p> <p>To be completed by March 2026</p> <p>To be completed by March 2026</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: Community Services Manager

Name (print): Zoë Woodmass

Job role: Community Services Manager Date: 18/12/2025

Appendix C - Improvement plan

Service: Twymyn Ward, Bro Ddyfi Community Hospital

Date of inspection: 16 and 17 December 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	Service action	Responsible officer	Timescale
1. 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 current facilities are sufficient, and that patients have a choice of a shower or bath.	<p>During a recent refurbishment, 2 side rooms were updated to include en-suite provision to improve our ability to provide IP&C requirements for isolation.</p> <p>To meet with IPC, HON regarding the provision of toileting and bathing/shower facilities for patients in isolation.</p>	Community Services Manager	End March 2026
2. Some patients were being accommodated for longer than was needed due to	The health board must continue to engage with the local authority to improve the availability of suitable	Ward sisters attend the patient flow meeting every Monday with Social care. To	Ward Manager	End Feb 2026 Completed

<p>unavailability of suitable community care packages.</p>	<p>social care provision and facilitate timely patient discharge.</p>	<p>continue to engage with local authority to improve availability of social care provision.</p> <p>Discharge Liaison Officer attend a meeting with Social Care every Monday and Wednesday.</p> <p>Social services have own hospital team where Social Worker is allocated to the ward for continuity and focused discharge planning.</p>	<p>Community Services Manager</p>	
<p>3. Only a small number of staff spoke Welsh, which meant that Welsh speaking patients and relatives could not always converse in their first language.</p>	<p>The health board must take steps to further promote the use of Welsh on the ward through encouraging staff to undertake Welsh language training.</p>	<p>Ward manager to promote learning Welsh with staff and discuss this learning opportunity with all staff during PADR's. To share this with all ward managers to include in all PADR discussions.</p>	<p>Ward Manager Community Services Manager</p>	<p>End Feb 2027</p>
<p>4. Signage on doors leading into bathroom and toilet facilities were not very clear, particularly for</p>	<p>The health board should review bathroom and toilet signage to ensure it is easily identifiable.</p>	<p>Bathroom and toilet signage has been reviewed and new signage for all toilets and</p>	<p>Ward Manager</p>	<p>End Aug 2026</p>

patients with sight or cognitive impairment.		bathrooms to be ordered to take into account Welsh language, pictures, large text and dementia friendly colours.	Community Services Manager	
5. We were told that there was a delay of up to 48 hours in deep cleaning of cubicles once vacated and that there was no Hydrogen Peroxide Vapour machine available on the ward, which would speed up the cleaning process and enabling the bed space to be brought back into use much quicker.	The health board must review the cubicle decontamination arrangements to reduce delays and support timely admissions.	To work with facilities to reduce delays in deep cleaning of patient cubicles to enable same day patient admissions. PTHB to review HPV cleaning in IP&C forum, and consider a schedule suitable for the community setting.	Ward Manager Community Services Manager	End Feb 2026 - completed. Added to discussion in March 2026 IP&C Committee.
6. Some items of equipment were stored on the floor in a storeroom rather than on the shelves. This increased the risk of cross infection.	The health board must ensure that medical equipment and other items are stored on shelves to reduce the risk of cross infection.	New shelving to be installed to prevent storing items on the floor.	Ward Manager Community Services Manager	End Feb 2026 - completed.
7. 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.	Inventory of equipment and services dates compiled and maintained by ward clerk. This process to be shared across all wards by Community	Ward Manager Community Services Manager	End Feb 2026 - completed.

		Service managers during ward level operational meetings.		
8. No record of piped oxygen checks was kept on the ward. In addition, the valves to administer oxygen at the bedside are kept in a storeroom and not permanently fitted to the outlet ports. We were told that a member of staff from the estates department would have to come to the ward to fit the valves if required, and that in the meantime, portable oxygen cylinders would be used. This process is not efficient and could present a risk to patients in the event of an emergency.	The health board must ensure that staff can maintain timely administration of piped oxygen and appropriate records are maintained.	Oxygen valves are now permanently fitted to the outlet ports. Daily audit to be developed and implemented for the daily check of piped oxygen and share across all wards.	Ward Manager Community Services Manager	End Feb 2026
9. Repeat observations were not always undertaken when NEWS scores and patient observation readings were outside normal parameters.	The health board must ensure that staff undertake repeat observations when NEWS scores indicate and patient observation readings are outside normal parameters.	All ward managers complete NEWS2 audit every 8 weeks which includes the correct frequency of observation recording in accordance with the NEWS2 tool.	Ward Manager Community Services Manager	End Feb 2026 - completed. April 2026

		<p>The audit will be digitised and undertaken monthly by each ward from April 2026 - results will be reviewed in community service group Quality, Safety and experience meetings and learning supported.</p> <p>NEWS2 training compliance confirmed as 92%</p>		
10. No daily 'board round' was taking place to enable members of the multidisciplinary team to hold timely discussions around patient care needs and agree on care planning and interventions.	The health board should consider introducing a daily 'board round' to enhance information sharing around patient care.	To implement daily MDT board round on the ward. To share good practice across all wards.	Ward Manger Community Services Manager	End March 2026
11. Healthcare support workers had not received food hygiene training, and we suggest that the hotel services staff serve the food, freeing up the healthcare support workers to attend to patients who	The health board must review the arrangement for serving meals to patients and ensure that the process is effective and that all staff who handle food have received food hygiene training.	To review the training for staff in relation food hygiene and also the process for serving food at the PTHB nutritional group. This has been raised in January 2026 and has been added as an agenda item.	Community Services Manager	End Aug 2026

require assistance with their meals.				
12. We found one example where a dietetic referral was not instigated when triggered by the patient's NEWS score.	The health board must ensure that staff refer patients to the dietician when their NEWS score indicate this.	<p>Amended request for WAASP instead of NEWS score in HIW report.</p> <p>Shared on weekly bulletin and on agenda for team meeting.</p> <p>All staff to complete the All Wales Nutrition Risk screening tool (WAASP) training on ESR. Shared across all wards.</p> <p>To implement weekly ward manager/deputy manager audit to review patients weights and that appropriate actions have been taken in line with the WASP tool. To share across all wards.</p> <p>To be monitored through directorate Nutrition and Hydration group and reported</p>	<p>Ward Manager</p> <p>Community Services Manager</p> <p>HON</p>	End April 2026

		into Corporate nursing Nutrition and Hydration group		
13. Bedside copies of care plans were maintained in paper format.	The health board should move to an all-electronic patient records management system.	Progress against this action is reliant on the national all-Wales Welsh Nursing Care Record. Care planning is not currently included within the programme scope, which limits local ability to implement this change at this time. The Health Board will continue to engage with national programme leads to support future inclusion where possible.	Lead Nurse - Clinical Informatics	End Feb 2027 Completed.
14. Not all the decisions made during the MDT meeting were timely or proactive resulting in further delays in patient discharge.	The health board must ensure that the MDT meetings are proactive, ensuring timely discharges.	Develop MDT template to focus discussion towards timely discharges and to include weekly goal setting. To share across all wards To deliver 6 goals training towards effective MDT working and timely discharges.	Ward Manager Community Services Manager	End March 2026

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): Donna Jones on behalf of Zoe Woodmass

Job role: Community Services Manager

Date: 13.02.2026