

Inspection Summary Report

Aberbeeg Hospital

Bevan and Taliesin Wards

Inspection date: 10, 11 and 12 July 2023

Publication date: 12 October 2023



This summary document provides an overview of the outcome of the inspection

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We found staff were committed to providing safe and effective care. Patient care plans reflected individual needs and risks and were being maintained to a good standard. Overall, we found suitable protocols in place to manage risk, health and safety and infection control. The clinic rooms on each ward were clean and tidy and medication was being stored securely at all times. Staffing levels were appropriate to maintain patient safety at the time of our inspection. The statutory documentation we saw verified that the patients were appropriately legally detained.

We did identify some areas for improvement but no areas of non-compliance with the regulations were identified during the inspection.

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



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 independent mental health inspection at Aberbeeg Hospital on 10,11, and 12 July 2023.

The following hospital wards were reviewed during this inspection:

- Bevan Ward - 12 beds, providing low secure services
- Taliesin Ward - 15 beds, providing medium secure services.

Our team for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

At the time of the inspection, the hospital was being managed by Elysium Health Care.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).



Quality of Patient Experience



Overall Summary

Most patients who completed a HIW questionnaire rated the care and service provided by the hospital as very good. Staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patient group. Patients were provided with a range of therapeutic facilities and activities to support and maintain their health and wellbeing. Patients had access to a mental health advocate who provided information and support with any issues they may have regarding their care.

Where the service could improve

- The registered provider must review the hospital's outdated Statement of Purpose and Patient Guide to ensure they contain up-to-date and relevant information
- Patient information boards must be consistently completed for ongoing patient awareness
- The hospital's multifaith rooms must be tidied and maintained for patient use.

What we found this service did well

- We found strong evidence that patients could engage and provide feedback to staff on the provision of care at the hospital
- The open nursing station on Taliesin ward strengthened the communication and therapeutic relationship between staff and patients.

Patients were asked to provide general comments and service improvement suggestions for the setting and told us:

“Very good”

“Staff very helpful and supportive at all times”

“More use of gym with more equipment please”

“Staff are very kind and helpful and I have a nice room and my own music”



Delivery of Safe and Effective Care



Overall Summary

Staff appeared committed to providing safe and effective care. We found an established electronic system in place for recording, reviewing and monitoring incidents but some information was not appropriately linked to patient records. The hospital's furniture, fixtures and fittings were appropriate for the patient group but the ligature audit for Taliesin ward was overdue which posed a potential risk to patient safety. We generally found suitable Infection Prevention and Control (IPC) arrangements in place but the carpets throughout Bevan ward did not support effective IPC and required replacement. The hospital had good multiagency safeguarding relationships but measures were required to improve the level of detail recorded within hospital safeguarding reports. Staff compliance with mandatory Safe Therapeutic Management of Violence and Aggression (STMVA) training was high but we noted that a recent incident of patient restraint had involved a member of staff who was not compliant with their training.

Where the service could improve

- A PAT testing audit must be undertaken of all portable electrical goods to ensure the ongoing safety of patients, staff and visitors
- The service must ensure all staff are compliant with their STMVA training
- The service must ensure only staff who are compliant with their STMVA training undertake restrictive interventions to protect patients and staff from harm
- Information must be captured and recorded in a streamlined and consistent way within patient records to ensure efficiency and accessibility for staff
- The service must ensure Short Term Assessment of Risk and Treatability assessments and Positive Behaviour Support plans are completed for all patients to support patient care and safety
- Patient Care and Treatment Plans must be reviewed to ensure the patient voice is evident throughout.

What we found this service did well

- The hospital had robust procedures in place for the safe management of medicines
- Patient photos were linked to their medication records which we noted as good practice

- The hospital's Mental Health Act (MHA) administrator demonstrated good governance oversight of patient MHA records.



Quality of Management and Leadership



Overall Summary

The majority of staff who completed HIW questionnaires provided positive feedback about working at the hospital. Established governance arrangements were in place to provide oversight of clinical and operational issues but we found that some systems and processes were not aligned across the wards. Most staff told us that they felt supported in their roles and satisfied with their organisational management but that there was no formal, dedicated supervision process in place for staff. We found staffing levels were appropriate to maintain patient safety but there were several staff vacancies being recruited to at the time of our inspection. We reviewed overall mandatory training statistics for staff which indicated that completion rates were high at 87 per cent. However, work was required to improve overall staff compliance with several mandatory training courses.

Where the service could improve

- The service must implement a dedicated and structured supervision process which ensures that staff supervision is conducted at regular intervals
- The service must standardise systems and processes throughout the hospital in order to share best practice and drive quality improvement
- The service must undertake robust measures to progress the ongoing recruitment to vacant posts in the hospital
- The service must support staff to complete all mandatory training courses and scrutinise training compliance on a regular basis to ensure compliance.

Staff told us:

“I have felt valued and that my role is valued”

“I am very satisfied and confident in my role. I also have trust in H.D and senior management, they are visible and able to access when required”

“The hospital is a good place to work and puts the patients at the heart of everything that we do.”

““Safe Staffing” levels are not enough. There are never enough staff to complete daily tasks and activities with patients. More so there aren't enough staff to respond to incidents that may arise and require physical intervention, especially at night.”

“Training is far too reliant on e-learning, which is unengaging and tedious. Nothing new can be learned from the courses which remain the same year after year. Now that covid restrictions are over, it would benefit all staff and employers for training to be classroom based, as being able to discuss subject matter with a tutor and people from other departments and setting offers better opportunities to learn new and relevant information and is far more engaging than reading screens of text that don't change from one year to the next.”

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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

