Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection (Unannounced)

Aberbeeg Hospital - Bevan Ward.

Elysium Healthcare Ltd

Inspection date: 24 – 26 May 2021

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice**
Influence policy and standards:	**Use what we find to influence policy, standards and practice**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of Aberbeeg Hospital on the evening of 24 May and days of 25 and 26 May 2021. The following sites and wards were visited during this inspection:

- Bevan Ward

Our team, for the inspection comprised of two HIW inspectors and two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer). A HIW inspection manager led the inspection.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients.

We observed staff interacting with patients respectfully throughout the inspection.

Patients we spoke to told us they were happy and stated that they were receiving good care at the hospital.

Staff were positive about the support and leadership they received.

However, some improvements were required in relation to Basic Life Support training compliance.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Patients were provided with a good range of therapies and activities
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- Review of incident forms
- Completion of some mandatory training.

There were no areas of non-compliance requiring urgent remedial action identified at this inspection.

3. What we found

Background of the service

Elysium Health Care Ltd is registered to provide an independent hospital service at Aberbeeg, Pendarren Road, Aberbeeg, Abertillery, NP13 2DA

Aberbeeg is a male hospital with 12 beds. At the time of inspection, there were 12 patients staying at the hospital.

HIW registered the service on 22 August 2016.

The service employs a staff team that includes a hospital director, a team of registered mental health nurses, multi-disciplinary team members that include a clinical consultant forensic psychiatrists, social worker and occupational therapists. The hospital had also recruited a senior psychologist who was due to start shortly.

Dedicated teams of administration staff, maintenance and catering and domestic staff supported the day-to-day operation of the hospital.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed staff interacting and engaging with patients appropriately and we observed staff treating patients with dignity and respect.

Patients we spoke to told us they were happy and receiving good care at the hospital.

There were a range of suitable activities and therapies available in Aberbeeg, to aid patients' rehabilitation.

Health promotion, protection and improvement

Aberbeeg had a range of facilities to support the provision of therapies and activities along with regular access to the community for patients that were authorised to leave the hospital. However, due to the restrictions of the COVID-19 pandemic, patients have been accessing leave less frequently following government and organisational guidance.

Patients were able to access GP, dental services and other physical health professionals as required. Patients' records evidenced detailed and appropriate physical assessments and monitoring.

We observed patients and staff participating in a range of activities throughout the inspection. These activities included snooker, playing board games, reading and watching television.

There was also an occupational therapy kitchen that patients could use to prepare meals. The hospital had a ward-based gym, which provided patients with suitable fitness equipment to keep fit. There was also a shop run by the patients that offered snacks and other general items for staff, patients and visitors to purchase.

Patients also had access to the spacious hospital grounds. The hospital director told us of plans to develop a café area in the grounds of the hospital that would be available for members of the local community to use alongside the patients.

Dignity and respect

We noted that all employees: ward staff, senior management and administration 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 patients. We observed staff taking time to speak with patients and address any needs or concerns the patients raised; this demonstrated that staff had responsive and caring attitudes towards the patients.

Locked doors and an intercom system on the ward prevented any unauthorised access. Each patient had their own bedroom, which they could access throughout the day. The bedrooms provided patients with a high standard of privacy and dignity.

The bedrooms offered adequate storage and patients were able to personalise their room with pictures and posters. Patients could also lock their bedrooms and patients told us that staff generally respected their privacy and dignity. Bedroom doors had viewing panels so that staff could undertake observation without opening the door and potentially disturbing the patient. It was positive to note that viewing panels were in the closed position, opened to undertake observations and, then returned to the closed position. This helped maintain patients' privacy and dignity.

Bevan Ward had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There were suitable arrangements for telephone access so that patients were able to make and receive calls in private. Depending on individual risk assessment, patients were able to have access to their mobile phones.

Due to Welsh Government restrictions associated with Coronavirus (COVID-19) legislation, visitors were not allowed at the hospital. However, patients could maintain contact with family and friends by telephone and video calls.

Hospital policies and the staff practices we observed, contributed to maintaining patients' dignity and enhancing individualised care at the hospital. There were regular ward meetings to review and discuss practices to minimise the restrictions on patients based on individual patient's risks.

It was also positive to note that staff had documented and understood individual patient preferences for interventions to manage their challenging behaviours. Patients and staff we spoke to told us that, where possible, these advanced preferences were followed which helped maintain patients' dignity and wellbeing.

The registered provider's statement of purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Patient information and consent

A patient information guide is available to patients and their relatives/carers, along with the hospital's written statement of purpose. We saw advocacy posters that provided contact details about how to access the service. Registration certificates from Healthcare Inspectorate Wales and information on how to raise a complaint were on display.

Communicating effectively

All patients we spoke with stated that they felt safe and able to speak with a staff member should they need to. Patients told us they were happy at the hospital and that staff were kind and helpful. There was clear mutual respect and strong relational security between staff and patients.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers were also included in some meetings.

There were a number of meetings involving patients and staff. These meetings included formal individual care planning meetings and group community meetings.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care that was supported by least restrictive practices, both in care planning and hospital practices.

Patients had their own individual weekly activity planner; this included individual and group sessions based within the hospital and the community (when required authorisation was in place).

Patients are fully involved in monthly multidisciplinary reviews. We saw evidence that care plans were person centred with support provided in a structured way to enable patients to achieve individual goals. Our findings showed clear evidence of multidisciplinary involvement in the care plans; this helped support the hospital in being able to deliver comprehensive care to the patients.

Equality, diversity and human rights

Established hospital policies and systems ensured that patients' equality, diversity and rights are maintained. Mental Health Act detention papers had been completed correctly to detain patients at the hospital.

Citizen engagement and feedback

There were regular patient meetings and surveys to allow patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital. It was evident that an independent person is assigned to investigate complaints and actions were taken in line with the registered provider's complaints policy to ensure that complaints are dealt with appropriately. We reviewed a sample of formal and informal complaints and confirmed that they had been actioned in line with the organisational complaints policy.

Complaints were also recorded in individual patient's records along with the outcome of the complaint. The hospital director oversaw the complaints process and associated actions.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that staff were completing clinical processes and documentation as required.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

Managing risk and health and safety

Aberbeeg Hospital had processes in place to manage and review risks and maintain health and safety at the hospital. The hospital provided individualised patient care that was supported by least restrictive practices, both in care planning and hospital or ward practices.

There were nurse call points around the ward and within patient bedrooms so that patients could summon assistance if required. Staff wore personal alarms, which they could use to call for assistance if required. There was a system for alarms to be allocated to staff and visitors when they entered a ward.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. These identified potential ligature points and what action had been taken to remove or manage these. There were weekly audits of resuscitation equipment; staff had documented when these had occurred to ensure that the equipment was present and in date.

The hospital had a business continuity plan in place that included the service's responses to such things as adverse weather, utility failures and outbreak of infectious disease.

Infection prevention and control (IPC) and decontamination

A system of regular audit of infection control arrangements was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning

schedules were in place to promote regular and effective cleaning of the hospital. Staff were aware of their responsibilities around infection prevention and control and staff were observed undertaking cleaning duties effectively.

The hospital was very clean, tidy and organised. Throughout the inspection, the inspection team was impressed by the level of cleanliness of the hospital, which contributed to the patients having a better experience whilst staying at the hospital.

Cleaning equipment was stored and organised appropriately. There were hospital laundry facilities available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs.

There were suitable arrangements in place for the disposal of clinical waste. Appropriate bins were available to dispose of medical sharp items and these were not over filled.

We saw evidence to confirm that Aberbeeg conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. We also examined COVID-19 documents, which had been produced to support staff and ensure that staff remained compliant with policies and procedures.

Aberbeeg had areas set aside where if a patient became symptomatic, they could be isolated and barrier nursed in their bedroom within a protected area. Additional cleaning schedules were also in place. None of these areas was in use at the time of inspection because there were no symptomatic cases.

Regular communication via meetings, information boards, and emails ensured everyone has up to date advice and guidance on COVID-19.

During our discussions, no issues were highlighted in relation to access to Personal Protection Equipment (PPE). PPE, including masks and gloves were available at the ward entrance and bins were provided for the disposal of equipment. Staff were wearing masks in communal areas and on the ward.

Nutrition

We found that patients were provided with a choice of meals. We saw that the menu was varied and patients told us that they had a choice of what to eat. Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religious requirements.

In addition, as part of patient rehabilitation, staff supported patients to plan and prepare their own meals or communal meals for patients and staff at the hospital. This equipped patients with cooking skills and additional skills in menu preparation and food shopping.

Bevan Ward had hot and cold drinks dispensers that patients could access to make their own drinks. Patients we spoke to told us they regularly used these facilities.

Medicines management

Medicines management on each of the wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked. There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital. There was also a process in place if emergency medication orders were required.

There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature.

There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records we viewed evidenced that twice-daily checks were conducted with the appropriate nursing signatures confirming that the checks had been carried out.

We observed a number of medication rounds, and saw that staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

The Medication Administration Records (MAR Charts)[1] reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages, their Mental Health Act legal status and all consent to treatment forms were present with the charts.

[1] A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

It was positive to note from the records we reviewed that we did not see any excessive use of antipsychotic or PRN[2] medication, and when PRN was used, the reasons were recorded in patient records.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

The hospital had onsite social workers, one of which acted as the safeguarding lead for the hospital, and dealt with all safeguarding referrals and subsequent workload. There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

During discussions with the social worker, he explained how he had developed good working relationships with multi-agency partners such as the police and local authority. This collaborative approach is key to effective safeguarding processes and demonstrated that the hospital placed a strong emphasis on safeguarding their patients and working with others to prevent and minimise harm.

Medical devices, equipment and diagnostic systems

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency. There were up-to-date safety audits in place, including ligature point risk assessments.

[2] PRN Medication is administered as and when required as opposed to medication administered at regular times

Safe and clinically effective care

We found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

Clinical governance arrangements for the hospital fed through to Elysium Healthcare central governance arrangements, which facilitated a two way process of monitoring and learning.

There was an established electronic system in place for recording, reviewing and monitoring patient safety incidents. Incidents were entered on to the system that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented, including who was involved and the body positions of each person involved in the restraint.

In one set of patients notes we identified that incident notes regarding a restraint had not been automatically linked to the individual patient's electronic care notes. Although we only identified this issue in one record, the registered provider should undertake an audit to ensure that information and descriptive detail captured in incident forms are also inputted into care notes. This will ensure that all patient care notes are up-to-date and contain all relevant information.

When restraint or verbal de-escalation are used there is an incident form completed; the incident is then discussed at governance meetings and any lessons learned are shared with staff. Debriefs take place following incidents and this process is used as a learning and reflective practice technique supported by psychology.

The hospital director spoke passionately about least restrictive practice being used at the hospital. The hospital director encouraged and ensured that all staff worked with patients towards maintaining a least restrictive model of care at the hospital.

During the review of hospitals figures for physical intervention, these figures reflected that physical intervention is infrequently used at the hospital with only three incidents recorded in the past twelve months. This demonstrated that the use of least restrictive model of care was being used effectively at the hospital and created a safer and calmer working and therapeutic environment for both staff and patients.

Improvement needed

The registered provider must undertake an audit to check that any incident data is also documented in patient care notes.

Participating in quality improvement activities

During our discussions with the hospital director we were provided with numerous examples where they were reviewing the service provision and looking to develop some aspects of the hospital. At the time of our inspection there were a number of ongoing improvements being made across the hospital site. A new medium secure unit is currently being built on the hospital grounds and is scheduled to open in August 2021.

The hospital director had also implemented a paid work scheme for patients at the hospital. Jobs included feeding and looking after the donkeys who lived in the spacious hospital grounds, and running the hospital shop. Patients would submit applications and then have interviews for the paid work. This helped to provide patients with life skills to prepare them for independent living.

Information management and communications technology

The computerised patient record systems were well developed and provided high quality information on individual patient care. The system was comprehensive, and easy to navigate.

There were good electronic systems in place for incident recording, clinical and governance audits, human resources and other hospital systems, which assisted the management and running of the hospital.

Records management

Patient records were electronic and password protected to prevent unauthorised access and breaches in confidentiality.

It was evident that staff from across the multi-disciplinary teams were writing detailed and regular entries that provided a live document on the patient and their care.

We saw that staff were completing care documentation and risk assessments in full.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients; all records were found to be compliant with the Mental Health Act and Code of Practice.

Electronic documents on the ward and paper records were stored securely and held in the Mental Health Act administrator's office. The records we viewed were well organised, easy to navigate and contained detailed and relevant information.

Robust systems of audit were in place for management and auditing of statutory documentation and the Mental Health Act forms part of the clinical governance meetings.

All staff have Mental Health Act training as part of the induction programme and specific Mental Health training is part of staff mandatory training modules. The Mental Health Act Manager is also member of the All Wales Mental Health Act Managers' Forum.

All patients are provided with information relevant to their section on admission and patients are introduced to the Mental Health Act Manager. In addition, the patients' rights are discussed with them on a monthly basis. There was clear compliance with the Second Opinion Appointed Doctor (SOAD) process, for example, timescales and administration had improved significantly and this was evidenced through their audit process.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of three patients. We reviewed a sample of care files and found that they were maintained to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

There were comprehensive needs and risk assessments completed throughout the patient admission which directly linked to the plan of care and risk management strategies implemented on the ward. There was clear evidence of multidisciplinary involvement in the care plans, which reflected the domains of the Mental Health (Wales) Measure.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and diffuse difficult situations.

We saw evidence of comprehensive risk assessments on patients' records and in some cases we saw the development of positive behavioural support plans to identify risk.

It was positive to see that care files clearly demonstrated patient involvement in care discussions, which were patient focussed and signed by the patient. Records also included the views of the patients and quotes from the patients were used to reflect their views. Overall, the nursing documentation viewed was very good and physical assessments were well completed.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior to and regularly during employment.

There was dedicated and passionate leadership displayed by the hospital director who is supported by a committed multidisciplinary team.

Mandatory training, supervision and annual appraisal completion rates were generally high. However, improvements were required in training compliance for basic life support.

Governance and accountability framework

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

There was dedicated and passionate leadership displayed by the hospital director who was supported by committed multi-disciplinary teams. The team was a cohesive group of leaders and interviews with them demonstrated that they valued and cared for the staff and patients.

It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings and recommendations.

Dealing with concerns and managing incidents

As detailed earlier, there were established processes in place for dealing with concerns and managing incidents at the hospital.

Arrangements were in place to disseminate information and lessons learned to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Workforce planning, training and organisational development

We reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that the majority of completion rates were high. Training compliance for basic life support was low at 38.1%. We were provided with additional evidence, which indicated that staff had already been booked onto basic life support courses, however the registered provider must ensure that mandatory training compliance rates are maintained.

There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the course completion rates and individual staff compliance details.

Staff appraisals take place annually based on staff start dates. Copies of appraisal documents for staff are kept on individual staff files. Line managers tend to monitor compliance along with administration staff at the hospital who keep records to ensure that staff are in compliance.

To cover any shortfalls in the staffing rota, the registered provider had a staff bank system in place. We were told that agency staff are hardly used. Rotas are prepared six weeks in advance and are reviewed regularly. There were no long-term staff absences. A current recruitment programme was ongoing for the new medium secure hospital ward.

The hospital director told us that unannounced checks would take place during night shifts to make sure staff were complying with cleaning schedules and patient observation levels. This demonstrated that the hospital director was ensuring that staff comply with the hospital policies and procedures.

Staff told us that the hospital director and multi-disciplinary team were approachable and visible. During interviews with staff they told us they had confidence to speak with management if they needed to raise issues or concerns. The hospital director told us that she made herself available for staff to contact her; in addition, the hospital director would clear her diary on the last two Fridays

of every month to meet with staff and discuss any issues or concerns. Staff also told us that the hospital manager would often attend staff and patient meetings. This demonstrates that the hospital director regularly engages with staff and patients.

Workforce recruitment and employment practices

It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service DBS) checks were undertaken and professional qualifications checked.

Therefore, we were assured that recruitment was undertaken in an open and fair process.

Newly appointed staff undertook a period of induction under the supervision of the heads of care.

The hospital had a clear policy in place for staff to raise any concerns. Occupational health support was also available and staff spoke highly of the welfare support provided by the management team. There were good systems in place to support staff welfare. We were told of support programmes available from Elysium Healthcare to assist staff with many aspects of work and personal life including an independent counselling service.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the Mental Health Act 1983, Mental Capacity Act 2005, Mental Health (Wales) Measure 2010 and implementation of Deprivation of Liberty Safeguards
- Comply with the Care Standards Act 2000
- Comply with the Independent Health Care (Wales) Regulations 2011
- Meet the National Minimum Standards for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects mental health and independent services can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries 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: Aberbeeg Hospital

Ward/unit(s): Bevan Ward Ward

Date of inspection: 24 – 26 May 2021

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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No Immediate improvement issues were identified during the inspection.				

Appendix C – improvement plan

Service: Aberbeeg – Elysium Health Care

Ward/unit(s): Bevan Ward

Date of inspection: 24 -26 May 2021

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.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must undertake an audit to check that any incident data is also documented in patient care notes.	7. Safe and clinically effective care	Since the inspection an audit has been undertaken and support from the technical team has been sought. Incidents. All have been pulled through to the care notes and the technical issue has been resolved. However, a random audit will take place periodically to ensure that the incident forms and care notes are still working in synchronicity.	Jessica Wilson	Completed

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): **Jessica Wilson**

Job role: **Hospital Director**