Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Carreg Fawr Unit, Bryn y Neuadd Hospital, 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

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 Bryn y Neuadd Hospital, Betsi Cadwaladr University Health Board on 21, 22 and 23 January 2025. The following hospital ward was reviewed during this inspection:

- Carreg Fawr Unit - Eight beds providing open inpatient rehabilitation mental health services

Our team for the inspection comprised of two HIW healthcare inspectors, two 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 8 questionnaires were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We observed positive interactions between staff and patients throughout the inspection. Patients told us that they were overall happy with their experiences on the unit, adding that staff maintain a positive relationship with them. In addition, there were good opportunities for patients to feedback how they are feeling, along with any concerns or worries they may have.

There were several occupational therapies and nurse led activities on the unit, which focused on supporting the independence, wellbeing and skills development needs of patients. There was, however, scope to provide a more structured approach towards activities on the unit.

Patients were encouraged to maintain their independence as far as possible. This included completion of everyday tasks both on the unit and in the community, on a risk-assessed basis.

Patients had the opportunity to provide general feedback in daily morning meetings and formal methods to provide feedback were available. One theme identified was the need to strengthen catering provision. This included the need to ensure that patients can access a variety of options, served at an appropriate temperature. We also recommend that the service develops a more structured approach towards activities and reviews the process for undertaking nighttime observations to minimise sleep disruption.

Delivery of Safe and Effective Care

Overall summary:
There was generally a good relational security between staff and patients on the unit. This contributed towards a calm atmosphere, with a low level of incidences of challenging behaviours, and patients telling us that they feel comfortable to approach staff with any issues or concerns.

Patients had input into their own care and treatment at weekly multidisciplinary team (MDT) meetings. It was positive to observe patients being assisted by the consultant psychiatrist in a methodical and thoughtful way, to better understand their care and the next stages of their journey.

The unit MDT and patients would, however, benefit from the regular input of a clinical psychologist. Whilst we acknowledge that there are national workforce challenges, psychology provision is necessary for a rehabilitation model of care. It was positive to observe responsive and patient focused input from a local GP practice.

We recommend that the health board reviews and, where necessary, strengthens aspects of its approach towards risk management. This includes ensuring that risk assessments, procedures, and rationales for decisions reached are clearly documented. It was positive to find a process in place for peer ligature audits completed by staff from other units.

The unit was well organised and clean throughout the inspection. Domestic staff were observed working diligently to ensure that unit is a safe and welcoming space for staff and patients.

There were good arrangements in place for the medicines management. This included physical storage, checking, administration and monitoring of medication on the unit.

We reviewed a sample of records of patients who were detained under the Mental Health Act and found all legal documentation related to their admission to be compliant. Although, we made some recommendations relating to the record keeping.

There was a breadth of nationally recognised clinical assessments in use on the unit. These were comprehensively completed and regularly updated. Nursing records were maintained to a good standard, with effective liaison between other clinical teams. Care planning was generally well aligned with the Mental Health (Wales) Measure. This included regularly reviewed care plans and a named care-coordinator.

The overall organisation of records required strengthening. This was identified by recent audit activity and actions had been taking by ward management to improve upon this. The availability of a ward clerk would assist with this.

Quality of Management and Leadership

Overall summary:
It was positive to find a generally stable workforce, with a committed team of staff, many of whom had worked at the service for several years. This helps to ensure patients are familiar the staff who are providing their care and treatment.

This was supported by positive medical leadership on the unit, with staff and patients complementing the care provided by the consultant psychiatrist.

Governance and oversight processes appeared to work well, enabling a flow of key quality and safety related information between the unit, senior nursing, and directorate level meetings.

There had been positive efforts made by leadership teams to establish an identity for the rehabilitation service, including implementation of a local intranet page, which covered a range of policies, processes, and opportunities for submitting feedback and thanking staff.

The deputy ward managers were knowledgeable about all aspects of the ward, including its patients, staff and day-to-day operation. Whilst the number of responses to the staff survey were low, the health board is expected to reflect on staff feedback highlighted throughout the report and engage with staff, as appropriate.

3. What we found

Quality of Patient Experience

Patient feedback

We invited patients to complete a questionnaire to tell us about their experience of using the service. Whilst we received limited engagement with the questionnaires, we spoke to most patients, and they allowed us to attend their morning patient-staff meeting.

Overall, patients were happy with their experience on the unit, telling us that staff maintained a positive relationship with them, and that they feel they can approach staff at any time with any issues or concerns.

Specific patient feedback has been provided within the relevant headed sections below.

Person-centred

Health promotion
There were several health promotion and occupational therapy (OT) led activities on the unit which focused on supporting patient wellbeing and skills development. This included nurse-led group recovery sessions and OT activities, such as kitchen assessments. Patients were also able to access leave into the community, such as visiting local shops, in line with their agreed care plans.

Due to the rehabilitation model of care, we considered that a more structured approach towards therapeutic activities could be implemented, and it was hoped that the introduction of an activities co-ordinator and art therapist would help to deliver this, alongside OT colleagues.

The health board should provide a more structured therapeutic activity offer for patients.

Dignified and respectful care
We observed positive interactions between staff and patients. This included respectful and calm conversations.

All patients had access to their own rooms, two of which were en-suite, with the remaining patients able to access communal bathroom facilities. Whilst bedroom

doors had observation panels, some patients told us that observations during the night were done by their doors being opened. Patients told us that this affected their sleep.

The health board should review how nighttime observations are being completed to ensure that there is an appropriate balance between risk and the potential to disturb patient sleep.

Individualised care

Completion of everyday tasks, such as use of the laundry and kitchen, was available to patients. Patients were encouraged to make decisions for themselves to build skills and independence, although were provided with additional support by unit staff when needed.

Unit activities and authorised leave from the unit was based on patient wishes, balanced against individual risks, and was generally well facilitated by unit staff. This was reviewed in weekly multidisciplinary team (MDT) forums to ensure its on-going appropriateness.

Patients were able to keep their own devices, such as mobile phones and tablets, on the unit. Wi-Fi was available to help patients stay in touch with family and friends.

Timely

Timely care

In the lead up to, and throughout the inspection, staffing numbers and skill mix was stable. We confirmed that staffing could be adjusted to meet patient needs and acuity, including increased observation levels, when necessary. The need for this, however, was limited due to the rehabilitative nature and low acuity of the unit.

The consultant led unit had a MDT in place, which including medical, nursing, healthcare support and occupational therapy teams. Weekly MDT discussions were held to ensure timely decisions were reached in relation to patient care and treatment.

Throughout the inspection, we observed staff responding to and supporting patient needs in a responsive manner.

Equitable

Communication and language

There was bilingual Welsh and English language material on display throughout the unit and there were several Welsh speaking staff to converse with patients in their preferred language.

Language preferences and communication needs were recorded in each patients care and treatment plan. Whilst several patients were able to advocate for themselves, use of advocacy services were available, and some patients were supported by family members.

Interactions between staff and patients felt calm and respectful throughout the inspection.

Rights and equality

We confirmed that patient's rights in relation to the Mental Health Act were being upheld. Patients were provided with, or had the offer of, written material to explain their rights. Where required, access to advocacy services was available to patients.

There was evidence of patient engagement relating to their care and treatment, including invitations to attend weekly MDT meetings. Generally, daily morning meetings took place on the unit, which facilitated a conversation between staff and patients on a range of topics, including daily activities, concerns and feedback. It was good to observe that patients were each asked individually if they wished to contribute, to ensure all were given the opportunity to speak.

Delivery of Safe and Effective Care

Safe

Risk management
Access to the unit was secure on the evening of our arrival, with physical security arrangements in line with the open rehabilitation designation of the unit.

The re-introduction of a clinical forum to review all planned referrals to the unit was found to have strengthened the appropriateness of admissions. Two staff, however, commented that on occasions, during out-of-hours, they feel obliged to accept admissions despite having clinical concerns, they highlighted that:

> *"Sometimes patients are referred to the rehab services and are assessed by our staff and deemed unsuitable... On several occasions the assessment has been disregarded as it suits senior managers to have the patient moved on from where they are, and they are then transferred to the unit without further discussion.*
>
> *"… Temporary transfers are hurriedly arranged for example on a Friday evening when the unit manager is not here and the staff nurse on duty will be told they are having an admission regardless of any concerns they may have."*

The health board must ensure that admissions to the unit remain in line with the model of care for the planned patient group.

Positively, there were low level incidences of challenging behaviours that required escalation. There is, however, potential for behaviours to unexpectedly challenge staff who are not frequently exposed to these events. Use of de-escalation techniques were employed, when necessary, and all staff on the unit had received training. Senior managers told us that de-escalation training was the ceiling of training of this type for staff in a unit of this designation.

The health board should undertake a training needs analysis and risk assess whether there is a need for additional conflict resolution training, such as breakaway techniques and/ or safe physical restraint techniques.

Should there be a need to escalate any challenging behaviours, staff were aware of the need to contact either the emergency services, or a neighbouring unit for assistance in the event of an emergency. However, this appeared to be reliant on the availability of resource and goodwill, without formal process in place.

The process must be reviewed and robustly risk assessed. This should include a clear process and/ or flowchart implemented for staff across all units to follow in the event of requiring or responding to a call for urgent assistance. This is to ensure that staff across all units have sight of 'at-a-glance' information, and there is clarity on staff role and responsibilities at the point of requesting assistance.

The unit and wider site were supported by an appropriate bronze, silver and gold on-call system for escalation during and out of hours.

The health board should review, risk assess, and implement a robust formal process for requesting immediate assistance.

Whilst some call bells were situated around the unit, personal alarms were not worn by staff. Despite the service operating as a rehabilitation unit, staff and other's safety therefore, the use of personal alarms should be appropriately risk assessed and, where applicable, acted upon promptly. This is particularly important given the reduction of staffing during night shifts and the proximity of the unit to other units.

The health board should review, and risk assess the need for staff personal alarms in its rehabilitation service, and update this regularly.

The environment was not fully anti-ligature, but regular risk assessments were completed to identify and mitigate risks as far as possible. It was positive to find staff from other units rotated to complete ligature audits on other units, to reduce complacency and to identify risks that may have otherwise been overlooked by existing unit staff.

We found sharps bins and other sharps objects in kitchen areas to be appropriately stored and secured when not in use.

Infection, prevention and control and decontamination
The unit was well organised and clean throughout the inspection. The domestic staff member on the unit was observed completing tasks thoroughly. Other staff members and patients maintained communal areas, such as the patient kitchen and laundry, to a good standard.

All staff had completed relevant mandatory training and there were processes in place to ensure that aspects of IPC are complied with, including IPC team led audits, environmental walk arounds, and hand hygiene checks. These were regularly completed and highly scored.

Safeguarding of children and adults

We found suitable processes in place to safeguard vulnerable adults. This included established health board processes and procedures, and all staff had completed relevant training according to their roles and responsibilities.

The overall number of safeguarding incidents on the unit were low, but staff were able to set out a recent incident and an appropriate set of actions that had been taken in response.

Oversight of safeguarding incidents was monitored within senior nursing and management governance meetings. Support and oversight from health board safeguarding teams is provided, when necessary.

Medicines management

There were good arrangements in place to appropriately manage medication on the unit. The clinic room which contained medication was locked at all times, with keys held by a registered member of nursing staff. Fridge temperature checks were routinely recorded to ensure medication efficacy.

Whilst the unit did not stock any controlled drugs at the time of the inspection, there were appropriate systems in place to manage this. Whilst anti-psychotic drugs were in use, these were prescribed in accordance with clinical guidelines and did not exceed BNF limits. This included initial and on-going physical health checks of patients. Patients were able to access information relating to their medication and were helped to understand this at MDT meetings.

Medication charts were found to be overall well completed and there were audits in place to ensure that documentation, prescribing and administration of medications was appropriate.

The emergency equipment and drugs were readily accessible, and daily checks were recorded to ensure that contents are complete and ready for use.

Effective

Effective care

There was generally good relational security between staff and patients on the unit. This contributed towards a calm atmosphere, with patients telling us that they felt happy to engage with staff and to raise any concerns or questions they may have.

Patients were supported to attend and contribute at their multidisciplinary team discussion. It was positive to observe patients being helped to understand the current and next stages of their journeys.

We identified a lack of routine psychological input into patient care on the unit. Whilst some talking therapy input was available, staff told us that this was a shared provision with other units. Psychological input is an important clinical provision for the rehabilitation model of care and, in its current form, does not meet nationally recognised clinical guidelines. We acknowledge that several psychologist posts are currently being advertised, although is against the backdrop of national workforce challenges in this profession.

The health board must ensure that patients on the unit can routinely access psychological input, as part of their treatment and recovery plan.

Access to physical health needs were met through patients accessing appointments in the community or through attendance from a locally commissioned GP practice. The GP engagement was found to be responsive and patient focused. It was positive to note that the unit intends for patients, on a risk assessed basis, to begin to access GP appointments in person at the practice as part of their rehabilitation. This will help patients to familiarise and engage with GP services post-discharge.

Nutrition and hydration

We found patients nutrition and hydration needs were appropriately assessed using the All-Wales Adult Nutritional Risk Screening Tool (WAASP). There was provision in place to refer to and readily access other services, such as speech and language therapy, if necessary.

Patients had access to a patient kitchen on the unit where they could prepare hot and cold drinks, including light snacks. Access to an OT kitchen was also available for more formal assessments of patients, and to aid with their independence post-discharge.

One theme raised by staff and patients that should be improved was the variety, temperature and quality of food. This affected the wider site, not just this unit, and is an important consideration for patients who may be an inpatient on the unit for sustained periods of admission.

The health board should ensure that its catering provision provides patients with food that is of good quality, offers variety and acceptable temperature.

Patient records
There was a breadth of nationally recognised clinical assessments in use on the unit. These were completed comprehensively and were regularly updated. Nursing records were maintained to a good standard, with effective liaison between other clinical teams, such as speech and language therapy, being observed in practice.

Care planning was generally well aligned with the Mental Health (Wales) Measure. This included regularly reviewed care plans and a named care-coordinator. Some unmet needs were identified through a lack of consistent psychology input, as already set out in this report.

The overall organisation of records required strengthening. This was identified by recent audit activity and actions had been taking by ward management to improve upon this. This included providing staff with feedback during supervision and protected time for reviewing records.

The health board should review how the clerking and administrative needs of the unit can be met and ensure the filing and storage of records is robust.

Mental Health Act monitoring
We reviewed three records of patients who were detained under the Mental Health Act 1983, and all legal documentation related to their admission was compliant with the Act. There was documented evidence that patient rights were being upheld in line with the Act, and patients were regularly presented with their rights, and provided with written information to this effect.

Advocacy services were commissioned, and whilst we were informed that there was not regular attendance to the unit by an advocate, we were assured that the offer of advocacy was made to patients who would benefit from this service.

Navigation of, and aspects of the detention documentation within clinical records required strengthening. This included:

- Ensuring Section 17 leave forms are marked as ‘no longer valid’, rather than ‘cancelled’, in line with the Code of Practice. This is to differentiate between when leave was taken, versus when it was indeed cancelled
- Ensuring consent to treatment certificates are marked ‘treatment is no longer authorised’, once a new certificate has been issued
- Ensuring files are maintained in a clear and logical order.

The health board must ensure that aspects of record keeping relating to the Mental Health Act Code of Practice are strengthened.

Overall, we noted that clinical record audits are being completed, but that the unit could benefit from a ward clerk to ensure that clinical staff are fully supported in their roles.

Quality of Management and Leadership

Staff feedback

We provided staff with a survey to complete and received eight responses. Staff comments were reflective of the limited psychology input and catering facilities, which included:

> *" It would be an improvement to patient care if we had psychology input. Currently this is very limited although efforts are being made"*
>
> *"There needs to be psychology on the unit and more therapies e.g. art therapy"*
>
> *"The canteen needs to be rebuilt so patients and staff can get additional hot/ cold food and more importantly so that the patient's food isn't just precooked heated up meals."*

Leadership

Governance and leadership
Governance and oversight processes appeared to work well, enabling a flow of key quality and safety related information between the unit, senior nursing, and directorate level meetings.

There had been positive efforts made by leadership staff to establish an identity for the rehabilitation service, including implementing an online local intranet page, which covered a range of policies, processes, and opportunities for submitting feedback and thanking staff.

The deputy ward managers at the time of the inspection were knowledgeable about all aspects of the ward, including its patients, staff, and day-to-day operation.

All but one staff survey respondent felt their immediate manager can be counted on to help them with a difficult task at work, that they are given clear feedback on their work, and that they are asked for their opinion before decisions are made that affect their work.

In relation to senior managers, half the respondents agreed that senior managers are visible, and that communication between management and staff is effective.

Workforce

Skilled and enabled workforce

It was positive to find a generally stable workforce, with a committed team of staff, many of whom had worked at the service for several years. This helps to ensure patients are familiar with the staff who are providing their care and treatment.

There was evidence of good medical leadership on the unit, with staff and patients complementing the care provided by the consultant psychiatrist. It was evident that clinical processes had been strengthened since the employment of a substantive consultant on the unit.

When asked in our survey if there are enough staff to do their job properly, two staff disagreed. Whilst the overall number of staff responses to the survey was low, some staff expressed concerns during the inspection about the reduction of the night shift establishment, from three staff to two.

The health board must ensure that they capture and act upon any staff concerns in relation to safe staffing levels.

Positively, mandatory training, appraisal and supervision completion rates were maintained to an overall good level. When asked what additional training they would benefit from, staff told us the following topics would beneficial:

- Cognitive behavioural therapy (CBT)
- Dialectical behaviour therapy (DBT)
- ECG monitoring
- Eye movement desensitization and reprocessing (EMDR)

The health bard must consider the staff suggestion for additional training, and if appropriate, ensure they are supported to access and complete this.

Culture

People engagement, feedback and learning

There were opportunities on the unit for patients to provide feedback and to raise any concerns. This included through the Civica patient feedback system, which is an NHS Wales initiative, to help support the capturing of real time feedback through QR codes and messages to patients.

Notably, there was a patient meeting each morning, which gave each patient the opportunity to speak to raise any matters. It was positive to note that staff individually asked each patient to ensure that everyone had the opportunity to speak.

There was evidence that feedback on the unit was listened to, acted upon, and fed back to management when an issue could not be easily remedied. Posters for raising formal complaints through the NHS Wales Putting Things Right process were available to patients.

Learning, improvement and research

Quality improvement activities
There was evidence of local and divisional audit activity undertaken on the unit. The outcome of these was generally positive, and there was evidence of improvement in response to areas that required strengthening.

The governance structure aided the sharing and standardisation of learning across the rehabilitation service. This included the implementation of a clinical effectiveness group, providing relevant training for nurse management in clinical audit.

When asked if their organisation encourages them to report errors, near misses or incidents, all staff survey respondents agreed. Whilst most staff agreed that the organisation takes action to ensure that they do not happen again and that feedback is provided, three staff did not feel they are treated fairly by their organisation when reporting such events.

The health board must ensure that all staff are encouraged to report incidents and ensure everyone is treated fairly and appropriately supported when reporting.

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			

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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 assurance issues identified					
2.						
3.						
4.						

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):

Appendix C - Improvement Plan

Service: Carreg Fawr Inpatient Rehabilitation Unit, Bryn y Neuadd Hospital

Date of inspection: 29th January 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
1.	Health Promotion (Page 10)	The health board should provide a more structured therapeutic activity offer for patients.	NICE NG181 Rehabilitation for Adults with complex psychosis. Standards for Inpatient Rehabilitation Services (AIMS Rehabilitation) December 2020	1. Recruit to Carreg Fawr Activities Coordinator post 2. Arrange Art Therapy session alongside Occupational Therapy. Sessions. 3. Develop Art Therapy Business Case for 1 WTE, Band 6, including funding arrangements. To be presented	Matron Inpatient Rehab Services	1. Completed. Activities Coordinator commencing 17/03/25 2. Completed. Commenced Art Therapy sessions for half a day week. 3. 1st May 2025

				through Divisional Governance. 4. Structured therapeutic activity planner to be reviewed and updated.		4. 1st May 2025
2.	Dignified and Respectful Care (Page 11)	The health board should review how night time observations are being completed to ensure that there is an appropriate balance between risk and the potential to disturb patient sleep.	Therapeutic Engagement and Observation Policy (MHLD AC002)	1. To assess the feasibility with the BCUHB Estates Dept whether a soft door closing mechanism is available to be fitted to the existing door to ensure quiet closure.	Matron Rehab Inpatient Services/ Clinical Operational Manager	1st May 2025
3.	Risk Management (Page 13)	The health board should undertake a training needs analysis and risk assess whether there is a need for additional conflict resolution training, such as breakaway techniques and/ or	ICOP- Management of incidents PTR01, V01 (25/07/24)	1. Undertake a training needs analysis for staff in managing conflict resolution to inform risk assessment. 2. With support from the Positive Intervention Clinical Support Service (PICSS) team review the current Restrictive	Matron Rehab Inpatient Services	1st June 2025 1st May 2025

		safe physical restraint techniques.		Physical Intervention (RPI) incidents and training compliance to agree any further training required.		
4.	Risk Management (Page 13)	The health board must ensure that admissions to the unit remain in line with the model of care for the planned patient group.	Rehabilitation Single Point of Access (SpoA) SoP (DRAFT) Admission for acute outliers in Rehabilitation units' protocol (August 2024)	1. Develop a flow chart to ensure all admissions for acute outliers remain in line with the model of care for the planned patient group. 2. Discuss in Clinical Forums any out of hour admissions to ensure they remain in line with the model of care. 3. To be monitored through Rebab SPOA monthly meetings.	Matron Rehab Inpatient Services Rehab Clinical Operational manager Rehab Clinical Operational manager	1st May 2025 1st June 2025 1st September 2025
5	Risk Management (Page 13)	The health board should review, risk assess, and implement a robust formal process for requesting	ICOP – Management of incidents PTR01, V01 (25/07/24)	1. Complete a risk assessment for requesting immediate assistance at Carreg Fawr from	Matron Rehab Inpatient Services	1st June 2025

		immediate assistance.	Staffing Escalation Procedure (MHLD 0028) Nurse staffing levels policy (NU28)	neighbouring units on site 2. Develop a flow chart for the process for requesting immediate assistance. 3. Develop with staff and agree “at a glance” information sheet to support the process, including staff role and responsibility, agree and share with other neighbouring units on site to ensure process if agreed.		
6	Risk Management (Page 14)	The health board should review, and risk assess the need for staff personal alarms in its rehabilitation service, and update this regularly.	Security Policy (HS27, V.01) 22/01/25	1. Rehab Senior Leadership team to complete a review and risk assessment to determine whether staff require personal alarms in the rehabilitation unit and progress through Divisional governance to DSLT.	Matron Rehab Inpatient Services	1st May 2025

				2. Develop process to check risk assessment every 3 months to determine if there is a need for staff personal alarms.		
7	Effective Care (Page 15)	The health board must ensure that patients on the unit can routinely access psychological input, as part of their treatment and recovery plan.	NICE NG181 Rehabilitation for Adults with complex psychosis Royal College of Psychiatrists, Mental Health Rehabilitation Services (November 2019)	1. Psychology referrals to be made as per routine, upon assessment of need and recorded in patient files. 2. Increase number of Nurse therapist sessions whilst awaiting recruitment to Psychology posts. 3. Consider implementation a cognitive remediation group whilst awaiting recruitment to Psychology posts. 4. Develop a plan to progress recruit to the psychology vacant posts	Head of Clinical Psychology, SCS	1. Completed 2. 1st June 2025 3. 1st August 2025 4. 1st August 2025

8	Nutrition and Hydration (Page 16)	The health board should ensure that its catering provision provides patients with food that is of good quality, offers variety and acceptable temperature.	The Duty of Quality in Healthcare (WG 23-12, 2023)	1. Quarterly meetings to be arranged between BCUHB Catering manager, Carreg Fawr Ward manager and patients to review catering provision. 2. BCUHB Catering Dept to review the quality and variety of food being provided to Carreg Fawr. 3. BCHUB Catering Department to routinely carry out temperature checks to ensure food is kept at the required temperature, record and share with ward manager. 4. Develop a therapeutic programme that embeds a cooking rota for patients within the unit to enable fresh food to be prepared on a weekly basis.	BCUHB Catering Dept/Ward Manager BCUHB Catering Dept BCUHB Catering Dept Carreg Fawr Ward Manager	1st April 2025 1st May 2025 1st May 2025 1st June 2025

9	Patient Records (Page 16)	The health board should review how the clerking and administrative needs of the unit can be met.	Patient Records management procedure (BCUHB HR1)	1. Review current ward clerk arrangements to ensure current requirements are being met. 2. Review ward establishment, if required, for any additional ward clerk resource.	RSS/SCS Business Support Manager	1st May 2025 1st June 2025
10	Patient Records (Page 17)	The health board must ensure that aspects of record keeping relating to the Mental Health Act Code of Practice are strengthened.	Mental Health Act (2007) - Code of Practice	1. With support from Mental Health Act Manager, complete 3 monthly Mental Health Act audits to ensure sustainable improvements.	Matron Rehab Inpatient Services	1st July 2025
11	Workforce (Page 19)	The health board must ensure that they capture and act upon any staff concerns in relation to safe staffing levels.	Nurse staffing levels policy (NU28)	1. Continue to ensure safe staffing levels are discussed in local Daily Huddles, and appropriate action taken as required 2. Ensure any staff concerns are captured by completing a datix.	Matron Rehab Inpatient Services	1st May 2025

				3. Ensure safe staffing levels are routinely discussed in ward staff meetings on the unit.		
12	Workforce (Page 19)	The health board must consider the staff suggestion for additional training, and if appropriate, ensure they are supported to access and complete this.	Statutory mandatory training mandatory Training policy (WP30)	1. Undertake a training needs analysis for additional staff training and provide protected time to complete, including - Cognitive behavioural therapy (CBT), Dialectical behaviour therapy (DBT), ECG monitoring and Eye movement desensitization and reprocessing (EMDR) 2. Capture any training needs identified during staff supervision to consider inclusion of additional training in Training Needs Analysis.	Matron Rehab Inpatient Services/SCS Psychology Team Matron Rehab Inpatient Services	1st July 2025 1st August 2025

13	Quality Improvement (Page 20)	The health board must ensure that all staff are encouraged to report incidents and ensure everyone is treated fairly and appropriately supported when reporting.	ICOP – Management of Incidents PTR01, V01 (25/07/24) Staff Health and Wellbeing Guidelines (OHW02) Staff Mental Health Wellbeing Stress Management Procedure (WP33)	1. Continue to encourage staff to report incidents and review via local Integrated Concerns Operational Panel (ICOP) processes. 2. Ensure feedback and lessons learnt captured within the monthly Rehab Patient Experience, Safety and Quality (PSQ) report are shared with the staff team. 3. Ensure minutes from Staff Ward meetings are shared with all staff for awareness. 4. Capture any themes from Staff Ward meetings to share in MH&LD Service Quality Delivery Group meetings (SQDG) for Divisional awareness.	Matron Rehab Inpatient Services	1st May 2025

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): M Atkin and L Rogers

Job role: SCS Head of Nursing and Matron for Inpatient Rehabilitation Services

Date: 11th March 2025