Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection Report (Unannounced)

Aderyn Hospital, Elysium Healthcare

Inspection date: 10,11 and 12 March 2025
Publication date: 13 June 2025

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83715-817-1

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 independent mental health inspection at Aderyn Hospital, on 10, 11 and 12 March 2025.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. No questionnaires were completed by patient or carers. We also invited staff to complete a questionnaire to tell us their views on working for the service, only five questionnaires were completed by staff. However, we spoke to staff and carers during our inspection and some of their comments are highlighted 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:
All patients we spoke with felt safe and were able to speak with staff when needed and told us that they were happy at the hospital, and that staff were kind and helpful.

Patients had their own bedrooms, which provided them with a good level of privacy, and assisted staff in maintaining the dignity of patients. However, the bedroom areas looked worn and needed updating.

There was a range of activities in place to support and stimulate patients as part of their recovery. It was positive to see staff supporting patients to engage in activities, such as walking groups, fishing trips, and arts and crafts. We noted there was limited information available on health promotion.

Overall, we found that patients are provided with timely care, and their needs were promptly assessed upon admission. Staff appropriately provided care and assisted patients when required. Staff were knowledgeable of each patient and strove to provide individualised care. We observed kindness, warmth and respect between staff and patients.

Most patients spoke highly of staff and told us that they were treated well by staff and felt safe. During the inspection we noted that when patients approached staff, they were met with polite, caring and responsive attitudes. Throughout the inspection the inspection team observed a very calm, inclusive, and professional environment at the hospital.

This is what we recommend the service can improve:

- Varied walking routes
- Health promotion information.

This is what the service did well:

- Good team working and motivated staff
- Staff treated patients with kindness and warmth.

Delivery of Safe and Effective Care

Overall summary:

Overall, we found appropriate systems and governance arrangements in place, which helped ensure the provision of safe and effective care for patients. A range of up-to-date health and safety policies were in place and various risk assessments had been completed, such as ligature point risk assessments and fire risk assessments. We also found evidence of clinical audit taking place, which was monitored by the ward manager.

Appropriate processes were in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required. Hospital staff had access to safeguarding procedures, which were supported by Wales Safeguarding procedures.

The arrangements for the management of medicines and their safe and secure storage were appropriate.

Patient records were well organised, and improvements had been made relating to patient records since our last inspection. Patient data and their records were kept securely.

We saw a good standard of care planning which reflected the domains of the Welsh Measure. Care plans were well detailed, individualised, and reflected a wide range of Multi-disciplinary Team (MDT) involvement, and there was clear and documented evidence of patient and family involvement.

This is what we recommend the service can improve:

- Décor and flooring in bedroom areas.

This is what the service did well:

- Good standard of care planning
- Range of effective audits undertaken by staff.

Quality of Management and Leadership

Overall summary:
We observed a friendly and professional staff team who were committed to providing high quality care to patients. There was dedicated and passionate leadership displayed by staff, the hospital manager and multi-disciplinary team.

There was a well-defined organisational structure in place, which provided clear lines of management and accountability. Effective systems provided access to management support during the day, with an on-call system in place at night. Staff felt the culture at the hospital was positive and said they would feel confident in raising a concern and knew the process of how to do so, and we saw evidence to confirm this.

Most staff spoke favourably about the support from colleagues working within the hospital and reported a good team-working ethos.

This is what we recommend the service can improve:

- Review policies for use of the de-escalation room and recruitment.

This is what the service did well:

- Strong leadership provided to staff by the hospital manager, ward manager and multi-disciplinary team
- Staff and patient meetings were regularly taking place
- Mandatory training compliance figures were good.

3. What we found

Quality of Patient Experience

Health promotion, protection and improvement
We provided HIW questionnaires to patients and family/carers during the inspection, to obtain their views and experiences of the service provided at the hospital. However, we did not receive any responses.

Patients and family/carers we spoke with during the inspection said patients were treated well, and that staff were kind and helpful.

The hospital had a range of facilities to support the provision of therapies and activities for patients. In addition, patients have regular access to community services for those who are authorised to leave the hospital. However, improvements could be made to the information provided to patients regarding health promotion and smoking cessation as there was limited information on display.

The registered provider must ensure that information on health promotion and smoking cessation is displayed.

We observed patients being involved in a range of activities throughout the inspection. These included walking activities, fishing trips and arts and crafts. Patients told us that they enjoyed the sessions arranged by the OT and the activities co-ordinator. However, some patients told us that they wanted more varied walking routes as they were becoming bored going on the same walking routes.

The registered provider must ensure that activities are suitable for all patients and sufficiently varied.

Patients had access to other professionals like physiotherapists and dietitians based on their needs. They could also see a GP, dentist, and other physical health professionals when needed. Patient records showed appropriate physical assessments and ongoing monitoring.

Dignity and respect

We found that staff engaged with patients appropriately and treated them with dignity and respect. This included hospital staff, senior management, and administration staff.

All patient rooms were ensuite. Communal bathrooms were available, and we saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

There were nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could call for help if needed.

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

The staff we spoke with were enthusiastic about their roles and how they support and care for the patients. We saw most staff taking time to speak with patients and address any needs or concerns they had. This showed that staff had responsive and caring attitudes towards patients.

Patient information and consent

Patient boards displayed in the hospital contained relevant information to help patients and their families understand their care. This included information such as the weekly activity timetable and advocacy services.

Registration certificates from HIW and information on how to raise a complaint were on display in the reception. This information was also available in Welsh.

Information on how to make a complaint was on display and available in the patient guide booklet.

Communicating effectively

All patients we spoke with said they felt safe and were able to speak with staff when needed. They also said they were happy at the hospital, and that staff were kind and helpful. There was a clear mutual respect and strong relational security between staff, patients and family/ carers.

Throughout the inspection, we observed staff engaging and communicating in a positive and sensitive way with patients, taking time to help them understand their care, and using appropriate language or communication styles.

We were told that some bilingual (Welsh and English) staff were working at the hospital. This allowed staff to provide the active offer of speaking to patients in Welsh. We were told that translation services can also be accessed should patients need to communicate in other languages other than English or Welsh.

Where applicable, patients can receive support from external bodies, such as solicitors or patient advocacy services during patient specific meetings. With patients' agreement, and wherever possible, their families or carers are included in these meetings.

Patient notice boards displayed relevant information to help patients, and their families understand their care. This included information, such as the weekly activity timetable and advocacy services.

Bilingual information on HIW and the NHS Wales Putting Things Right process was also displayed.

Care planning and provision

Patients had their own individual weekly activity planner including individual and group sessions based within the hospital and the community (when the required authorisation was in place). During the inspection we observed staff and patients engaging in activities in the hospital and in the community.

We observed staff respecting patient privacy. For example, by understanding when patients preferred their own space and facilitating this whilst maintaining appropriate levels of observation.

Patients were 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. Care plans were very detailed and personalised, this helped support the hospital in being able to deliver comprehensive care to the patients.

A handover meeting was held every weekday morning for nursing staff to update the MDT on any concerns, issues or incidents that had taken place the day before. We attended a handover meeting during the inspection and saw that staff showed a good level of understanding of the patients they were caring for and that discussions focused on what was best for the individual patient.

Equality, diversity and human rights
We found good arrangements in place to promote and protect patient rights.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes.

Legal documentation relating to detained patients under the Mental Health Act was compliant with the legislation. All patients had access to advocacy services, and we were told that advocates visit the hospital.

Staff told us that patients are invited to be part of their MDT meetings and that the involvement of family members or advocates was encouraged where possible.

During our discussions with staff, they demonstrated suitable regard for upholding patient rights and individual patient preferences. The Care and Treatment Plans (CTPs) we reviewed evidenced that the social, cultural, and spiritual needs of patients had been considered. We saw that the hospital had an appropriate Equality, Diversity, and Inclusion policy available to help ensure that patients' equality and diversity were respected.

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.

Delivery of Safe and Effective Care

Safe Care

Environment
Overall, we were assured that Aderyn had processes in place to manage and review risks to help maintain the health and safety of patients, staff and visitors at the hospital. The hospital entrance was secured to prevent unauthorised access. Access to the main entrance outside was via some stairs, but an accessible ramp was located at the side of the property. The main building was split over two floors, and a lift and a stairlift were available to assist people with mobility difficulties.

It was positive to see that improvements had been made to the environment since the last inspection; however, some areas require improvement. For example:

- The main staircase had a missing rail, dust and chipped paint.
- The flooring in the bedroom areas is worn and the bedrooms require updating.
- The coffee lounge needs repainting, and the patient toilet that is out of order needs to be fixed.

The registered provider must ensure that the environmental issues are resolved.

Managing risk and health and safety
There was an electronic system in place for recording, reviewing, and monitoring patient safety incidents, and staff confirmed that de-briefs take place following any incidents.

A range of up-to-date health and safety policies were in place, and we saw evidence of various risk assessments that had been conducted including ligature point risk assessments and fire risk assessments. The hospital manger, at the time of the inspection was reviewing and updating the current ligature assessment. It is important that this is updated and fully completed.

We were told of the environmental checks that are completed and saw evidence of the weekly manager checks across the hospital. We saw evidence of comprehensive clinical audits, monitored by staff.

The hospital had a business continuity plan in place to follow in the event of a major incident occurring at the hospital. These included events such as fire, loss of

water and electricity supply and severe weather conditions. Fire safety policies were all up to date and fire risk assessments had all been completed.

Infection prevention and control (IPC) and decontamination
We found suitable Infection Prevention and Control (IPC) arrangements in place which were supported by a range of up-to-date policies to maintain patient and staff safety. Regular hospital audits had been completed to review the cleanliness of the environment and check compliance with hospital procedures. All were appropriate and compliance was checked by senior ward staff. Staff compliance with mandatory IPC training was currently at 93%.

We saw evidence to confirm that staff had conducted the necessary risk assessments and relevant policies and procedures were updated accordingly. Staff also explained their responsibilities in line with infection prevention and control.

We found that staff had access to and were appropriately using Personal Protective Equipment (PPE). Staff told us that PPE was always readily available, and we saw that sufficient hand washing and drying, and sanitisation facilities were available.

Cleaning equipment was stored safely and organised appropriately and there were suitable arrangements in place for the disposal of domestic and clinical waste.

Nutrition
The hospital provided patients with regular meals, making their choices from the weekly rotational menus.

Patients were supported to meet their dietary needs, and we were told that specific dietary requirements were accommodated, as appropriate.

The dining areas were clean and tidy and provided a suitable environment for patients to eat their meals.

Medicines management
Medication records were thorough and complete. Patient medications are regularly discussed with them, and we saw audits that met medication standards. However, some patient information sheets were missing from the medication files.

The registered provider must ensure that patients information sheets are contained in medication files.

Staff made sure that patients had personalised medication management plans, involving patients in the planning and discussions.

There were regular temperature checks of the medication fridge and clinic rooms to ensure medications were stored at the correct temperature. The clinical area was clean, tidy, and well-organised.

Staff were knowledgeable and confident when giving medication. However, we found one emergency prescription without a prescriber's signature, this was immediately resolved and addressed by the ward manager (See Appendix A).

It was good to see that high doses of antipsychotic medication were being monitored, reviewed, and reduced.

We also saw regular checks on resuscitation and emergency equipment, staff documented these checks to ensure the equipment was present and up to date.

The Medication Administration Records reviewed were fully completed by staff.

Safeguarding children and safeguarding vulnerable adults
Appropriate processes were in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Hospital staff had access to the health board safeguarding processes, which were supported by the Wales Safeguarding procedures, accessible via the intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

The hospital employed a dedicated social worker who maintained positive relationships with multi-agency partners and collaborated with the staffing team to enhance awareness and understanding of safeguarding issues.

Medical devices, equipment and diagnostic systems
There were regular clinical audits undertaken at the hospital and we saw evidence of weekly audits of resuscitation equipment, with staff documenting each occurrence to ensure the equipment was available and up to date.

These audits included checking the functionality and expiration dates of the equipment, ensuring that all necessary items were present, and verifying that the

equipment was stored correctly. This thorough process helps maintain readiness for emergencies and ensures patient safety. A noteworthy practice was the use of pictures to help staff with the grab bag checks.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency.

Safe and clinically effective care

Overall, we found appropriate governance arrangements in place which helped ensure that staff provided safe and clinically effective care for patients.

Staff confirmed that debriefs take place following incidents. Meetings we attended and evidence obtained during the inspection demonstrated that incidents, safeguarding referrals and use of physical interventions are monitored and reviewed.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation.

Participating in quality improvement activities

During our discussions with staff and senior managers, we were provided with numerous examples where they were reviewing the service provision and looking to develop some aspects of the hospital.

The hospital holds a care and engagement meeting every three months to discuss carer and patient surveys, along with the patient information booklets. For patients who consent these booklets are shared with family carers.

The hospital had also recently produced a newsletter for families, this newsletter contained details on the history of the hospital and included an introduction to the staff team and useful links for carers.

A service users' network had been established, providing opportunities for patient representatives to meet with other representatives from Elysium. These meetings involve subject matter experts on least restrictive practices and are used to gather patient feedback to improve practices across the hospitals.

The hospital manager also attends an all-Wales managers forum, where hospital managers gather to discuss lessons learned from incidents and policy changes. The hospital manager then implements the information and changes to improve practices at the hospital.

The hospital manager informed us of plans to enhance the horticultural area, storage shed and spiritual space, with the aim of providing real work opportunities for patients. The grounds at the hospital offer considerable potential for development, especially in the horticultural area. Additionally, the outdoor spaces are not fully being utilised to their potential to encourage and provide more variety of activities for the patient group.

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. Staff indicated that the electronic system was working well.

Records management

Patient records were kept electronically. The electronic system was password protected to prevent unauthorised access and any breaches in confidentiality.

Overall, we found robust systems in place to ensure that personal information relating to patients and staff were kept securely. 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.

Mental Health Act monitoring

We reviewed the statutory detention documents for five patients.

All patient detentions were found to be legal according to the legislation and were well documented. Overall, the records we viewed were well organised, easy to navigate and contained detailed and relevant information.

The Mental Health Act administrator runs an efficient and effective system to support the implementation monitoring and review of the legal requirements of the mental health act.

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

We reviewed the Care and Treatment Plans (CTPs) of four patients and found a good standard of care planning. The care plans were well detailed, individualised, and reflected a wide range of multidisciplinary team (MDT) involvement.

Physical health monitoring was consistently recorded in patient records and embedded throughout patient files, showing improvements from previous inspections.

The care plans were concise and included detailed risk assessments and risk management strategies. Risk assessments were completed when there was a change in patient presentation, with evidence of regular reviews.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training, to use skills to manage and defuse difficult situations. It was positive to see that the clinical records clearly showed patient and family involvement in care discussions, which were patient focussed.

The care plans also demonstrated family involvement, patient participation, and the patient's voice, providing a comprehensive understanding to help staff support patients.

However, in some patient records, it was difficult to determine whether care coordinators and carers were invited to ward rounds and Care Treatment Plan (CTP) reviews.

The registered provider must ensure that invites and attendance of care co-ordinators invited to ward rounds are recorded in patient records.

We found that discharge planning systems were considered, and consistent audits were conducted around patient records.

Quality of Management and Leadership

Staff Feedback
We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital. In total, we received five responses from staff at the setting. We also spoke to staff during the inspection.

Staff told us that the culture at the hospital was positive, and that they would feel confident in raising a concern and knew the process of how to do so.

Governance and accountability framework
There was a clear organisational structure in place which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

It was positive to see that senior staff attended when notified of the inspection team's arrival and were on hand to provide additional support.

There was clear, dedicated and passionate leadership from hospital staff, who are supported by committed multidisciplinary teams and the hospital manager. Staff were able to describe their roles and appeared knowledgeable about the care needs of most patients they were responsible for.

During our time at the hospital, we observed a positive culture with good relationships between staff who we observed working well together as a team. Most staff spoke positively about the leadership at the hospital. Most staff also spoke favourably about the support from colleagues working within the hospital and reported a good team-working ethos at the hospital.

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helped to maintain patient safety and continuous improvement of the service provided.

Dealing with concerns and managing incidents
There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints at the hospital.

We reviewed a sample of informal and formal complaints and saw that an independent person was assigned to investigate the complaint. Actions were taken in line with the organisation's complaints policy to ensure that complaints were dealt with appropriately at the hospital.

Arrangements were in place to quickly share information and lessons learnt 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 recruitment and employment practices
Staff we interviewed spoke passionately about their roles, and throughout the inspection we observed a strong and cohesive team working together.

Staff were able to access and produce most documentation we requested in a prompt and timely manner, therefore, demonstrating good governance processes.

There were appropriate systems in place to ensure that recruitment followed an open and fair process. Prior to employment, staff references are sought, Disclosure and Barring Service (DBS) checks are undertaken, and professional qualifications are checked.

Newly appointed staff undertook a period of induction under the supervision of the experienced hospital staff. Staff also showed us evidence of this and described the induction process to us.

We saw evidence that staff annual appraisals had been undertaken along with supervision, and staff explained that supervision takes place on a regular basis.

We were provided with a range of policies during the inspection, the majority of which were in in date; however, the following policies required a review:

- Recruitment policy, review date October 2020
- De-escalation room policy, review date March 2024.

The registered provider must ensure that policies are reviewed and updated.

Workforce planning, training and organisational development

We received a list of mandatory staff training, and the training figures showed that overall compliance is very good at 97%. It was positive to see that no physical interventions have occurred at the hospital in the past two years. This shows that the hospital is effectively using a least restrictive model of care, focusing on therapeutic engagement between staff and patients, which has created a relaxed atmosphere.

It was positive to see that staff were given training opportunities in addition to mandatory training. For example, staff were receiving trauma informed awareness training, and the ward manager was due to commence training in the recovery star tool to help make improvements in managing mental health in patients

Staffing levels were appropriate to maintain patient safety within the hospital at the time of our inspection. We were told that agency staff are used, however when there are shortfalls the hospital will try and use bank staff or agency who were familiar with working at the hospital and the patient group.

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
We found one emergency prescription without a prescriber's signature.	Without a signature medication should not be dispensed and can lead to errors	This was immediately resolved and addressed by the ward manager.	Signature was obtained and prescription validated

Appendix B – Immediate improvement plan

Service: Aderyn Hospital

Date of inspection: 10 – 12 March 2025

The table below includes any immediate non-compliance 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 non-compliance issues.					
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):

Job role:

Date:

Appendix C - Improvement plan

Service: Aderyn Hospital

Date of inspection: 10 - 12 March 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.	Limited information on display regarding health promotion and smoking cessation.	The registered provider must ensure that information on health promotion and smoking cessation is displayed.	Patient Information	1. A display board will be placed in service user coffee area with information on smoking cessation and current support on offer. 2. A display board will be placed in dining room containing nutritional advice and menu planning. 3. Existing physical and mental health	Carmel Gealy-Psychologist Juliette Merrett - Occupational Therapist	30/05/25 30/06/25

				information will be consolidated into a flyer rack in corridor area for service users.	Hospital Director -Jason Jones	30/05/25
2.	Some patients told us that they wanted more varied walking routes as they were becoming bored going on the same walking routes.	The registered provider must ensure that activities are suitable for all patients.	Health Promotion	1. Service user Community meetings will continue to discuss 'ideas for doing things better' and 'planned activities and events.' 2. Activity list will be generated and displayed including offering varied local walks.	Occupational Therapy- Juliette Merrett Occupational Therapy- Juliette Merrett	Already commenced 30/05/25
3.	Main staircase had a missing rail, dust, and chipped paint. The flooring in the bedroom areas is worn and the bedrooms require updating. Additionally, the coffee lounge needs repainting, and the patient toilet that is out of order needs to be fixed.	The registered provider must ensure that the environmental issues are resolved.	Environment	1. Staircase to be renovated 2. Bedroom renovations to be included in Capital expenditure for July 2025-June 2026 3. Coffee lounge to be repainted 4. Replacement part for communal facility fixed	Maintenance department Estates Manager -Rob Howells/Hospital Director- Jason Jones Maintenance Department Maintenance department	30/05/25 30/03/26 30/06/2025 20/03/2025

4.	Some patient information sheets were missing from the medication files.	The registered provider must ensure that patients information sheets are contained in medication files.	Records	1. Missing service user information sheets were placed in medication files at the time of visit. 2. Patient information sheets to be audited every weekend on clinic checklist.	Hospital Director- Jason Jones Ward Manager- Joceyln Fell.	13/03/25 Weekly
5.	In some patient records, it was difficult to determine whether care coordinators and carers were invited to ward rounds and Care Treatment Plan (CTP) reviews.	The registered provider must ensure that invites and attendance of care co-ordinators invited to ward rounds are recorded in patient records.	Records	1. Invitees have been logged through email communications to date. Going forward the Care and Treatment/ward rounds meetings formats in patient care records will reflect an invitee list.	CTP co-ordinator- Alison Lewis Hospital Director- Jason Jones	30/05/2025
6.	Recruitment policy and use of the de-escalation room policy review dates had expired.	The registered provider must ensure that the recruitment and use of the de-escalation room policies require review and updating	Governance and accountability framework	1. Recruitment policy is currently under review by corporate Human Resources. Estimated to be completed by 09/05/2025 2. De-escalation policy has been reviewed. To		16/05/2025 16/05/2025

				be evidenced by 16/05/25		

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): **Jason Jones**

Job role: **Hospital Director**

Date: **23/04/25**