Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection Report (Unannounced)

Priory Hospital Cardiff

Inspection date: 12, 13 and 14 May 2025
Publication date: 14 August 2025

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Digital ISBN 978-1-80633-300-4

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 Priory Hospital Cardiff on 12,13 and 14 May 2025.

The following hospital wards were reviewed during this inspection:

- Maple – a two bedded, low secure ward, which was providing care for one patient at the time of our inspection
- Willow - a one bedded, low secure ward, which was providing care for one patient at the time of our inspection
- Elm – a one bedded, low secure ward, which was providing care for one patient at the time of our inspection.

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

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 three questionnaires were completed by patients or their carers, and twenty-eight 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 respectful and compassionate interactions between staff and patients, with communication that was kind, proactive, and engaging. Feedback from patients, families, and carers was overwhelmingly positive. Patients reported feeling safe and respected, while family members praised the supportiveness of staff and the high standard of care provided.

The hospital environment was clean, comfortable and appropriately equipped for the patient group. Each patient had their own ward, ensuite bedroom, and garden area, offering a high level of privacy. Dedicated staff teams provided individualised care programmes tailored to each patient's needs and risks.

We found suitable measures in place to promote patients' physical and mental well-being. All patients received comprehensive healthcare assessments and support, and a range of suitable therapeutic activities, facilities and equipment were provided. Although occupational therapy (OT) support had recently lapsed due to staff vacancies, two new appointments were made during the inspection to restore full-time OT provision.

Staff demonstrated a clear commitment to upholding patient rights and individual preferences. Equality, diversity, and inclusion were well embedded, with 97% overall staff compliance in mandatory training. Care planning reflected patients' social, cultural, and spiritual needs.

Patients were supported to make independent decisions and participate in activities tailored to their interests. Information for patients and families was clearly displayed, including advocacy services, legal contacts, and complaint procedures. Digital devices and access to personal phones supported communication with families, and translation services were available.

We found effective processes in place to seek feedback from patients and their families, and staff demonstrated a strong commitment to making improvements based on the feedback provided.

This is what the service did well:

- Positive feedback from patients, family and carers
- High staff-to-patient ratios enabling individualised patient care

- Staff showed consideration and respect for individual patient needs.

Delivery of Safe and Effective Care

Overall summary:
Staff were committed to delivering safe and effective care, supported by established policies and procedures that ensured strong risk management. Structured meeting processes ensured consistent review and response to patient care needs. Systems for recording and monitoring patient safety incidents were well-established, with good senior management oversight. We found suitable patient safeguarding processes, including referrals to external agencies when required. Lessons learned from incidents and complaints were effectively shared across the hospital and the wider organisation, fostering a culture of learning and improvement.

Appropriate systems and governance arrangements supported the provision of safe and effective care, with audit activities supporting continuous quality improvement. The care environment was generally safe and suitably equipped, with anti-ligature measures implemented across all wards, and suitable risk assessments completed. Staff demonstrated high compliance with IPC training, and cleaning schedules were well-maintained. Estates issues were generally logged and addressed promptly; however, the lift had been out of service for much of the year, limiting accessibility, and the flooring in the Intensive Care Suite on Willow Ward required repair. The lift was repaired following the inspection.

Robust systems were in place to ensure the safe management of medications. Medication was suitably stored, and Medication Administration Records were accurately maintained. Regular reviews were conducted to ensure that medications remained safe and appropriate. However, we found no evidence that mental capacity assessments were completed prior to the first administration of medication and reassessed regularly thereafter. This issue was addressed following the inspection.

We observed safe and therapeutic staff responses to challenging patient behaviours, with principles of Positive Behaviour Support (PBS) used as a method of de-escalation and prevention. Compliance with mandatory Reducing Restrictive Intervention (RRI) training was high at 91%. Restrictive practices were utilised as a last resort and were closely monitored for therapeutic impact and associated risks.

We found a robust system of audit and governance oversight in respect of MHA monitoring. The hospital was supported by a dedicated Mental Health Act (MHA) administrator, and the statutory documentation we reviewed verified that the patients were appropriately legally detained.

Our review of the Care and Treatment Plans (CTPs) evidenced a high standard of clinical record-keeping that appropriately reflected patients' needs and risks. The CTPs were aligned with the domains of the Welsh Measure and were regularly reviewed, well-organised and easy to navigate. There was clear evidence of patient involvement; however, we found no evidence of patient consent to information sharing, and no documentation or process was in place to capture this information. This issue was addressed following the inspection.

This is what we recommend the service can improve:

- Ensure the lift remains fully functional, and repair or replace the damaged flooring on Willow Ward
- Ensure patient capacity is assessed prior to the first administration of medications and reviewed regularly thereafter
- Continue to ensure that patients' consent to information sharing is clearly documented and readily accessible.

This is what the service did well:

- Photographs of patients were stored with MHA records
- Patients were supported to self-administer medication
- Medication side effects were appropriately assessed
- Regular practice emergency drills were conducted
- The Capable Environments Framework was implemented
- Good patient involvement in governance and recruitment processes.

Quality of Management and Leadership

Overall summary:
Staff provided positive feedback about their experience of working at the hospital. They reported feeling supported in their roles and satisfied with the leadership provided by senior management. Almost all said they would recommend the hospital as a workplace, and all agreed they would be happy with the standard of care provided for themselves, friends or family. We observed a collaborative and supportive environment throughout the inspection, with positive working relationships among staff.

We found established governance arrangements in place to provide oversight of clinical and operational issues. The organisational structure was clearly defined, with transparent lines of accountability and management. Some staff feedback suggested that the introduction of an additional management layer could further enhance service delivery and help sustain ongoing improvements.

Staffing arrangements were well-managed and responsive to patient needs. At the time of our inspection, there were only two permanent vacancies. Staff retention was strong, and the hospital demonstrated minimal reliance on agency staff. Where temporary cover was required, the hospital prioritised staff already familiar with the setting and patient group, helping to maintain continuity of care and ensure patient safety.

We found appropriate processes in place for senior staff to monitor compliance with mandatory training and noted high staff compliance with clinical and managerial supervisions. Most staff reported receiving the necessary training to perform their roles and told us they felt supported in their career progression. Some staff provided suggestions for additional training opportunities and continuing professional development (CPD) improvements.

A wide range of policies and procedures were available to help staff undertake their duties and responsibilities, though we found two were past their review dates.

The hospital demonstrated a strong commitment to staff wellbeing, with suitable processes in place to support staff following incidents and to prevent burnout. These included reflective practice sessions and core patient care teams with regular staff rotation. Staff engagement was further supported through regular meetings, a whistleblowing policy, and access to a 'Freedom to Speak Up' champion. These avenues ensured staff could raise concerns safely and that their feedback was acted upon. Initiatives such as team-building events also contributed to a positive and inclusive workplace culture.

This is what we recommend the service can improve:

- Reflect on the staff questionnaire feedback relating to the hospital's leadership structure, continuing personal development and training opportunities, and consider what improvements can be made
- Ensure policies are reviewed within set timescales to provide clear guidance to staff.

This is what the service did well:

- High compliance with mandatory training
- Regular staff meetings were taking place
- Strong, dedicated leadership provided to staff by the hospital manager and multi-disciplinary team.

3. What we found

Quality of Patient Experience

Patient feedback
We invited patients, family and carers to complete HIW questionnaires to obtain their views on the service provided at the hospital. We also spoke with patients on the wards where appropriate. At the time of our inspection, three patients were being cared for at the hospital. We received one completed patient questionnaire and two completed family and carer questionnaires. While some questions were skipped by the respondents, the feedback received was overwhelmingly positive.

Patients who responded and whom we spoke with during the inspection told us they felt safe in the hospital and that staff treated them with dignity and respect. They confirmed that they felt involved in their care and that staff provided care and treatment when needed. One patient commented:

> *" The staff are amazing…they went with me to a concert recently which I really enjoyed."*

The family and carer respondents rated the hospital as very good. They confirmed that staff had clearly explained the reasons for the patient's admission and discussed the patient's care plan with them. They felt encouraged to be involved in the patient's care and told us they were included in decisions as much as they wished. They confirmed that staff were kind, sensitive, and responsive to patient needs. Additionally, they expressed confidence in knowing how to raise concerns if needed.

One family member told us:

> *"This is the best hospital (the patient) has ever received care at, and she has been in a lot throughout her time. The staff are all amazing and they go above and beyond for (the patient) and they are also there if I ever need their support. I cannot thank them enough."*

Health promotion, protection and improvement
The hospital had established systems in place to protect and promote patients' physical health. A review of the records for all three patients demonstrated that they received comprehensive physical assessments. Each patient had a physical health care plan that included regular health screenings and periodic reviews of their goals and progress. Long-term health conditions were appropriately

supported and managed. Patients had access to GP services, dental care, and other specialist health professionals as needed.

The hospital provided a broad range of activities, facilities, and equipment designed to support and enhance patients' health and well-being. These included access to a gymnasium and the provision of pedometers to encourage movement and walking. Each ward had a secure garden and a spacious main lounge equipped with a television, games, and recreational activities.

Communal patient facilities included a Social Club, Tuck Shop, and an Arts and Crafts Centre, providing amenities such as a pool table, table tennis, and art therapy equipment. Additionally, patients could access the hospital's sensory room and occupational therapy kitchen with staff support, ensuring a holistic approach to their care and rehabilitation.

The hospital's Bespoke Therapeutic Placement (BTP) services ensured that each patient received a tailored program of care, treatment, and activities. High staff-to-patient ratios enabled individualised patient care, supported by a dedicated multidisciplinary team (MDT) who worked collaboratively to provide therapeutic interventions and engaging activities.

At the time of our inspection, the hospital had been without occupational therapy (OT) support since December 2024 due to staffing vacancies. In the absence of OT staff, psychology staff were providing patient activities, which impacted their availability. During the inspection, an OT and Activities Coordinator were appointed, restoring full-time OT support.

Dignity and respect

The registered provider's Statement of Purpose outlined the hospital's commitment to maintaining patient privacy and dignity. During our inspection, we observed staff treating patients with respect and providing support in a dignified and compassionate manner. It was evident that strong professional relationships had been established to promote patient health and well-being. Patients we spoke with during the inspection confirmed that staff treated them with dignity and respect. All staff members who completed a questionnaire agreed that patients' privacy and dignity were maintained during their stay.

Each patient had a dedicated staff team providing continuous care and treatment throughout the day. All patients were accommodated in individual wards with ensuite bedrooms, ensuring a high standard of privacy. All bedrooms were fitted with observation panels, allowing staff to conduct observations without disturbing patients. We observed that patients were able to store possessions and personalise

their wards. Patients could lock their rooms, subject to individual risk assessment, but staff could override the locks if necessary.

The hospital provided designated areas for patients to congregate and socialise; however, mixed socialisation was limited due to the complexity of individual patient needs, associated risks, and specific care requirements. Staff confirmed that patients were supported to participate in group activities when deemed appropriate.

Patient information and consent
The hospital had a written Statement of Purpose that complied with regulatory requirements. A comprehensive range of patient information was available or clearly displayed for patients and their families, including:

- Information about advocacy services
- A list of available and appropriate legal representatives for detained patients
- Guidance on raising concerns or complaints
- Details on how patients could contact HIW
- Visiting times.

At the time of our inspection, staff were in the process of developing a pictorial information board to help patients and visitors identify individual staff members. We also saw evidence of easy-read versions of documents designed to support patients in understanding relevant aspects of their care.

Communicating effectively
Throughout the inspection, we observed staff treating patients with respect and compassion. There appeared to be a strong sense of relational security between staff patients, and family carers. Patients we spoke with during the inspection confirmed that they felt safe and able to communicate with staff when needed. They told us they were happy at the hospital, highlighting the kindness and supportiveness of staff.

The hospital used digital technology as a tool to facilitate effective communication and ensure timely patient care. A computer and telephone were available for patients to use in private if required. Additionally, patients had access to their own mobile phones, enabling communication with family members and carers, subject to individual risk assessment.

We observed that patient information was available in both Welsh and English. Staff confirmed that information could also be provided in other languages upon request and that translation services were available as standard practice. While

there were no Welsh-speaking patients at the time of the inspection, staff confirmed that this would be reviewed and appropriately addressed should a Welsh-speaking patient be admitted.

Care planning and provision

During the inspection, we reviewed the Care and Treatment Plans for all three patients. The plans were person-centred and tailored to reflect each patient's individual needs and associated risks. We saw evidence that patients had been actively involved in the development of their care plans wherever possible. Further findings on care planning are detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care Planning and Provision section of this report.

Daily meetings were held to discuss individual patient care requirements, as well as any concerns, issues, or incidents from the previous day. We attended one of these meetings and observed that staff demonstrated a strong understanding of the patients in their care. Discussions focused on ensuring the best possible outcomes for each individual patient. Staff confirmed that patients remained central to the care they provided, with a strong focus on discharge planning and community reintegration. Frequent discussions were held to assess patients' needs and ensure that any necessary actions were implemented effectively.

Staff actively supported patients in making personal choices and expressing preferences, including decisions about food, clothing, and self-administering medication. Patients were also encouraged to carry out everyday tasks such as food preparation and cleaning to promote independence. All staff members who completed our questionnaire agreed that patients were informed and involved in decisions about their care.

During the inspection, we were informed that one hospital vehicle was shared between the three patients. While we found suitable therapeutic activities were provided, staff reported that this arrangement reduced flexibility and limited therapeutic opportunities. They told us that an additional vehicle would significantly improve patient access to the community. The service may wish to reflect on this feedback and conduct further discussions with staff regarding this matter.

Equality, diversity and human rights

During the inspection we found that all three patients were detained at the hospital under the Mental Health Act (MHA). The legal documentation we reviewed was compliant with relevant legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code). Further information on our findings is detailed in the Mental Health Act Monitoring section of this report.

The hospital had policies in place to ensure that patients' equality and diversity were respected. Staff compliance with mandatory Diversity and Inclusion training was notably high, at 97%. We were told that various support systems were available to strengthen staff understanding and awareness of diversity and inclusion matters, including training sessions and staff discussion forums facilitated by designated leads.

During our staff discussions, they demonstrated a clear commitment to upholding patient rights and individual preferences. The Care and Treatment Plans (CTPs) we reviewed evidenced that the patients' social, cultural and spiritual needs had been considered. Regular meetings were held to review practices and minimise restrictions based on individual risks, ensuring care was consistently delivered in accordance with patient needs. Reasonable adjustments were in place to ensure equitable access to services, with specialist equipment available to support individual patient care requirements.

At the time of our inspection, one transgender patient was being cared for in the hospital. Staff showed consideration and respect for the patient's care requirements and personal wishes by using the patient's preferred pronouns and by ensuring an appropriate mix of gendered staff was available to support the patient concerned.

Citizen engagement and feedback

Information was clearly displayed outlining how patients, families, and carers could provide feedback about their care. Patients were encouraged to engage and offer informal feedback during their daily interactions with staff. At the time of our inspection, patients did not have a dedicated means to provide anonymous feedback. However, established whistleblowing procedures and the option to contact HIW were provided as alternative avenues.

During our discussions with staff, they informed us that the Priory Quality Improvement lead conducted formal patient surveys, with results recorded and shared across the wider Priory Hospital Group to drive quality improvement. Regular quality walkarounds and monthly patient "temperature checks" were conducted to assess how patients felt about the care they received. "You Said, We Did boards" were available for patients to complete themselves, ensuring their voices were heard and allowing them to see the actions taken by the service in response to their feedback.

It was positive to note that patients were invited to participate in multidisciplinary team (MDT) meetings, Individual Care Review (ICR) meetings, and clinical governance discussions. Additionally, they were involved in the interview process

for staff recruitment, ensuring their perspectives were considered in key decision-making processes.

We saw evidence that patient complaints were appropriately recorded via Datix or in the hospital’s informal complaints register. We reviewed a sample of complaints which evidenced that these were recorded, investigated and managed with in line with the registered provider's policy.

Delivery of Safe and Effective Care

Safe Care

Environment
The hospital entrances were accessible to all and were secured throughout the inspection to prevent unauthorised access. The care environment was fit for purpose, featuring appropriate furniture, fixtures and fittings tailored to the patient group. Patient areas were pleasantly decorated, providing a safe and therapeutic setting that supported their well-being and rehabilitation.

Patient accommodation was arranged across separate levels, with two wards on the ground floor and one on the first floor. Access to the first floor was available via stairs or a lift. While we were assured that no staff or patients had mobility issues, the lift was found to be out of order during our inspection and was expected to remain non-operational for a further five weeks. Meeting minutes we reviewed evidenced that the lift had been intermittently out of service for most of 2024. Following the inspection, we were informed that the lift was repaired on 23 May 2025.

The service must ensure that the hospital lift remains fully functional to provide equitable access for staff, patients, and visitors.

Senior hospital staff conducted monthly environmental and documentation quality walk rounds to identify and address any risks or issues. We observed that concerns raised during these rounds were routinely discussed and reviewed, to drive quality improvement. Audit records were maintained electronically in the Logit system, and at the time of our inspection, all were up to date and suitably complete.

Managing risk and health and safety
There were established policies, processes and audits in place to support risk management, enabling staff to provide safe and clinically effective care. We considered the processes in place to manage risks and maintain the health and safety of patients, staff and visitors, and found a range of suitable measures in place:

- Nurse call points were installed in patient bedrooms, allowing patients to summon staff when needed
- Staff wore personal alarms to request assistance if necessary. We were assured there were sufficient alarms available for all staff
- A range of up-to-date health and safety policies was available

- Audits and procedures supported the management of risk, health and safety, and infection control
- Emergency resuscitation equipment was regularly audited to ensure it was present and in date
- Comprehensive audits of hospital records and patient care plans were conducted to ensure compliance.

Anti-ligature measures were appropriately implemented across all wards, reflecting individual patient risks. Up-to-date ligature point risk assessments were maintained, outlining the actions taken to mitigate and reduce associated risks. Ligature cutters were securely stored and readily accessible to staff in the event of a self-harm emergency.

The hospital had a business continuity plan to address major incidents, including fire, loss of utilities, and severe weather conditions. Appropriate emergency arrangements were in place, supported by high staff compliance with mandatory fire safety training and both basic and intermediate life support.

Site-specific risk assessments for fire and emergency evacuation procedures were in place and accessible to staff. Fire marshals for each ward were identified during daily meetings, ensuring clear accountability and responsibility. Senior staff reported that practice emergency drills were regularly conducted, which we identified as an example of good practice.

Infection prevention and control (IPC) and decontamination
We found suitable infection prevention and control (IPC) arrangements in place at the hospital. The care environment across all wards and external areas was clean, tidy, and uncluttered, and maintained to a high standard throughout.

The service had an appointed IPC lead, supported by the hospital manager and corporate Priory IPC team. A range of up-to-date policies outlined various infection control procedures to ensure the safety of staff and patients. Training statistics provided by the registered provider indicated high overall staff compliance with mandatory infection control training, at 90%.

Staff had access to appropriate personal protective equipment (PPE) to support individual patient care. Laundry facilities were well-organised and fully operational. We observed ample IPC signage and facilities throughout the hospital. All staff who completed a questionnaire agreed that the hospital had an effective infection control policy, robust cleaning schedules were in place, and that the environment supported effective infection control.

Suitable cleaning schedules were in place to ensure regular and thorough cleaning. These were recorded in the Logit system, enabling housekeeping, catering, and nursing staff to access their specific responsibilities through designated filters. The system supported effective governance and monitoring, allowing senior staff to remotely track completed tasks and identify any breaches of required time frames.

Robust systems were in place to log and address estates issues. Maintenance concerns were discussed during daily meetings, allowing for prompt resolution. A full-time maintenance staff member was present on-site during the day, and a 24-hour emergency call-out service was available, with a three-hour response time for urgent requests.

During the inspection we noted that the Intensive Care Suite (ICS) flooring on Willow Ward was damaged and required repair or replacement.

The service must ensure the ICS flooring on Willow ward is repaired or replaced.

Nutrition

We observed that the nutritional and hydration needs of each patient were appropriately assessed, recorded, and addressed. Patients were assessed on admission using the Malnutrition Universal Screening Tool (MUST) and received ongoing weight management checks during their stay. Where required, care plans were implemented to manage specific patient dietary needs. The service had access to Speech and Language Therapy (SALT) and dietetic services, with referrals made by the physical health lead nurse as appropriate.

Each ward had a kitchen equipped with suitable facilities for patients to access hot and cold drinks and snacks throughout the day. Patients could store personal food items in fridges and cupboards, with staff maintaining an online checklist to monitor expiry dates and storage locations. This system was reviewed and found to be effective in supporting food safety.

Meals were prepared by two chefs in the hospital's main kitchen. We viewed the hospital's four-week rotational menu and found patients were provided with a variety of meals in keeping with their nutritional and individual needs. We saw evidence that patients were actively involved in menu development and had regular opportunities to provide feedback on the food served.

Medicines management

We reviewed the hospital's clinic arrangements and found robust procedures in place for the safe management of medicines. The three wards shared two clinic rooms, both of which were clean, well-organised and appropriately maintained.

Relevant policies were available to all staff electronically and displayed within the clinic rooms. Staff demonstrated appropriate knowledge and understanding of the hospital's medicines management procedures, with 90% staff compliance in mandatory Safe Handling of Medicines training.

We found appropriate internal and external auditing systems in place to support medication safety. Patient medications were supplied and overseen by external, independent pharmacy services, which provided ongoing support to ensure compliance with medicines management processes. Daily temperature checks of medication fridges and clinic rooms were completed to ensure to ensure storage conditions met manufacturer guidelines and service policies. Appropriate arrangements were in place for the storage and administration of controlled drugs and drugs liable to misuse. These medications were securely stored, with stock checks and administration records maintained and regularly audited.

We reviewed the Medication Administration Records (MAR charts) for all three patients and found they were being maintained to a high standard. The records were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. Regular medication reviews were conducted during MDT and ICR meetings, to ensure treatments remained safe and appropriate.

We saw evidence that patients were actively involved in decisions about their medications wherever possible. Staff highlighted that one patient was fully self-medicating, using a personal medication cupboard and key, while another was progressing toward independent medication management. These were identified as examples of good practice.

The current Mental Health Act (MHA) legal status of patients was recorded in all MAR charts reviewed. Consent to treatment certificates were appropriately completed and stored alongside these records. However, we found no evidence that mental capacity assessments were routinely conducted prior to the first administration of medication, nor that capacity to consent to treatment was reassessed on an ongoing basis. Additionally, capacity fields within ward round documentation were routinely left blank. As a result, we were not assured that patients' understanding of the nature, purpose, and effects of their medication was being routinely assessed. These concerns were raised with staff during the inspection, and following the inspection, we were informed that capacity to consent assessments had been completed for all three patients.

The service must ensure that patient capacity to consent to treatment is assessed prior to the first administration of patient medications and reviewed regularly thereafter. A record of the discussion and the steps taken to confirm

capacity must be documented in accordance with Mental Health Act (MHA) requirements.

Staff demonstrated a strong understanding of their responsibilities regarding high-dose antipsychotic medicines. Medication side effects were appropriately assessed using the Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS), which we identified as good practice. We observed safe, sensitive, and appropriate prescribing of medications in line with patient needs.

Staff confirmed that any medication errors were recorded on the Datix system. We found effective processes in place to ensure medication errors were appropriately documented, investigated, and reviewed, with learning shared with all staff.

Safeguarding children and safeguarding vulnerable adults
We found suitable safeguarding measures in place in the hospital. An up-to-date safeguarding policy outlined clear procedures for staff to follow in the event of a safeguarding concern. The staff members we spoke with during the inspection demonstrated a strong understanding of these procedures and how to apply them in their roles.

The hospital's management structure included an appointed safeguarding lead, and a register of safeguarding incidents was being maintained. Our review of training data confirmed that all staff were compliant with Level 3 Safeguarding training appropriate to their roles.

Safeguarding concerns were documented and referred to external safeguarding agencies in line with the registered provider's policy. There was strong oversight of safeguarding matters at a management level, with issues reviewed, discussed, and monitored daily. Monthly safeguarding meetings were held on-site, with any concerns escalated to clinical governance meetings, where themes and trends were identified and monitored to support shared learning and continuous improvement.

At the time of our inspection, a dedicated social worker was in the process of onboarding. We were informed that their responsibilities would include supporting patients, families, and carers throughout the admission process, as well as assuming the role of safeguarding lead to provide guidance and support to staff.

Medical devices, equipment and diagnostic systems
We found appropriate resuscitation equipment in place on the ward, with regular checks conducted to ensure that all items were present and in date. Emergency medications were stored correctly, with routine checks conducted to confirm

availability and expiration dates. Additionally, oxygen cylinders were properly stored, with documented evidence of regular service maintenance checks.

Safe and clinically effective care
The hospital maintained appropriate policies and procedures to support staff in delivering safe and effective care. All staff who completed a questionnaire agreed that they were satisfied with the quality of care and support they provided to patients, and that patient care was the hospital's top priority.

An established electronic system was in place for recording, reviewing, and monitoring patient safety incidents, with a structured hierarchy for incident sign-off by the hospital manager and senior staff. During the inspection, we reviewed a sample of Datix reports and found they were appropriately recorded and addressed in line with policy. Systems were in place to ensure that lessons learned from complaints and incidents were effectively shared with staff both within the hospital and across the wider organisation.

The hospital's comprehensive meeting processes demonstrated that patient care requirements were effectively discussed, reviewed, and addressed by the MDT. Meetings attended, staff discussions and evidence obtained during the inspection demonstrated that incidents, safeguarding referrals, and the use of physical interventions were consistently monitored and reviewed. Minutes of meetings showed active involvement from psychology, psychiatry, and OT professionals in patient care planning.

Staffing levels were high across all wards to meet the complexity of individual patient needs, ensuring safe and effective care. It was positive to note that core staff teams had been developed for patients where needed, promoting familiarity and continuity of care. Some patients had created a list of trusted core staff members, and efforts were made to ensure that at least one core staff member was always present to support them.

An up-to-date Supportive Observations and Engagement policy was in place to guide staff in conducting safe patient observations. Observation levels were appropriately aligned with patient needs and supported by strong relational engagement. Staff reported that patients presenting with increased risks were observed more frequently to ensure their safety. The records we reviewed confirmed that nursing staff were completing observations appropriately.

During the inspection, we observed safe and therapeutic staff responses to challenging patient behaviours. Principles of Positive Behaviour Support (PBS) were actively used as a method of de-escalation and prevention. All three patients had an individualised, person-centred PBS plan, which was regularly updated to reflect

their current needs. A PBS grab sheet was available for each patient, allowing staff to quickly reference key aspects of the support provided.

Staff demonstrated a strong understanding of restrictive practices and the preventative measures available to reduce their use. Overall staff compliance with mandatory Reducing Restrictive Intervention (RRI) training was high at 91%. We saw evidence that restrictive practices were used only as a last resort, with thorough monitoring of therapeutic effects and associated risks. Staff reported that since our previous inspection, additional RRI training had been implemented to enhance safety and strengthen support systems following patient safety incidents.

The hospital's Intensive Care Suites (ICS) were used to manage periods of aggressive and disturbed behaviour from patients. Individual ICS suites provided a controlled environment for escalated behaviours, enabling single-nurse observation for patients requiring additional privacy. The use of the intensive care suite was found to be compliant with the hospital's Seclusion and Long-Term Segregation Policy, with strategies in place to support reintegration back into the main ward environment.

Participating in quality improvement activities

It was evident that senior managers were continuously reviewing service provision to drive quality improvement. The hospital had an appointed quality improvement lead, and we identified a range of activities aimed at enhancing patient care, operational efficiency, and staff training.

Regular meetings were held to discuss findings, incidents, and other matters related to patient care. A range of audit activities supported quality improvement, with robust governance oversight in place. Suitable processes ensured that incidents or issues were identified, investigated, escalated, and monitored to prevent recurrence. We were informed of ongoing initiatives to improve documentation quality and Datix reporting processes.

Staff confirmed that unannounced inspections by corporate health and safety teams occurred annually, and senior managers conducted regular evening visits as part of the quality walk round process. Senior staff also led unannounced emergency drills, providing immediate feedback to staff, with any lessons learned incorporated into governance frameworks. We were told that the most recent drill focused on Absence Without Leave (AWOL) procedures, resulting in shared learning and an updated checklist made accessible to all staff.

The Capable Environments Framework had been implemented to promote supportive and fulfilling patient environments. We were told that all permanent staff had received training in this area, ensuring a consistent approach to care.

Recognising subtle changes in patient behaviour was highlighted as key to early intervention and the prevention of challenging behaviours. We were informed that improvements had been made to enhance the documentation of patient behaviours and ensure that early triggers were identified and addressed proactively. To support this, nursing handovers had been adapted to include the presence of the MDT, ensuring early identification and close monitoring of patient behavioural changes, which we identified as an example of good practice.

We found effective processes in place to seek feedback from staff, patients and their families, and staff demonstrated a strong commitment to making improvements based on the feedback provided. Patients were invited to attend meetings where improvements were discussed, and were also involved in staff interview processes.

Information management and communications technology
The hospital utilised electronic patient record systems to document individual patient care, ensuring that information was accessible to all relevant staff. Established processes were in place to support secure information sharing with partner agencies, maintaining confidentiality and compliance with data protection standards.

We observed effective systems for incident recording, clinical audits, and governance oversight, which contributed to the efficient management and operation of the hospital. These systems supported quality assurance efforts, helping to identify areas for improvement and maintain high standards of care.

Records management
Patient records were being maintained electronically and were password protected to prevent unauthorised access and breaches in confidentiality. All records and data were being maintained in line with General Data Protection Regulation (GDPR) legislation. Staff compliance with mandatory Data Protection and Confidentiality training was high at 93%, demonstrating a strong commitment to safeguarding patient information and maintaining secure data practices.

The patient records reviewed during the inspection were well-organised and easy to navigate, ensuring accessibility for staff. The records were comprehensively completed, providing a detailed overview of patient care, with strong MDT involvement.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Mental Health Act monitoring

We reviewed the statutory detention documents of all three patients detained at the hospital and discussed the monitoring and audit arrangements with staff. All records were found to be compliant with the Mental Health Act (MHA) and Code of Practice. Clear reasons were documented to support the decisions made in relation to patient care and detention. Staff demonstrated a strong knowledge of MHA processes, supported by high compliance rates in mandatory training—94% for the MHA and 92% for the Mental Capacity Act (MCA).

At the time of our inspection, MHA records were maintained across two separate electronic formats, which posed some navigation challenges. Nevertheless, the records were generally well-organised, detailed, and relevant, with documentation found to be compliant with the requirements of the MHA.

A robust audit and governance system was in place to oversee MHA records and monitoring. The hospital benefited from a dedicated MHA administrator who provided ongoing staff support and maintained effective oversight of patient detention, ensuring reviews were conducted within expected timeframes. We found good practices in MHA auditing, including monthly tribunal checks and annual audits.

We found structured processes in place to uphold patient rights, with monthly rights reviews ensuring that patients had a clear understanding of their detention. Patients were supported to access advocacy services, with twice-weekly visits from the National Youth Advocacy Service (NYAS) and additional support from Advocacy Support Cymru (ASC).

General mental capacity assessments and relevant individualised capacity assessments were conducted upon admission and at regular intervals to assess patients' decision-making capabilities. However, as highlighted earlier in this report, capacity assessments regarding patient medications were not routinely undertaken to ensure they could make informed choices about their treatment.

Patient Section 17 leave arrangements were subject to thorough risk assessments, with documentation clearly outlining the conditions and expected outcomes for each patient. Photographs of the patients were stored alongside their MHA records for ease of identification, which we identified as an example of good practice.

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

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010 (the Measure). Our review of the Care and Treatment Plans (CTPs) for all three patients evidenced a high standard of clinical record-keeping that appropriately reflected their needs and risks. The CTPs were aligned with the domains of the Measure, providing a comprehensive account of each patient's presentation and the interventions being offered. The records were regularly reviewed, well-organised and easy to navigate.

We found effective processes in place to support patients' physical and mental health needs. Physical healthcare assessments were conducted upon admission and continued regularly throughout their stay. Standardised assessment tools such as the National Early Warning Score (NEWS) and the Malnutrition Universal Screening Tool (MUST) ensured consistent and informed clinical oversight.

Each patient had an individualised, person-centred CTP that clearly reflected their voice and wishes, supported by comprehensive PBS plans. Patients' presentation and progress were documented contemporaneously to provide a complete overview of their care, evidencing a recovery-focused approach.

We found clear evidence of patient, family, and carer involvement in the development of their CTPs wherever possible. Monthly ICR meetings were held for each patient to discuss their ongoing needs and risks. Monthly MDT reviews formally assessed patient care, with input from family, carers, external agencies, and community professionals as appropriate. Urgent concerns arising between MDT meetings were addressed through critical care reviews, which functioned as interim assessments. Discharge and aftercare planning were evident in the patient records, with appropriate discussions held regarding future placements.

During our inspection, we found no documentary evidence of patient consent to information sharing within their records. Additionally, staff confirmed that no specific documentation or process was in place to capture this information, posing a potential risk of delays or errors in information sharing. We discussed this issue with staff and advised that consent to information sharing must be clearly documented and easily accessible within care records, with a dedicated form implemented to address this issue.

Following the inspection, we were notified that consent-to-information forms had been completed for all three patients and added to their records. Senior staff confirmed that all staff had received guidance regarding this process, with an alert added to patient records for ease of reference.

The service must continue to ensure that patients' consent to information sharing is clearly documented and readily accessible within their records.

Quality of Management and Leadership

HIW issued a questionnaire to obtain staff views on the care at Priory Hospital Cardiff for the inspection in May 2025. In total, we received 28 responses from staff at this setting. Some respondents skipped certain questions, resulting in varying response counts.

The staff responses were very positive. All 28 respondents felt that patient care was the organisation's top priority and told us they were content with the efforts of the organisation to keep them and patients safe. All but one respondent (27/28) said they would recommend this mental health setting as a workplace, and all who answered said they would be happy with the standard of care provided by this organisation for themselves, friends or family (27/27).

Regarding staff well-being, all but one respondent (25/26) felt that their job was not detrimental to their health, and all agreed that the organisation took positive action on health and wellbeing (27/27). All respondents felt able to meet the conflicting demands on their time at work (27/27) and all 28 respondents stated they had adequate materials, supplies and equipment to do their job. Every respondent felt that there were enough staff to do their job properly (28/28).

Feedback on patient care was equally strong, with all respondents confirming that patients' privacy and dignity were maintained (28/28) and expressing satisfaction with the quality of care and support given to patients (28/28). Staff comments included the following:

> *"I am very proud of the service we provide and the positive difference we have made on our patients lives. I think staff in all departments from MDT, nursing to services work very hard to ensure patients are treated with dignity and respect and are adequately supported…"*

> *"I think it would be good to expand site further, to have another ward open - to give opportunity to work with multiple patients in a typical ward environment."*

> *"PHC makes every effort to put patients first and involve them in their care at all times. As a Bespoke Therapeutic Placement service there are the resources to meet patient need(s) and make every effort to adapt the environment and general patient care to suit patient preference."*

> *"I am incredibly proud to work at Priory Hospital Cardiff. There is a clear and consistent commitment to delivering safe and effective care for our*

service users, and this is evident in both our day-to-day practice and strategic priorities. The focus on safety, dignity, and therapeutic outcomes is a strong foundation of the service..."

"Since being at Priory Hospital Cardiff, I have felt extremely support(ed) by the team around me. The staff who work on each ward show a deep understanding of the patients and clearly have a large amount of compassion for them."

"The management team work extremely hard to ensure that patients receive the best care possible and also think about the wellbeing of staff at all times. I have never worked anywhere that offers as many wellbeing initiatives that Priory Hospital Cardiff do!"

"This is the best hospital I have worked. There's loads of support like reflective practice and supervision. Everyone in the team is really approachable."

"My workplace ensure patients are always involved in their care."

Governance and accountability framework

The hospital had a clear organisational structure, with well-defined lines of management and accountability. These arrangements were structured during the day, with senior management and on-call systems in place at night. Leadership was strong, dedicated, and passionate, with hospital staff supported by committed multidisciplinary teams, the hospital manager, and the BTP manager. All Staff demonstrated strong understanding of their roles and the needs of the patients in their care. Staff compliance with clinical and managerial supervisions, as well as annual appraisals, was consistently high.

We observed a collaborative and supportive environment, with positive working relationships among staff. All staff spoke highly of the hospital leadership and expressed satisfaction with the support received from colleagues, reflecting a strong team-working ethos. All staff provided positive feedback regarding their immediate and senior line managers.

All respondents to our questionnaire felt that their immediate manager could be counted on to help with a difficult task at work (28/28) and all but one reported receiving clear feedback on their work (26/27). Most respondents felt senior managers were visible (25/27) and all felt that senior management was committed to patient care (27/27). They told us:

"Personally, I find the management very support(ive) and approachable. They are proactive where possible. The hospital has come a long way forward since opening 2 years ago and both the Hospital Manager & BTP Manager work beyond what would be expected of them by working tirelessly to ensure staff safety and satisfaction. Most staff give their all and work as teams together. All staff place the clients at the forefront of their needs and are supportive in many ways."

"The management team work extremely hard to ensure that patients receive the best care possible and also think about the wellbeing of staff at all times. I have never worked anywhere that offers as many wellbeing initiatives that Priory Hospital Cardiff do."

"I love working at PHC. I really like the team I work with. I meet my manager regularly and she is very supportive of me. The patients are cared for. We have regular de-briefs when needed and this is helpful. It is nice to see management on the wards. They are on the end of the phone if they are not on the wards."

"I like working here. It's a good place. People are nice and we help each other. Management come on ward and they talk to us, they help when we need".

"Regular staff meetings are helpful to keep us informed of any changes. The patients are cared for. I like working here, the staff are like my family. I like the managers. Psychology team are helpful in understanding the patients…I feel supported to do my job correctly. Thank you."

Feedback gathered during the inspection and in our staff questionnaire indicated that greater support for management could further strengthen the service, with recommendations for introducing an additional management layer to sustain improvements.

"*An additional layer of clinical leadership would be beneficial. The introduction of roles such as a Director of Clinical Services and a dedicated Ward Manager would provide strategic oversight, allowing time to focus more on quality improvement, and support ongoing staff recruitment, retention and development."*

The service should reflect on the staff feedback relating to the hospital's management and leadership structure and explore any potential areas for enhancement.

Dealing with concerns and managing incidents

Established governance arrangements were in place to oversee both clinical and operational issues. Audit activities and monitoring systems supported continuous quality improvement, alongside meetings to discuss incidents, findings, and patient care issues. Our review of recent incidents recorded on Datix confirmed they were documented and investigated in accordance with policy. Incident reports were routinely produced and reviewed at both hospital and corporate levels to identify emerging themes and trends. Individual incidents were discussed with members of the MDT and senior staff during daily morning meetings and monthly clinical governance and patient safety meetings. Agendas for these meetings covered a wide range of standing items, ensuring that the hospital remained focused on all aspects of service delivery. These processes facilitated shared learning and quality improvements following incidents and serious untoward events.

All respondents to our staff questionnaire felt their organisation encourages them to report errors, near misses or incidents and all told us they would know how to report unsafe practices (28/28). All reported that when errors, near misses or incidents are reported, their organisation takes action to ensure that they do not happen again (28/28). All but two respondents felt that they were given feedback about changes made in response to reported errors, near misses and incidents (26/28).

Workforce recruitment and employment practices
A wide range of policies and procedures were available to help staff undertake their duties and responsibilities. However, during the inspection we found two policies were past their scheduled review dates:

- Health & Safety Policy and Organisational Arrangements – 12/2/25
- Searching Patients and Visitors - 4/2/25

The service must ensure that all policies are reviewed within set timescales to provide staff with clear and current guidance in their roles.

A safer recruitment and selection policy ensured an open and fair recruitment process, including pre-employment checks such as enhanced Disclosure and Barring Service (DBS) checks. Newly appointed permanent staff completed a week-long induction program at Priory Hospital Llanarth Court, where they were supernumerary to the hospital's standard staffing establishment. Staff then transitioned to Priory Hospital Cardiff, where they completed additional training and ward-based competency assessments under the guidance of senior staff members. We were told that employment records were regularly reviewed to ensure staff remained fit to work at the hospital.

We were informed that the hospital had a dedicated staff meeting process to facilitate the sharing of concerns and feedback, strengthening team cohesion and working relationships. A whistleblowing policy was in place to empower staff to raise concerns safely. A 'Freedom to Speak Up' champion was available for confidential disclosures. Staff reported multiple avenues for raising concerns and seeking support, including a 24-hour hotline (Care First), occupational health support, staff meetings, and supervision sessions. A 'Your Say' Forum representative also engaged with staff to encourage feedback and ensure any concerns were addressed and improvements were implemented.

We observed a positive and supportive work environment, with staff reporting continued improvements in morale, well-being, and staff retention since our last inspection. Initiatives such as Mental Health Awareness Week participation, reflective practice days, formulation days and team-building events contributed to staff engagement. Additionally, a structured Employee of the Month program was in place to recognise staff contributions.

Our inspection findings reflected a strong commitment to equality, diversity, and inclusion within the hospital. Most staff who completed a questionnaire confirmed that the hospital actively promotes fairness and inclusivity (24/28) and that all staff have equal access to workplace opportunities (25/28). They told us:

> *"We are all encouraged to be our true self."*
>
> *"The organisation actively promotes equality, diversity, and inclusion in both policy and practice. All staff are treated with respect, dignity, and fairness, regardless of their background, role, or beliefs. There is a strong culture of inclusivity, where individual differences are valued and supported..."*
>
> *"I have been given opportunities since working here and I have seen others have the same chance."*

Suitable processes were in place to support staff following incidents and to prevent burnout, including reflective practice, core patient care teams, regular staff rotation, and dedicated awareness initiatives. Staff also reported having robust support systems following incidents of racial abuse, ensuring a safe and inclusive workplace.

Workforce planning, training and organisational development

We found that staffing levels within the hospital were appropriate to maintain patient safety. Robust processes were in place to ensure that staffing levels and skill mix remained suitable, supported by a full-time workforce coordinator. At the

time of our inspection, there were only two permanent vacancies, for a registered nurse and a support worker. Staff retention was reported to be good, with minimal reliance on agency staff. Where additional cover was required, the hospital actively sought temporary staff already familiar with the hospital and patient group, with regular bank staff prioritised to maintain continuity of patient care.

We found appropriate processes in place for senior staff to monitor compliance with mandatory training, with an overall training completion rate of 93% across all areas. Senior staff confirmed that processes were in place to ensure temporary staff were suitably trained to work in the hospital. The hospital provided a broad range of additional training opportunities through Priory Academy, enabling staff members to access continuing professional development (CPD) courses such as Eye Movement Desensitisation and Reprocessing (EMDR), autism assessment training, Makaton communication training, and Active Bystander anti-racism training. Accountable officer training for medication management was also available. However, one staff member who completed our questionnaire told us:

> "*There have been instances where staff CPD requests, relevant to their roles, were declined. The requests have been approved at site level but declined higher up within the organisation. Improving access to CPD would enhance staff skills, boost morale, support retention…*"

The service should reflect on the staff feedback relating to continuing personal development and consider what improvements can be made to further enhance CPD opportunities for staff.

We were told that career progression was actively supported within the hospital, with several support workers advancing to senior support worker roles. Additionally, some staff members had transitioned into Reducing Restrictive Intervention (RRI) trainer roles, and others had completed security and search trainer courses, further expanding their skills. The hospital had a structured preceptorship programme to support newly qualified nurses, and nursing staff were able to progress through banding structures, with some nurses fast-tracking to senior levels. Staff members who expressed an interest in promotion were considered and supported on an individual basis, demonstrating the hospital's commitment to recognising and supporting career development.

All staff who completed our questionnaire (28/28) felt they had received appropriate mandatory and role-specific training to undertake their roles. They told us:

> *"There are so many (training) choices available for me to choose from but am more than happy to stay in my role...."*

… (I) have undergone all of the mandatory training however I am looking forward to the opportunity to complete additional training on topics relevant to my role and the service users I work with such as training around autism and working with patients with complex needs."

"Formulation days and regular reflective practice has been the most useful."

"Psychology run training sessions regularly which allows us to come together and learn about the patients in depth. This has been really helpful."

We received the following comments from staff in the questionnaires, when they were asked what other training they would find useful:

"I think we should have more training in first aid, not just basic life support."

"Use of emergency drugs."

"Core staff training."

"Safeguarding."

The service should review the staff feedback relating to additional training and consider whether any additional training can be implemented for staff.

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 during this inspection.			

Appendix B - Immediate improvement plan

Service: Priory Hospital Cardiff

Date of inspection: 12, 13 and 14 May 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 assurances were identified during this inspection.					

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: Priory Hospital Cardiff

Date of inspection: 12, 13 and 14 May 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.	The lift was found to be out of order during our inspection and had been intermittently out of service for most of 2024.	The service must ensure that the hospital lift remains fully functional to provide equitable access for staff, patients, and visitors.	Environment	Lift back in service as of 23.05.2025. LOLER inspection carried out on 06.06.2025.	HD MM	06.06.2025
2.	The Intensive Care Suite (ICS) flooring on Willow Ward was damaged and required repair or replacement.	The service must ensure the ICS flooring on Willow ward is repaired or replaced.	Infection prevention and control (IPC) and decontamination	PO has been raised for resin flooring. Works commencing on 07.07.2025.	HD MM	28.07.2025
3.	We found no evidence that mental capacity assessments were routinely conducted prior to the first	The service must ensure that patient capacity to consent to treatment is assessed prior to the first administration of patient	Medicines management	Mental capacity assessments in relation to medication conducted and	RC DJ; RC DT	14.05.2025

	administration of medication, nor that capacity to consent to treatment was reassessed on an ongoing basis.	medications and reviewed regularly thereafter. A record of the discussion and the steps taken to confirm capacity must be documented in accordance with Mental Health Act (MHA) requirements.		documented by RC's on 14.05.2025.		
4.	We found no documentary evidence of patient consent to information sharing within their records and staff confirmed that no specific documentation or process was in place to capture this information.	The service must continue to ensure that patients' consent to information sharing is clearly documented and readily accessible within their records.	Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision	Consent to share checked with patients and added as an alert to care notes.	BTP Manager CR	14.05.2025
5.	Feedback gathered during the inspection and in our staff questionnaire indicated that greater support for management could further strengthen the	The service should reflect on the staff feedback relating to the hospital's management and leadership structure and explore any potential areas for enhancement.	Governance and accountability framework	Service model change form submitted for review 02.06.2025.	HD MM	30.09.2025

	service, with recommendations for introducing an additional management layer to sustain improvements.					
6.	We found two policies were past their scheduled review dates.	The service must ensure that all policies are reviewed within set timescales to provide staff with clear and current guidance in their roles.	Workforce recruitment and employment practices	Health & Safety Policy, Organisation and Arrangements – Policy has been re-issued. Date of issue – 25/06/2025. Review Date – 24/06/2028. Searching Patients and Visitors – Initial review with RRIT training team being undertaken. It will then be reviewed by CY (DoQ) before going through process of ratification.	CS (H&S Manager) CY (DoQ)	25.06.2025 31.07.2025.
7.	Feedback gathered in our staff questionnaire indicated there had been instances when	The service should reflect on the staff feedback relating to continuing personal development and	Workforce planning, training and organisational development	Raised with Learning and Development team.	HD MM	24.06.2025

	staff CPD requests, relevant to their roles, were declined.	consider what improvements can be made to further enhance CPD opportunities for staff				
8.	Staff who completed our questionnaire provided examples of additional training they would find useful.	The service should review the staff feedback relating to additional training and consider whether any additional training can be implemented for staff.	Workforce planning, training and organisational development	Examples of additional training received: First Aid Training – According to site assessment of First Aid needs – (requirement is for at least one person to be Emergency First Aid at Work trained per shift) – site requires 18 x EFAW trained staff. Site currently have 26 staff trained in EFAW. Email sent out across site for expression of interest for next available course. Use of emergency drugs – Email sent to Regional Learning	HD MM HD MM	26.06.2025 26.06.2025

				partner to check whether this training is available/ can be sourced. Core staff training – sessions are conducted at least twice annually, with the frequency adjustable based on patient needs. These sessions enable teams to develop a comprehensive understanding of each patient, focusing on their needs and the most effective staff approaches. Training incorporates principles of positive behaviour support, role play exercises, and team-building activities to enhance both patient care and team collaboration. Safeguarding –	BTP Manager CR HD MM	26.06.2025 24.06.2025

				All staff complete Safeguarding Adults (eLearning) – Level 1 & 2; Safeguarding Children (eLearning) Level 1 & 2 (Both courses are currently 98.6% compliant on Academy) and Safeguarding Combined: Adults and Children & Young People – Level 3 – (100% training compliance). These are all Mandatory training courses. We also have 5 staff trained in Advanced Combined Safeguarding: For Safeguarding Leads/DSLs – Level 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): Michelle Mason
Job role: Hospital Director
Date: 26.06.2025