Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Cwm Seren Low Secure Unit (LSU) & Psychiatric Intensive Care Unit (PICU), Hywel Dda University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Cwm Seren Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU) Hywel Dda University, Health Board on 10, 11 and 12 November 2025. The following hospital wards were reviewed during this inspection:

- Low Secure Unit (LSU) - 14 bedded locked ward for male patients only, providing assessment and treatment for adults with enduring and complex mental health needs who require a secure environment.
- Psychiatric Intensive Care Unit (PICU) – 7 bedded locked ward for both males and females, designed for individuals in the most acute phase of serious mental illness, often requiring intensive observation and intervention.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 13 questionnaires were completed by patients or their carers and 12 were completed by staff. We also spoke to staff and patients during the inspection 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

Patient feedback during the inspection indicated that most individuals felt safe and able to communicate effectively with staff. Comments described staff as kind, helpful, and attentive. However, survey responses highlighted areas for improvement in how staff demonstrate dignity, respect, and active listening, with most respondents not providing positive feedback.

Observations confirmed that staff engaged with patients in a positive and sensitive manner, ensuring communication was clear and tailored to individual needs. The presence of bilingual staff, particularly those fluent in Welsh and English, supported care in patients' preferred language and enhanced engagement and wellbeing. Translation services were also available for patients who speak other languages.

Patients were able to access support from external bodies, including solicitors and advocacy services, during relevant meetings, and family involvement was encouraged where appropriate. Procedures to protect patient rights were observed as robust, with compliance noted regarding legal documentation under the Mental Health Act. Patients generally had access to information, advocacy, and opportunities to provide feedback. However, pressures on the environment and activity provision were evident, and improvements are required to ensure all patients experience consistently positive care.

This is what we recommend the service can improve:

- Develop and implement structured therapeutic activity programmes across both wards
- Provide exercise opportunities for patients who are restricted.

This is what the service did well:

- Good team working and motivated staff
- Regular community meetings and opportunities for patient feedback.

Delivery of Safe and Effective Care

Overall summary:
Staff worked hard to keep patients safe and well cared for. There were clear systems in place for managing risks and safeguarding, and staff were alert to issues that

might affect patient safety. Patients knew how to raise concerns and could access advocacy services if they needed extra support.

The environment was generally clean and accessible, and staff used personal safety alarms and carried out regular safety checks. However, some areas required attention. In the LSU, for example, there were broken fridges, dishwashers and shelving.

The garden and some communal areas were not well maintained, with overgrown grass and mould, which could increase the risk of slips or falls and limit patients' use of outdoor space.

Most of the gym equipment was out of order and there were not enough gym-trained staff, reducing opportunities for exercise. This is particularly important in a mental health setting, where physical activity can support recovery.

Infection prevention and control standards were mostly met, but some areas, such as the LSU beverage area and the PICU bath area, showed signs of wear and would benefit from more regular checks and maintenance.

Care and treatment plans were thorough and regularly reviewed. Risk assessments were detailed, and there was evidence of patient and family involvement. Staff actively planned for discharge. Ward meetings, held twice daily, supported bed management, staffing reviews and communication.

The service had made good progress in reducing the use of restraint. Staff focused on preventing problems and intervening early, and patients told us that, when restraint was needed, it was carried out with care and compassion. These practices were regularly reviewed, and staff shared learning with each other.

This is what we recommend the service can improve:

- Environmental maintenance and safety
- Repair gym equipment and make sure there are enough trained staff so patients can take part in exercise.

This is what the service did well:

- Notable reduction in the use of restraint, with staff focusing on prevention and early intervention, and treating patients with dignity when restraint is necessary
- Good standard of care planning
- IPC and regular audits.

Quality of Management and Leadership

Overall summary:
Leadership and management at Cwm Seren LSU and PICU were generally strong and visible, with senior leaders and ward managers maintaining a regular presence and fostering an approachable, supportive culture.

Staff reported feeling valued and able to raise concerns, supported by governance structures such as ward manager forums, business meetings and quality assurance reviews. Communication of policy updates and lessons learned from incidents was effective, with information shared through meetings, emails and supervision.

We found systems for risk management, incident reporting and quality assurance, alongside a commitment to continuous improvement. Staff engagement in audits and improvement projects, including reducing restrictive practices and enhancing patient safety planning, reflected proactive leadership. However, some areas require attention. Compliance with mandatory training, particularly Basic Life Support (BLS) and Immediate Life Support (ILS), was below expected levels, and staff reported difficulties accessing sessions.

Estates issues, including environmental repairs and maintenance, had been outstanding for extended periods, raising concerns about timely senior management oversight.

The absence of a psychologist limited access to psychological support and therapeutic activities, which should be prioritised. Despite these challenges, the service demonstrated strong teamwork, a positive culture and effective partnership working with advocacy services and community organisations.

This is what we recommend the service can improve:

- Increase access to psychological support and therapeutic activities by addressing the current vacancy for a psychologist
- Improve compliance with mandatory training, particularly Basic Life Support (BLS) and Immediate Life Support (ILS), ensuring staff have protected time and sufficient opportunities to complete training
- Strengthen senior management oversight and timely resolution of estates and maintenance issues, especially those previously identified but still outstanding.

This is what the service did well:

- Resilient, caring, and supportive staffing group
- Provided comprehensive and individualised care planning, with regular multidisciplinary reviews and active involvement of patients and advocates.

3. What we found

Quality of Patient Experience

Patient feedback

Thirteen patients responded to the questionnaire, providing insights into their experiences of care, treatment, environment and interactions with staff. Most patients (77%) reported receiving information about their hospital stay, and 92% said they understood it. One patient, however, expressed confusion about their sectioning status.

Most patients were aware of their care and treatment plans and felt involved. Some raised concerns about uncomfortable mattresses, limited activities and maintenance issues, which were also noted during the inspection.

Patient comments included:

"They keep saying I am sectioned, and I still don't understand why. I do not have much information about it."

"The garden area could be better, no sufficient seating. The mattress in my bedroom is not comfortable to sleep on."

"Different menu will help improve the quality of food."

"My shower is not very good; it needs a change. The washing machine is not properly cleaned."

The health board must consider the patient feedback highlighted in the report, and how the unit can make improvements to enhance the patient experience.

Person-centred

Health promotion

During the inspection at Cwm Seren, we found that the service provides information and support to help patients maintain and improve their health and wellbeing. Health promotion materials, including posters and leaflets on healthy eating, smoking cessation, and exercise, were clearly displayed in communal areas, kitchens, and reception. Smoking is not permitted within or around the LSU and PICU, which is a positive step towards creating a healthier environment.

Patients have access to some activities within the unit and in the community. Daily activity planners and morning meetings showed what was available, and we saw staff and patients taking part in cooking sessions. However, some patients told us there were not enough activities, which led to boredom, especially for those unable to access community leave.

The health board must ensure that patients have access to a wide range of meaningful activities, both within the unit and the community, and that alternatives are available for those who cannot leave the setting.

Access to exercise facilities was limited. Most gym equipment was out of order, and there were not enough gym-trained staff to support patients. This restricts opportunities for exercise, which is particularly important in a mental health setting.

The health board must ensure that gym equipment is repaired and that there are enough trained staff to support patients in using the gym.

Several patients raised concerns about the suitability of mattresses for long-term stays, describing them as uncomfortable and not appropriate for extended use. Feedback indicated that the poor quality of mattresses was affecting sleep and, in some cases, causing physical discomfort. One patient commented:

"I do not like the bedroom, the mattress is plastic, and it is affecting my back, it's hurting."

The health board must ensure that mattresses provided in mental health inpatient settings are suitable for long-term use and meet appropriate standards for comfort and durability.

The garden area was poorly maintained, with overgrown grass and slippery surfaces posing a risk of slips and falls. This further limit patients' ability to benefit from outdoor activity and fresh air.

The health board must ensure that garden areas are maintained and made safe.

Patients are encouraged to take part in daily living activities, such as laundry and meal preparation, which supports independence and personal responsibility for health. Staff showed a good understanding of health promotion and were proactive in discussing healthy lifestyle choices with patients. There is evidence of ongoing efforts to improve the quality and variety of food, with healthy eating initiatives promoted through posters and patient surveys.

Dignified and respectful care

During the inspection, we observed staff interacting with patients in a kind and respectful manner. Patients told us that staff were polite, supportive, and attentive to their needs. Staff demonstrated good understanding of privacy, consistently knocking before entering bedrooms or bathrooms and keeping confidential information out of sight.

While this was not observed during the inspection, patient survey responses indicated some areas for improvement. Most patients were unsure whether staff treated them with dignity and respect (84.62%) or listened to them (92.31%), and no patients responded positively to these questions. Responses regarding staff understanding of patient needs and aspirations were mixed. One patient commented:

"The setting is good. However, some people can take more care in their work ethic. Some staff are more busy, where some spend time on their phone and provide less support to patient when needed. Some need to improve their professional attitude"

The health board must engage with the patient group to gain a deeper understanding of their experiences and concerns and use this insight to drive meaningful improvements in care.

Patients have their own rooms, which they are encouraged to personalise with belongings and decorations. All rooms are en-suite, and there are options for single-sex communal spaces to support privacy and comfort. Staff engaged with patients appropriately and treated them with dignity and respect. The staff we spoke with were enthusiastic about their roles and committed to supporting patients.

Staff wore personal alarms while working on the wards, and these were available for visitors if needed. Ward entrances were secured with locked doors to control access.

We saw staff take time to speak with patients and respond to their needs or concerns. Despite working in busy wards, staff remained attentive and responsive, ensuring patient needs were met. This showed a professional and caring approach.

PICU provided mixed-gender care, which can present challenges for dignified care. Staff were knowledgeable and had safeguards and processes in place to manage these challenges and maintain dignity.

Individualised care

There was a clear focus on rehabilitation. Individualised care was supported by least restrictive practices in care planning and hospital routines. Facilities were available for patients to see their families in private, and rooms were provided for time away from others if needed. Patients could make telephone calls in private.

We reviewed a sample of patient records for those detained under the Mental Health Act and found that all required documentation was in place.

Timely

Timely care
The hospital has clear processes for patient flow and bed management. These include regular communication about bed occupancy and planning for admissions and discharges.

We found that patients received timely care during their admission. Their needs were assessed promptly, and we saw staff providing care and assistance when required.

There was a mix of patient acuity and dependency on the wards. For patients with complex needs, staff provided one-to-one support and supervision when appropriate, which was positive.

Equitable

Communication and language
All patients we spoke with said they felt safe and could speak to staff when needed. They told us they were happy at the hospital and described staff as kind and helpful. We saw mutual respect and strong relational security between staff, patients, and families or carers.

Throughout the inspection, we observed staff engaging with patients in a positive and sensitive way. Staff took time to explain care and used appropriate language and communication styles.

Many staff are bilingual in Welsh and English, which allows the active offer of care in Welsh. Translation services are available for patients who speak other languages. We observed staff and patients communicating in Welsh, which is a positive aspect of care as it supports engagement, trust, and wellbeing.

Patients can receive support from external bodies, such as solicitors or advocacy services, during specific meetings. With patient agreement, families or carers were included wherever possible.

Rights and equality
We found good arrangements to promote and protect patient rights.

Legal documentation for patients detained under the Mental Health Act was compliant with legislation.

All patients have access to advocacy services, and advocates visit the hospital when required. Staff told us that patients are invited to attend their multidisciplinary team (MDT) meetings, and family or advocate involvement is encouraged where possible.

The service is committed to equality and diversity, with policies and training in place to support an inclusive environment.

Delivery of Safe and Effective Care

Safe

Risk management
We found that systems and governance arrangements were in place to support safe and clinically effective care. An established electronic system was used to record, review, and monitor patient safety incidents. Staff confirmed that debriefs take place after incidents. Meetings and inspection evidence showed that incidents and physical interventions are monitored and well supervised.

A range of current health and safety policies and risk assessments were in place, including ligature and fire risk assessments.

On the first night of the inspection, an out-of-date fire safety blanket was found in the LSU kitchen area. This was immediately removed and replaced to ensure compliance with fire safety standards.

Fire safety blankets are essential for controlling small fires and protecting patients and staff in emergency situations. If a blanket is out of date, its material may have deteriorated, reducing its effectiveness and increasing the risk of injury or fire spread.

The health board must ensure that all fire safety blankets are in date and subject to regular checks as part of its fire safety and equipment maintenance programme.

The inspection identified several environmental concerns that pose risks to patient safety, infection prevention and control (IPC), and the overall therapeutic environment.

Across both wards, we saw peeling and damaged paintwork, bubbling flooring in laundry areas, and damp patches on ceilings, all of which compromise hygiene standards. Safety hazards included a leaking toilet on PICU, and lockers, and worktop edging coming away in the LSU kitchen. Equipment failures, such as a non-functional dishwasher and broken fridge shelves, were noted alongside inadequate soap dispensers in patient rooms.

We found that the bathroom on the PICU was being used for storage. The lack of a functioning bath limits patient choice. Staff told us that the bath is rarely used and expressed a preference to repurpose the room as a low-stimulus space for patients, as such a facility is currently not available.

The health board should engage with staff and patients to confirm the need for a low-stimulus space and gather input on design features that would best support patient wellbeing.

The garden areas presented risks due to slippery surfaces, overgrown shrubbery, and disrepair of raised beds, limiting safe outdoor access. Other issues included unsecured chairs in the garden and excessive heat in the OT kitchen, restricting its use for patient activities.

These concerns have been escalated by ward managers but remain unresolved for extended periods, highlighting a gap in estates management and senior oversight. A detailed record of these outstanding issues is captured in the estates job tracker completed by both ward managers, which shows repeated escalation without timely resolution.

The health board must ensure that all outstanding estates and environmental issues identified during the inspection are addressed promptly and effectively. This includes implementing a robust system for senior management oversight of the estates job tracker, with clear accountability for progress and timelines.

Infection, prevention and control and decontamination

Overall, IPC standards were maintained. Clinical areas appeared clean and well organised, and staff demonstrated good knowledge of IPC practices. Regular audits were undertaken.

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

Hand hygiene facilities were available, and staff were observed to comply with PPE requirements. Improvements following hand hygiene audits were noted, indicating a commitment to maintaining standards. However, there was no dedicated IPC lead, meaning there is no single point of accountability for driving improvements and ensuring consistency across both wards. Mandatory IPC training completion rates were 76% for PICU and 80% for LSU.

The health board must ensure that a dedicated IPC lead is appointed to provide clear oversight and coordination of infection control measures.

Safeguarding of children and adults

Appropriate processes were in place to ensure staff safeguarded vulnerable adults and children, with referrals made to external agencies when required. Ward staff had access to the health board safeguarding processes, supported by the Wales Safeguarding Procedures via the intranet. Senior ward staff confirmed confidence

that staff understood the correct procedure to follow if they had a safeguarding concern. During discussions, staff demonstrated knowledge of the referral process.

Management of medical devices and equipment
Clinical audits were routinely undertaken, including checks of resuscitation equipment. Staff documented these checks to confirm equipment was ready for use and in date.

Staff were aware of the locations of ligature cutters in case of emergency.

On the first night of the inspection, an out-of-date oxygen cylinder was found in the PICU clinic. This was immediately removed and replaced with an in-date cylinder to ensure patient safety.

The health board must ensure that all oxygen cylinders are in date and subject to regular checks as part of its medicines management and equipment safety processes.

Medicines management
Suitable arrangements were in place for the management and secure storage of medicines. We saw evidence of regular temperature checks of the medication fridge to maintain safe storage. Clinical rooms were clean and well organised, with comprehensive medication records and regular audits ensuring compliance.

Medication stock was checked daily by registered staff, and weekly audits were undertaken by clinical leads. We observed several medication rounds, which were carried out appropriately and professionally, with staff interacting respectfully and considerately with patients.

A notable area of good practice involved the way the LSU team handled a recent controlled drug error. The error was promptly identified through internal audit, reported via Datix, and addressed through additional staff training, demonstrating effective governance and learning systems. Access to a dedicated mental health pharmacist further supported safe medication practices.

Effective

Effective care
Overall, we found appropriate governance arrangements in place to support the delivery of safe and clinically effective care. Systems for managing incidents and physical interventions were robust and well embedded.

Staff confirmed that debriefs take place following incidents, and inspection evidence showed that all incidents and physical interventions (such as restraint)

were reviewed and supervised. We observed positive examples of staff using redirection and de-escalation techniques during the inspection. These interventions were carried out respectfully and in a supportive manner, demonstrating a commitment to least restrictive practice.

An established electronic system was in place for recording, reviewing, and monitoring incidents. All incidents were entered onto the health board's reporting system (DATIX), and there was a clear hierarchy for sign-off to ensure timely review. Incident reports were regularly analysed, and lessons learned from complaints and incidents were shared with staff and the wider organisation through meetings and supervision.

Compliance for physical restraint training stood at 75% for LSU and 79% for PICU. We were advised that staff had been booked on courses and that each shift had sufficient trained staff to manage incidents safely.

These arrangements demonstrate a strong focus on patient safety and continuous improvement. However, maintaining high compliance with physical intervention training is essential to ensure staff remain confident and competent in managing challenging situations.

The health board must ensure that restraint training figures are improved.

Nutrition and hydration

All patients had a nutritional assessment on admission. Patients were supported to meet dietary needs, and specific requirements were accommodated as appropriate.

Patients had access to meals and beverages throughout the day, with unrestricted use of beverage bays. However, patients expressed concerns about limited variety and repetitive meal choices. Ward staff have recently undertaken an 'Eclip' project with patients. 'Eclip' is a quality improvement initiative designed to improve mealtimes by allowing same-day food ordering rather than a fixed menu planned days in advance. This approach aims to reduce repetitive options and improve freshness and variety.

Staff and patients have been involved in improving the process, and the project is expected to address long-standing concerns about limited choice and menu rotation.

Healthy eating information was displayed, and patients were supported to store personal food safely, with regular fridge temperature checks and cleaning schedules in place.

Patient records
Patient records were well maintained, securely stored, and compliant with GDPR requirements. Electronic systems ensured accessibility for authorised staff, and audits confirmed accuracy and completeness. Regular record-keeping audits and dip sampling reinforced governance standards.

Statutory Mental Health Act documentation was fully compliant, and care records reflected patient involvement and MDT input.

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 statutory detention documents for five patients and found full compliance with the Mental Health Act 1983 (revised Code of Practice for Wales, 2016). All records confirmed legal detention, and showed patients were informed of their rights, with signed acknowledgements present.

The Mental Health Act Administrator operated an efficient and effective system to support the implementation, monitoring, and review of legal requirements under the Act.

Monitoring the Mental Health (Wales) Measure 2010: care planning and provision
We reviewed the Care and Treatment Plans (CTPs) of four patients. Records evidenced a fully completed and current physical health assessment and standardised monitoring documentation, such as NEWS and MUST. Additional assessments were completed based on individual patient needs.

Management of patient behaviours was documented in care plans and risk profiles, and staff were trained to use skills for managing and de-escalating challenging situations. Clinical records clearly showed patient and family involvement in care discussions, which were patient focused.

Care plans were reviewed regularly and updated to reflect current needs and risks. Physical health monitoring was consistently recorded, and risk management plans were detailed and robust. There was evidence of active discharge planning for long-term placements.

Documentation was well organised, and audits confirmed compliance with standards. The inclusion of advocacy in ward rounds further strengthened patient voice in decision-making. Care planning documentation reviewed across both wards stood out as an area of noteworthy practice.

Efficient

Efficient

The ward held meetings twice daily to establish bed occupancy levels, record observations, review staffing levels and address emerging and changing patient issues.

Rotas were planned well in advance, minimising reliance on agency staff. Incident management and audit systems supported continuous improvement, and digital tools facilitated secure information sharing.

Quality of Management and Leadership

Staff feedback

We received 12 responses from staff at this setting. Some questions were skipped, so not all questions had 12 responses.

Staff reported they could meet work demands and had sufficient materials and staffing. Most felt involved in workplace changes and had access to the necessary IT systems. Staff said they felt supported by the organisation, which prioritised patient care and safety, and many indicated they would recommend the workplace.

All staff knew how to report unsafe practice, felt secure raising concerns and were confident the organisation would address issues. The workplace was described as inclusive, with no reports of discrimination and fair access to opportunities for all. Staff also noted the positive use of the Welsh language and the commitment to equality and diversity within teams.

Overall, the survey indicated a supportive, collaborative and patient-focused working environment, with staff feeling valued and confident in the organisation's leadership and governance.

Staff comments included:

"Cwm Seren LSU is a welcoming friendly environment for patients, student nurses and anyone else who enters our ward. We are an extended family to each other and support each other in times of need."

"A very supportive team that work well together. It is a perfect environment for new qualified staff to begin their career."

"It's a lovely place to work, a very supportive, compassionate and caring environment that puts patients first."

"I have experienced being on the ward as a student, HCSW, RMN and now as a senior practitioner. In all of my roles I have felt equally valued and listened to."

"The setting in which I work is very well run and the safety of patients and staff is paramount."

Leadership

Governance and leadership

There was a clear organisational structure in place, providing defined lines of management and accountability. Staff adhered to these arrangements during the day, with senior management oversight and on-call systems ensuring continuity at night and out of hours.

Governance structures were robust, with regular ward manager forums, business meetings, and quality and safety meetings providing effective oversight of clinical standards, incidents, and policy updates. Information was cascaded efficiently through meetings, emails, and supervision.

Day-to-day management of the ward was overseen by the ward managers, supported by the deputy ward manager and senior nurse. Wards demonstrated strong, proactive leadership, and staff received support from senior health board managers. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients.

We observed a strong sense of teamwork throughout the inspection, with staff working well together and supporting each other.

While leadership visibility and engagement were evident, the inspection highlighted a critical gap in senior management oversight regarding estates and environmental issues. Despite repeated escalation by ward managers and detailed tracking through the estates job tracker, many repairs and maintenance tasks remained unresolved for extended periods. This lack of timely action undermines confidence in governance processes and impacts the therapeutic environment.

The health board must ensure that senior managers have direct oversight of estates management, including regular review of estates job tracker and escalation of overdue tasks.

Workforce

There was a clear organisational structure in place, providing defined lines of management and accountability. Staff adhered to these arrangements during the day, with senior management oversight and on-call systems ensuring continuity at night and out of hours.

Governance structures were robust, with regular ward manager forums, business meetings, and quality and safety meetings providing effective oversight of clinical standards, incidents, and policy updates. Information was cascaded efficiently through meetings, emails, and supervision.

We observed a strong sense of teamwork throughout the inspection, with staff working well together and supporting each other.

Skilled and enabled workforce
The service benefits from a stable and skilled workforce, with low vacancy rates and good staff retention. Workforce planning was proactive, with rotas managed in advance and minimal reliance on agency staff. Staff received regular supervision, and annual appraisal completion rates were 83% for LSU and 73% for PICU.

Staff had access to a range of training and development opportunities, including Welsh language training. There was a strong emphasis on staff wellbeing, with access to occupational health, psychological support, and wellbeing initiatives.

Training data indicated positive overall compliance with both wards over 80%; however, some mandatory training figures were below expected standards.

Compliance figures for Basic Life Support (BLS) and Immediate Life Support (ILS) remained low across both wards. ILS compliance on PICU was 46.6%, and BLS compliance on LSU was 38.13%. Staff consistently reported difficulties accessing training, citing limited availability of sessions and the complexity of course delivery methods as barriers to completion.

This concern is longstanding. The previous inspection in Morlais (2024) also identified BLS and ILS training as areas requiring improvement. The recurrence of this issue highlights a lack of sustained progress and reinforces the need for timely and effective action.

The health board must ensure that mandatory training compliance for BLS and ILS is improved by:

- **Providing sufficient training sessions.**
- **Ensuring protected time for staff to attend.**
- **Robustly monitoring completion rates.**

In addition, the health board must ensure that all staff complete mandatory training in a timely manner and are supported to attend.

Staff promptly provided most requested documents, reflecting good governance processes. All polices reviewed on inspection were current and up to date.

Appropriate systems were in place to ensure recruitment followed an open and fair process. Prior to employment, staff references were sought, Disclosure and Barring

Service (DBS) checks were undertaken, and professional qualifications were verified.

Newly appointed staff undertook a period of induction under the supervision of experienced ward staff. Staff provided evidence of this and described the induction process.

An unmet need identified during the inspection was the absence of a psychologist across both wards. This has been an ongoing issue and continues to affect patient care, particularly in relation to therapeutic interventions, psychological assessments, and recovery planning.

The health board must ensure that psychological support and therapeutic activities are prioritised by addressing the current vacancy for a psychologist without delay and implementing clear plans to provide timely access to psychological input for patients.

Culture

People engagement, feedback and learning

Arrangements were in place to share information and lessons learned with staff in a timely manner following complaints and incidents.

Information on the Duty of Candour was available, and staff had completed relevant training. Staff reported feeling confident to raise concerns about patient care or other issues and felt assured that the health board would address these concerns.

The service actively promotes the Welsh language and celebrates diversity, ensuring that the needs of all patients are met. A whistleblowing policy was in place to support staff when raising concerns.

Information

Information governance and digital technology

Information governance arrangements were robust, with clear policies and procedures for the safe and secure management of patient data, both electronic and paper based. Staff received regular training in information governance and GDPR, and access to records was appropriately controlled.

Digital technology supported communication, with laptops and tablets available for video calls, remote consultations, and patient engagement, subject to risk assessments. Devices were secure, and patient confidentiality was always

maintained. Ongoing monitoring and internal audits reinforced compliance with information governance standards.

Learning, improvement and research

Quality improvement activities

Cwm Seren demonstrates a strong commitment to quality improvement, with regular audits, surveys, and clinical standards reviews informing practice. The service uses incidents, complaints, and near misses as opportunities for learning, with outcomes shared through meetings and supervision.

Quality improvement projects, such as the ‘eclip’ food menu initiative and person-centred safety planning, are actively pursued, and staff are encouraged to take on champion roles in key areas. Patient and staff feedback is sought through community meetings, surveys, and QR codes.

Whole-systems approach

Partnership working and development

The service had established strong partnerships with third sector organisations, community services, and advocacy groups, supporting holistic care and effective discharge planning. Patients had access to community GPs, dentists, and charitable organisations, and there was active engagement with advocacy services.

The service worked collaboratively with external partners to address patient needs and facilitated access to benefits advice, volunteering opportunities, and community activities. These partnerships enhanced patient experience and supported recovery and reintegration into the community.

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
Expired Oxygen Cylinder on PICU.	May not deliver oxygen effectively or could fail completely.	Escalated to the ward manager.	Expired oxygen cylinder removed and replaced with a new one.
Expired Fire Safety Blanket on LSU.	Blanket material may have deteriorated, reducing its effectiveness and increasing the risk of injury or fire spread.	Escalated to ward manager.	Expired Fire Safety Blanket removed and replaced with a new one.

Appendix B - Immediate improvement plan

Service: Cwm Seren LSU & PICU

Date of inspection: 10 - 12 November 2025

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.						

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: Cwm Seren LSU & PICU

Date of inspection: 10 - 12 November 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.	Patient feedback from interviews and surveys highlighted that improvements needed to be made to enhance patient experience.	The health board must consider the patient feedback highlighted in the report, and how the unit can make improvements to enhance the patient experience.	Dignified care.	Patient feedback highlighted in the report is considered throughout the action plan under sections 2, 3, 4, 5 and 7	As per below:	As per actions below:
2.	Patients told us there were not enough activities, which led to boredom,	The health board must ensure that patients have access to a wide range of meaningful activities, both	Health Promotion, Protection and Improvement.	The unit will enhance its existing activity programme by ensuring every patient	OT Lead	30th April 2026

	especially for those unable to access community leave.	within the unit and the community, and that alternatives are available for those who cannot leave the setting.		has an interests/hobbies profile completed within 72 hours of admission and by introducing quarterly audits and monthly patient-feedback processes to monitor the range, relevance, and accessibility of meaningful activities offered both within the unit and in the community. Management teams will discuss and agree a process of capturing and reviewing the data relating to activity provision.		
3.	Patients reported not enough activities, leading to boredom, especially for those	The health board must ensure that gym equipment is repaired and that there are enough trained staff to	Health Promotion, Protection and Improvement.	4 members of staff will achieve appropriate level 2 gym instructor training enabling them to support gym care	Senior Nurse	30th March 2026

	unable to access community leave.	support patients in using the gym.		plans for the patient population of Cwm Seren. This is a 6-week course and will be achieved by the end of March 2026. New gym equipment (funding approved on 15th December 2025) to be ordered and installed.	Senior Nurse	31st March 2026
4.	Patients raised concerns about the suitability of mattresses for long-term stays, describing them as uncomfortable and not appropriate for extended use.	The health board must ensure that mattresses provided in mental health inpatient settings are suitable for long-term use and meet appropriate standards for comfort and durability.	Dignified Care.	Inspect all mattresses in PICU and LSU to ensure current suitability for use, meeting hospital and IPC standards. Order mattresses to create replacement stock as part of furniture replacement	Senior Nurse Senior Nurse	Complete 30th April 2026

				scheme across Adult Mental Health wards.		
5.	Survey responses highlighted areas for improvement in how staff demonstrate dignity, respect, and active listening, with most respondents not providing positive feedback.	The health board must engage with the patient group to gain a deeper understanding of their experiences and concerns and use this insight to drive meaningful improvements in care.	Dignified Care.	Introduce direct access to the CIVICA platform for patients to provide anonymous feedback via QR codes which will be prominently displayed across all ward areas, ensuring visibility and accessibility for both patients and carers. Revisit existing processes in place, facilitated by West Wales Action for Mental Health, to gather patient feedback and report to ward managers, leading to documented summaries and improvement actions.	Senior Nurse Senior Nurse	Complete 30th June 2026

6.	Garden area poorly maintained, with overgrown grass and slippery surfaces posing a risk of slips and falls.	The health board must ensure that garden areas are maintained and made safe.	Safe Environment.	Obtain quotes and complete cleaning of both gardens (LSU and PICU) and arrange a maintenance schedule.	Estates Manager	31st March 2026
7.	Patients expressed concerns about limited variety and repetitive meal choices.	The health board must continue to develop and monitor the 'Eclip' project to improve mealtime variety and freshness, ensuring patient feedback is acted upon.	Dignified Care.	Roll out of Synbiotix Meal Ordering System to improve the process of ordering in advance and gather patient feedback. Introduce a four-week rolling menu with the aim of achieving 90% satisfaction on meal variety, and a system for ward managers to review satisfaction rates on a 3 monthly basis.	Senior Nurse Senior Nurse Senior Nurse	31st March 2026 31st March 2026 31st March 2026

				Improve the quality of cooked chill evening meals by delivering additional training for ward and catering staff.		
8.	Expired fire safety blanket was found in the LSU beverage bay.	The health board must ensure that all fire safety blankets are in date and subject to regular checks as part of its fire safety and equipment maintenance programme.	Safety & Governance.	The requirement to check that all fire safety blankets are in date will be added to the annual fire risk assessment.	Fire Advisor	Complete
9.	Bathroom on PICU being used as a storage area.	The health board should engage with staff and patients to confirm the need for a low-stimulus space and gather input on design features that would best support patient wellbeing.		The PICU team will work with staff and patients to confirm the need for a low-stimulus space and co-design its key features through structured engagement sessions, after which a fully costed funding proposal for the required works and	Ward Manager	30th June 2026

				equipment will be completed and submitted to the health board.		
10.	Environmental concerns: peeling paintwork, damaged flooring, damp patches, broken equipment, inadequate soap dispensers, lack of anti-ligature features, and unresolved estates issues.	The health board must ensure that all outstanding estates and environmental issues identified during the inspection are addressed promptly and effectively, with robust senior management oversight and clear accountability.	Safety & Governance.	The service will ensure that all outstanding estates and environmental issues identified during the inspection are logged, prioritised and progress to address the issues is monitored through the Accommodation Strategy Group for senior-management oversight until all actions are resolved.	Head of Service	30th September 2026
11.	Expired oxygen cylinder was found in the PICU clinic. This was immediately	The health board must ensure that all oxygen cylinders are in date and subject to regular checks as	Safety & Governance.	The service will implement a schedule of regular nightly checks of oxygen	Senior Nurse	1st March 2026

	removed and replaced with an in-date cylinder to ensure patient safety.	part of its medicines management and equipment safety processes.		cylinder expiry dates across all Mental Health Inpatient Wards		
12.	No dedicated IPC lead as a single point of accountability for infection control improvements and consistency.	The health board must ensure that a dedicated IPC lead is appointed to provide clear oversight and coordination of infection control measures.	Infection Prevention and Control.	The Health Board confirms that the Executive Director of Nursing, Quality, Patient Safety and Experience is the executive lead for IPC and a dedicated IPC team is in place that covers all specialities. IPC is routinely covered and reports are received through the MHLD Clinical Care Group Integrated Governance Group which is attended by the IPC team. Cwm Seren Unit is covered by IPC staff based at		Completed

				Glangwili Hospital who provide specialist IPC input to the unit and undertake audits. The Ward Mangers have oversight of practices on the wards and oversee responses to infections and are involved in investigation of incidents and outbreaks related to IPC alongside the IPC team		
13.	Compliance figures for Basic Life Support (BLS) and Immediate Life Support (ILS) remain low; staff report difficulties accessing training.	The health board must ensure that mandatory training compliance for BLS and ILS is improved by providing sufficient training sessions, protected time for staff to attend, and robust monitoring of completion rates.	Governance & Workforce.	Ward Managers will improve resuscitation-training compliance by directly booking staff onto ESR-listed training and rostering them in advance, while continuing to review monthly compliance data and taking timely	Senior Nurse	31st July 2026

				action to address any shortfalls.		
14.	Some mandatory training figures (e.g., physical restraint) below expected standards.	The health board must ensure that all staff complete mandatory training in a timely manner and are supported to attend	Governance & Workforce.	The Health Board will improve mandatory-training compliance on the Unit by implementing already agreed revised ward staffing establishments—which include headroom to support protected time for training. The Health Board required level of mandatory training compliance will be achieved by completing recruitment to these posts with Ward Managers monitoring monthly compliance and escalating any barriers to attendance for timely resolution.	Senior Nurse	31st July 2026

15.	Absence of a psychologist across both wards for over two years, impacting therapeutic interventions, psychological assessments, and recovery planning.	The health board must ensure that psychological support and therapeutic activities are prioritised by addressing the current vacancy for a psychologist and implementing clear plans to provide timely access for patients.	Dignified Care.	The health board will strengthen access to psychological support and therapeutic activities by securing approval to recruit to the Forensic Consultant Psychologist post under Annex 21 to widen the applicant pool.	Head of Service	31st March 2026
16.	Estates and maintenance issues outstanding for extended periods, undermining confidence in governance and impacting the therapeutic environment.	The health board must ensure that senior managers have direct oversight of estates management, including regular review of the estates job tracker and escalation of overdue tasks.	Governance & Workforce.	The Health Board will strengthen senior-management oversight of estates management by reviewing and updating the Accommodation Strategy Group's terms of reference to include responsibility for reviewing the estates job tracker and escalating overdue tasks,	Service Director Mental Health and Learning Disabilities Clinical Care Group	31st March 2026

				ensuring regular attendance by senior managers and estates leads, and implementing a standing agenda item for monitoring and escalation of overdue estates actions.		

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): Rebecca Temple-Purcell

Job role: Assistant Director Nursing, Quality, Patient Safety and Experience