Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced) Rowan House Assessment and Treatment Unit, Swansea Bay University Health Board

Inspection date: 6 and 7 January 2026
Publication date: 9 April 2026

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Digital ISBN 978-1-83745-465-5

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 Rowan House Learning Disability Assessment and Treatment Unit, Swansea Bay University Health Board on 6 and 7 January 2025.

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

During the inspection we spoke briefly to three patients. We also invited relatives and carers to complete a questionnaire to tell us about their experience of using the service. However, due to the low uptake, it is not possible to provide feedback in this report. We also spoke to staff working at the service during our inspection, and attended meetings. 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:
Staff were engaging with patients in a kind and dignified manner, which included speaking with and responding to patients calmly, and when managing behaviours of concern. Staff also communicated with patients in an appropriate and calm manner and had knowledge of individual needs and preferred communication styles. This included use of pictorial cards and recognition of other non-verbal cues.

Patients received responsive care and support from unit staff to meet their day-to-day care, treatment and personal support needs. Access to therapy teams, such as occupational therapists, was available on a referral basis, with staff reporting these services to be responsive.

Staff worked hard to facilitate patient leave, and to engage with patients according to their individual needs and preferences. This was, however, limited by the environment and its overall lack of therapeutic benefit, daily structured therapeutic input, and recreational activities. Whilst we acknowledge that the unit aims to provide short-term assessment and treatment, lengthy admissions and delays in discharge can result in unmet needs for patients who would otherwise benefit from this level of input.

This is what we recommend the service can improve:

- The implementation of daily structured therapeutic input and recreational activities must be explored and strengthened
- Language choice should be routinely recorded to proactively meet needs.

This is what the service did well:

- Staff were observed engaging with patients in a kind and dignified manner
- Staff demonstrated good knowledge of patients' individual needs and preferred communication styles.

Delivery of Safe and Effective Care

Overall summary:
The unit had undergone a period of closure to complete repairs and maintenance of critical estates-related issues. Whilst this enabled the service to re-open, there was minimal improvement to the overall environment in relation to patient

experience and therapeutic benefit. Several maintenance issues persisted within the unit.

Patients benefited from a multidisciplinary team (MDT) approach to their care and treatment. Whilst wider MDT members were not dedicated to or co-located within the unit, staff received timely responses when referrals were made to other services, or when concerns were raised about a patient.

The unit cared for some patients with challenging behaviours. We reviewed a sample of incident records and found incidents to be generally low in number and severity. These were appropriately recorded, with follow-up actions taken when necessary. We also observed staff working effectively, proportionately and creatively to manage behaviours, with good application of least restrictive principles.

The records of patients detained under the Mental Health Act 1983 (the Act) and associated legal documentation were compliant. Patient rights were being upheld in line with the Act, and patients had access to advocacy services that regularly attended the unit.

Care planning was generally well aligned with the Mental Health (Wales) Measure. This included care and treatment plans that broadly reflected the domains of the Measure, with good emphasis on meeting patients' health needs. However, there was a need to more clearly identify and record the eight holistic areas of a person's life, as set out in the Measure, within the relevant records. Other aspects of professional record keeping also required strengthening.

All areas of the unit were well organised and clean throughout the inspection, and staff had completed the relevant mandatory training. This was supported by environmental and infection prevention and control (IPC) audits.

Suitable processes were in place to safeguard vulnerable adults. This included established health board processes and procedures, and staff had completed the relevant training according to their roles and responsibilities. Support and oversight from the health board safeguarding teams were evident, and constructive professional challenge was evident.

There were good arrangements in place to appropriately manage medication. The clinic was well organised and always locked, and the storage, administration, and records of controlled drugs were found to be appropriate.

This is what we recommend the service can improve:

- Maintenance requests must be addressed in a timely manner by the health board, together with partner health boards responsible for internal and external estates

- Care and treatment plans must reflect the Welsh Measure in all areas outside of patients immediate medical and nursing needs, according to professional record keeping standards
- Development of positive behavioural support (PBS) training should be explored.

This is what the service did well:

- Incidents of behaviours of concern were well managed, with application of least restrictive principles
- Unit management and staff were responsive in meeting the physical health needs of patients
- Areas of safeguarding, infection prevention and control, and medicines management were well managed.

Quality of Management and Leadership

Overall summary:
There was sound and experienced ward management, who demonstrated a good grip on matters affecting staff and patients alike. The nurses in charge at the time of the inspection were knowledgeable about all aspects of the unit, including its patients, staff, and day-to-day operation.

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

The unit was supported by staff who expressed satisfaction in their roles, several of whom had worked on the unit for many of years. This also extended to students who had trained on the unit and chosen to return. Staffing was generally stable, with the ability to adjust staffing levels to meet patient acuity and needs. Use of agency staff was low, with the unit opting for regular bank staff to maintain consistency and familiarity with patients and their needs.

There were opportunities displayed at the entrance of unit for patients, relatives and carers to provide feedback and to raise any concerns. Whilst the number of formal complaints were low, the health board should explore how concerns sitting outside of formal complaint mechanisms and informal feedback is captured to ensure thematic learning and oversight.

This is what we recommend the service can improve:

- The health board should explore how concerns sitting outside of Putting Things Right and informal feedback is captured to ensure thematic learning and oversight.

This is what the service did well:

- Unit management and nurses in charge of each shift at the time of the inspection demonstrated good knowledge in all aspects of the unit
- The unit was supported by a well-established staff team who expressed satisfaction in their roles.

3. What we found

Quality of Patient Experience

Person-centred

Health promotion
Patients had access to televisions in the main communal area, as well as board games and crafts. A pleasant outdoor area was also available for patient use to help maintain their well-being.

Patients were generally well supported to access Section 17 leave in the community: including walks, trips to local shops, and visits to the local library and café. We saw evidence that patients' preferences and routines in the community prior to admission had been incorporated into their Section 17 leave arrangements to promote continuity wherever possible.

Patients also had access to their own devices on a risk-assessed basis, including tablets. Staff were observed supporting patients and interacting with them to promote independence and provide meaningful engagement.

Dignified and respectful care
Staff were observed engaging with patients in a kind and dignified manner. This included speaking with and responding to patients calmly, including when managing challenging behaviours.

All patients had access to their own bedrooms, with staff observed knocking before entering. Whilst personalisation of bedrooms was limited in some cases, patients had access to a range of personal belongings on the unit. Communal bathroom and toilet facilities were available on each corridor. Some maintenance issues persisted, as set out in the risk management section below.

Individualised care
Staff worked hard to facilitate leave and to engage with patients according to their individual needs and preferences. This was, however, limited by the environment and its overall lack of therapeutic benefit, as well as a lack of daily structured therapeutic input and recreational activities. The health board is strongly encouraged to consider the implementation of a model such as 'Active Support', that will enable structured focus on the creation of activity opportunities and provide the means to promote and support meaningful engagement on a person-centred basis.

Whilst we acknowledge that the unit aims to provide short-term assessment and treatment, lengthy admissions and delays in discharge can result in unmet needs for patients who would otherwise benefit from this level of input.

The health board must implement a structured focus on the creation of activity opportunities and provide the means to promote and support meaningful therapeutic engagement.

Authorised leave from the unit was based on patient preferences, balanced against individual risks, and was generally well facilitated by unit staff. In one patient record, we observed a good narrative and discussion recorded with family in this regard.

Timely

Timely care

The unit is designated as an assessment and treatment unit, which aims to provide short-term admission. However, a small number of patients had been admitted for extended periods of time. Whilst active efforts were underway to facilitate safe and effective discharges into suitable community placements, the inherent nature of short-term hospital provision can be inappropriate for those who no longer have a clinical need for inpatient admission.

Despite this, patients received responsive care and support from unit staff to meet their day-to-day care, treatment, and personal support needs. Access to therapy teams, such as occupational therapists, was available on a referral basis, with staff reporting these services to be responsive.

Staffing numbers were generally stable, and we confirmed that staffing could be adjusted to meet patient needs and acuity, including increased observation levels when required.

Equitable

Communication and language

Staff were observed communicating with patients calmly, appropriately and with knowledge of individual needs and preferred communication styles. This included use of pictorial cards and recognition of other non-verbal cues.

We noted that patients preferred language choice was not always recorded. We recommend that this is recorded wherever possible to ensure that patients language needs can be proactively met.

The health board should ensure that language choice is routinely recorded in order to proactively meet needs.

Rights and equality
Staff had access to corporate policies and procedures and had completed training in a range of subjects that supported patients' rights, including learning disability, mental health and capacity, and equality. Overall, compliance rates were good.

The service provided reasonably good accessibility, with all patient areas and bedrooms located on a single floor. Referrals could be made for an assessment if specialist equipment was required to support a patient's independence, dignity or mobility needs.

Delivery of Safe and Effective Care

Safe

Risk management
The unit had undergone a period of closure to complete repairs and maintenance of critical estates-related issues, with responsibility for estates works commissioned to Cwm Taf Morgannwg and Cardiff and Vale University Health Boards. Whilst this had enabled the service to re-open, there was minimal improvement to the overall environment in relation to patient experience and therapeutic benefit.

Several maintenance issues persisted within the unit, including inconsistent heating and temperatures in patient bedrooms, missing toilet seats, poor external maintenance, and lighting issues. All of these have the potential to affect patient safety, dignity, and the safety of staff and visitors.

The health board, together with partner health boards responsible for internal and external estates, must ensure that maintenance requests are addressed in a timely manner.

Ligature points had been identified, with a basic risk assessment last completed in January 2025. Due to the age of the unit, the environment was not ligature-proof. We were told that additional measures, including individual risk assessments and increased observations, would be implemented if required.

A fire risk assessment had been completed in October 2025, with identified action owners and timescales for completion provided.

Infection, prevention and control (IPC) and decontamination
All areas of the unit were well organised and clean throughout the inspection. Housekeeping staff were observed completing tasks robustly, and cleaning schedules were up to date.

All staff had completed the relevant mandatory training, and there were processes in place to ensure compliance with infection prevention and control (IPC), including IPC and environmental audits. Staff were knowledgeable about how to maintain good IPC when delivering treatments and personal care to patients.

We observed a patient mealtime and recommended that aspects of hand hygiene could be strengthened, such as encouraging patients to wash their hands or use hand wipes/gel prior to eating. We also recommended that a system should be

implemented to evidence that re-usable equipment and devices have been disinfected and are ready for use, such as the use of 'I am clean' labels.

The health board should encourage patients to maintain good hand hygiene prior to mealtimes.

The health board should ensure that there is a system in place to identify when re-usable equipment and devices are clean.

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

The overall number of safeguarding incidents on the unit was low, and there appeared to be a low threshold for flagging and reporting potential safeguarding concerns. When asked about a recent incident, staff were able to describe the incident clearly and outline the appropriate actions taken in response.

Oversight of safeguarding incidents was monitored within senior nursing and management governance meetings. Support and oversight from the health board safeguarding teams were evident, and constructive professional challenge was noted.

Medicines management
There were good arrangements in place to appropriately manage medication on the unit. The clinic was well organised and always locked, with keys held by a registered member of staff. The storage, administration, and logging of controlled drugs were found to be appropriate.

Emergency equipment and drugs were readily accessible, and routine checks were consistently completed and recorded. Fridge temperature checks were also consistently documented to ensure medication efficacy.

The unit benefitted from routine pharmacist attendance at multidisciplinary team (MDT) meetings and regular pharmacy technician presence on the unit, with evidence of pharmacist-led stock checks and audits being undertaken.

Medication charts were well completed, with prescribing and administration found to be appropriate. It was positive to note that protocols were in place for 'as required' medications, and the use of antipsychotics was within British National Formulary (BNF) limits.

We recommend, however, that readily accessible easy-read or pictorial materials relating to patient medications are stored on file, to support patients in understanding their medication and its effects.

The health board should ensure easy read or pictorial materials are on file to help patients to understand the reasons for their medication and its effects.

It was positive to see use of the FACES pain scale in use to help patients communicate any degree of pain. However, the health board should explore use of a more comprehensive pain score tool, particularly for those patients who are already prescribed pain relief or who can't effectively communicate their needs.

The health board should explore use of a comprehensive pain scale for patients prescribed pain relief and / or who can't effectively communicate their needs.

Effective

Effective care

Patients on the unit benefited from an MDT approach to their care and treatment. This included MDT meetings and weekly ward rounds. Whilst wider MDT members were not dedicated to or co-located within the unit, we confirmed that staff received timely responses when referrals were made or when concerns were raised about a patient. Psychiatry input remained the responsibility of the consultant based in the patient's home locality.

We attended an MDT meeting and a multi-agency meeting. Overall, we found professional, mutually respectful and patient-centred dialogue throughout these discussions.

The unit cared for patients, some of whom presented with behaviours of concern. We reviewed a sample of incident records and found incidents to be generally low in number and severity. These were appropriately recorded, with follow-up actions taken when necessary. During the inspection, we observed staff working effectively, proportionately and creatively to prevent and manage behaviours of concern, with good application of least restrictive principles.

It was positive to note that a restrictive practice reduction toolkit had been developed by the health board, with training planned to be delivered to staff alongside existing Positive Behavioural Management (PBM) training expectations and processes. To further develop practice through a preventative, holistic and person-centred approach, we recommend that the health board reviews its model of care with a view to adopting Positive Behavioural Support (PBS) training alongside existing methods.

The health board should explore enabling all clinical staff to receive an appropriate level of PBS training that is commensurate with their role.

While it is positive to see a current Reducing Restrictive Practices policy, it was noted that patients with such identified needs did not have individual restraint reduction plans.

The service and wider health board should ensure that any patient that has identified restrictive physical intervention needs will be provided with an individualised restraint reduction plan.

Regarding physical health needs, there were processes in place to assess and respond to both known and acute health needs. We also noted a positive example in which the unit manager ensured that nursing staff received timely PEG training prior to an imminent patient admission.

Upon discharge, a well-developed Assessment and Treatment Outcome Report (ATOR) was produced by the MDT. However, several acronyms were used within these reports that were not clearly defined for the reader. We recommend that the health board considers the audience of these reports to ensure full understanding.

The health board should reflect on use of acronyms in the assessment and treatment outcome reports and ensure clarity is provided where appropriate.

Nutrition and hydration

Patient meals were prepared on-site using a rotational menu to provide variety. The food was well presented, and patients received appropriate support to eat when needed. Patients had access to their own snacks, and there were opportunities for takeaway meals to be delivered to the unit on certain evenings, as well as access to a community café in the adjacent library.

Nutrition and hydration needs were appropriately assessed using the All-Wales Nutritional Risk Screening Tool (WAASP). When required, appropriate follow-up actions had been taken, including referrals to speech and language therapy (SALT). Access to the dietetic team was available, and staff reported that both services responded in a timely manner.

Mental Health Act monitoring

We reviewed the records of patients detained under the Mental Health Act 1983 and found the legal documentation relating to their admission to be compliant. There was documented evidence that patient rights were being upheld in line with the Act, and patients had access to advocacy services that regularly attended the unit.

We found that mental capacity was assessed and recorded in patients' ward round notes. However, we recommend that the unit consistently utilises the health board's corporate checklist for assessments to ensure a consistent approach in line with the Code of Practice.

Routine audits were undertaken by the Mental Health Act office. It was positive to hear that, further to previous inspection findings, the Mental Health Act office has developed a mandatory training provision for healthcare professionals to support the maintenance of knowledge, skills and competency. We considered this to be noteworthy practice.

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

Care planning was generally well aligned with the Mental Health (Wales) Measure. This included care and treatment plans that broadly reflected the domains of the Measure, with good emphasis on meeting patients' health needs. However, there was a need to more clearly identify and record the eight holistic areas of a person's life, as set out in the Measure, within the relevant records.

The health board must ensure that care and treatment plans reflect the Welsh Measure in all areas outside of patients immediate medical and nursing needs.

It was positive to note that regular reviews of care and treatment plans had been completed. Efforts to involve patients were evident, although this was achieved with varying degrees of success. However, we found evidence of re-used text in three sets of notes that we reviewed. This presents a risk to the individualisation of care and is not in keeping with professional standards.

The health board must ensure that care and treatment plans are completed on an individualised basis, and that care is taken to ensure professional record keeping standards are maintained.

Mental Capacity Act and Deprivation of Liberty Safeguards

Patients on the unit were either detained under the Mental Health Act or were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. There was evidence of involvement of the patient and their families or carers, although this was limited in part by patients' comprehension and communication abilities. There was evidence that unit staff monitored and reviewed authorisation and expiry dates appropriately. However, staff reported constraints arising from nationally recognised system delays affecting the timely allocation, assessment and outcomes of applications by local authority partners.

To help ensure that patients' wishes, feelings and beliefs were appropriately represented, Independent Mental Capacity Advocate (IMCA) support could be accessed through a referral process for all patients. The advocate was willing to

speak with any patient wishing to do so during their visits to the unit, which took place at least monthly.

Quality of Management and Leadership

Staff feedback

Despite efforts to encourage survey completion, no responses were received. The health board is encouraged to engage with staff in absence of written feedback. Despite this, we spoke with senior management, unit management, nursing staff, and healthcare support workers. We also observed two multidisciplinary and multi-agency meetings to inform our findings.

Leadership

Governance and leadership

There was sound and experienced ward management, who demonstrated a good grip on matters affecting staff and patients alike. The nurses in charge at the time of the inspection were knowledgeable about all aspects of the unit, including its patients, staff, and day-to-day operation.

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

Workforce

Skilled and enabled workforce

The unit was supported by staff who expressed satisfaction in their roles, several of whom had worked on the unit for several years. This also extended to students who had trained on the unit and chosen to return.

Staffing was generally stable, with the ability to adjust staffing levels to meet patient acuity and needs. We were told that work is ongoing to assess learning disability services across the health board against safe nurse staffing levels. The health board is advised to consider routinely consulting with staff as part of this process.

Use of agency staff was low, with the unit opting for regular bank staff when required, to maintain consistency and familiarity with patients and their needs. When agency staff were required, however, the health board should remain mindful of the overall burden agency approval processes can place on staff, particularly at times of high acuity.

We reviewed appraisal and supervision rates and found these to be monitored to ensure timely completion.

Culture

People engagement, feedback and learning
There were opportunities displayed at the entrance of unit for patients, relatives and carers to provide feedback and to raise any concerns. To support patients, access to advocacy services was available.

Whilst the number of formal complaints was low, senior managers discussed how informal concerns would be addressed, with a view to resolving in a timely manner at a local level and through face-to-face meetings, wherever possible.

The health board should explore how concerns sitting outside of Putting Things Right and informal feedback is captured to ensure thematic learning and oversight.

Learning, improvement and research

Quality improvement activities
There was evidence of local management and nursing-led audit activities being undertaken through a standardised health board audit system. Whilst there were gaps in some audit activities, those audits that had been completed were generally well scored.

Staff explained that patient-specific training would be sought wherever possible. We noted a recent example in which responsive action had been taken by unit management to ensure that staff were trained in PEG feeding, enabling them to provide competent care for an upcoming admission.

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
Not applicable			

Appendix B – Immediate improvement plan

Service:

Date of inspection:

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Not applicable					
2.						
3.						
4.						

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Appendix C - Improvement plan

Service: Rowan House

Date of inspection: 6-7 January 2026

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.	Risk to patient experience and effective, individualised care	The health board must implement a structured focus on the creation of activity opportunities and provide the means to promote and support meaningful therapeutic engagement.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	A detailed Quality Improvement Plan table has been developed and is attached, outlining SMART objectives, required actions, responsibilities, measures, and timescales to strengthen therapeutic activity provision, meaningful engagement, and individualised care.	Primary Nurses Unit Manager	27/03/26

2.	Risk to effective and individualised care	The health board should ensure that language choice is routinely recorded in order to proactively meet needs.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	The Unit Manager will reinforce the need to record language choice in care plans with clinical teams via Rowan Team Meeting on 05/03/26 and digitally to any staff unable to attend Compliance recording of language preference will be audited by the Unit Manager Amendments will be made to the admission front sheet to include preferred language and ethnicity with information visible on the front of patient files.	Unit Manager Unit Manager Unit Manager	05/03/26 05/03/2026 27/03/26

3.	Risk to patient experience, risk management and workforce	The health board, together with partner health boards responsible for internal and external estates, must ensure that maintenance requests are addressed in a timely manner.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	SLA in place between SBU and CTM to complete statutory maintenance and complete remedial repairs to internal aspect of Rowan House. All repair/maintenance requests logged via digital portal. Additional recording of requests held via Teams channel for monitoring and review by Directorate Manager and Unit Manager monthly. Any repairs and refurbishments sitting outside of agreed SLA are highlighted and escalated to SBUHB Estates and monitored via new monthly meeting between	SBUHB Estates Staff Nurse Unit Manager Directorate Manager Divisional Manager	Complete Complete 30/04/26

				SBUHB Estates and MHLD Service Group.		
4.	Risk to IPC	The health board should encourage patients to maintain good hand hygiene prior to mealtimes.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	Promote hand hygiene before meals by displaying hand-washing signs in appropriate locations (dining area, bathrooms, corridors). Staff team reminded during team meeting on 05/03/26 to provide verbal prompts to patients before each mealtime. Provide hand wipes before meals where handwashing is not immediately possible. Hand Sanitiser risk assessment will be completed for the use of hand sanitiser on the unit.	Rowan Hand Hygiene Champion All staff Unit Manager Unit Manager Unit Manager	27/03/26 Completed 06/03/26 06/03/26

5.	Risk to IPC	The health board should ensure that there is a system in place to identify when re-usable equipment and devices are clean.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	The Health Board will implement a consistent system to clearly identify when reusable equipment and medical devices are clean. "I'm Clean" stickers will be ordered and applied to all relevant items following decontamination, including beds and associated medical equipment. Compliance with the new process will be monitored through the All-Wales Monitoring and Audit Tool (AmAT) to ensure sustained and measurable improvement.	Deputy Manager (AMAT lead for Audit) Unit Manager to ensure that all staff involved in cleaning equipment after use Lead Nurse	27/03/26 06/03/26 27/04/26
6.	Risk to effective and individualised care	The health board should ensure easy read or pictorial materials are on file to help patients to	Health and Care Quality Standards 2023	Link with Pharmacy to source appropriate easy-read medication	Unit Manager	14/04/26

		understand the reasons for their medication and its effects.	RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	materials. Work with the Pharmacy Team to identify and obtain approved easy-read and pictorial medication information. Ensure both stock medications and individualised medications (when prescribed) have corresponding easy-read resources available for patients. Share learning and resources across other service areas. Distribute the agreed materials and learning to all relevant teams to support consistent practice across the Learning Disability Division	Unit Manager Lead Nurse	14/04/26 27/04/26

				Provide brief guidance to staff on when and how to use easy-read materials with patients. Promote these resources through existing communication channels (e.g., staff briefings, MDT meetings).	Unit Manager	14/04/26
7.	Risk to effective and individualised care	The health board should explore use of a comprehensive pain scale for patients prescribed pain relief and / or who can't effectively communicate their needs.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	The Health Board currently utilises a pain scale and individualised DisDAT (Disability Distress Assessment Tool) profiles to support patients who are unable to effectively communicate their needs. All patients will have a DisDAT completed on admission, or	Primary Nurses/ Admission nurses	27/03/26

				an existing DisDAT will be requested from the patient's community team if one has already been developed.		
8.	Risk to effective, individualised care and workforce	The health board should explore enabling all clinical staff to receive an appropriate level of PBS training that is commensurate with their role.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	Reducing Restriction Practice (RRP) training and Positive Behaviour Management (PBM) training is available to all staff. Liaison with SBUHB LD Nurse Consultant to ensure that previous needs analysis project for PBS training is reviewed and applied to Rowan ATU. Unit Manager will review, address and ensure staff are made available for any	Lead Nurse and Unit Manager Lead Nurse and Nurse Consultant Unit Manager	30/03/26 30/03/26 04/05/26

				training and updates identified as necessary.		
9.	Risk to effective, individualised care and workforce	The service and wider health board should ensure that any patient that has identified restrictive physical intervention needs will be provided with an individualised restraint reduction plan.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	Standardise use of Restraint Reduction Plans (RRP) by implementing the existing SBUHB RRP template as the standard format for all care settings and incorporate into each patient's overall care plan. Ensure every service area understands when an RRP is required (e.g., any identified restrictive intervention risk).	Unit Manager and Specialist Behaviour Team (SBT) RRP champion on unit	27/04/26
10.	Risk to effective, individualised care and partnership	The health board should reflect on use of acronyms in the assessment and treatment outcome reports and ensure clarity	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient	All acronyms to be removed from health records, unless their full description is provided on first use.	All Staff	27/03/26

		is provided where appropriate.	Learning Disability Services (as relevant)	The correct use of clear, jargon-free language to be added to supervision discussions and team meetings including a care-plan review checkpoint to ensure acronyms are identified and amended. Ongoing monitoring will be carried out through routine care plan reviews during clinical supervision. These checks will take place every three months to ensure records remain accurate and compliant.	Unit Manager	05/06/26
11.	Risk to effective and individualised care	The health board must ensure that care and treatment plans reflect the Welsh Measure in all areas outside of patients immediate medical and nursing needs.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient	Ensure all staff involved in completing or reviewing Care and Treatment Plans (CTP) receive regular training and updates on the	Unit Manager, Care Co-ordinators.	26/06/26

			Learning Disability Services (as relevant)	Mental Health (Wales) Measure 2010, the CTP framework, and standards of good-quality care planning.		
				Unit Manager will communicate verbally and digitally with staff team that they should ensure they clearly record all service actions with defined responsibilities, timescales, and expected outcomes.	Unit Manager	13/03/26
				Provide structured feedback to clinical teams following CTP audits, including agreed action plans and follow-up monitoring.	Unit Manager, Lead Nurse	05/06/26
				Report CTP compliance, audit findings, and areas for improvement	Lead Nurse, Directorate Manager	02/04/26

				through local Quality & Safety meetings to support assurance, learning, and continuous improvement.		
12.	Risk to effective, individualised care and workforce (professional standards)	The health board must ensure that care and treatment plans are completed on an individualised basis, and that care is taken to ensure professional record keeping standards are maintained.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	Clinical staff will be instructed to write care plans using person-centred, individualised language and not to copy and paste entries between patients or documents. Clinical staff will be instructed to document contributions from patients, families, advocates, and MDT members to the care-planning process. Supervisors will review a sample of care plans at each supervision session and require	Unit and deputy manager. Unit and deputy manager. All Supervisors	13/03/26 13/03/26 27/04/26

				immediate correction of any copy-and-paste concerns.		
13.	Risk to patient experience and learning	The health board should explore how concerns sitting outside of Putting Things Right and informal feedback is captured to ensure thematic learning and oversight.	Health and Care Quality Standards 2023 RCPYSCH Standards for Acute Inpatient Learning Disability Services (as relevant)	Identify a Feedback Champion to maintain board and actions. Install "You Said – We Did" board in visitor room; update monthly. Posters made available with QR in visitor room for family to feedback. Present learning from feedback at team meetings and supervisions. Link with Patient Experience Team to contact families over the phone for feedback and provide regular	Unit Manager Patient feedback champion Patient feedback champion Patient feedback champion Patient feedback champion	Completed 27/04/26 27/04/26 27/04/26 27/04/26

			push reports to the unit manager.		

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 Forkings / Dermot Nolan**

Job role: **Service Group Nurse Director for Mental Health & Learning Disabilities / Service Group Director**

Date: **10.03.2026**