Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection Report (Unannounced)

Rushcliffe Hospital Aberdare

Inspection date: 5, 6 and 7 January 2026
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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 independent mental health inspection at Aberdare Hospital, on 5, 6 and 7 January 2026.

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 reviewer.

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 six questionnaires were completed by patients or their carers and eleven were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Patients spoke positively about their experience at the hospital. They told us they felt listened to by staff and treated with dignity and respect. Interactions we observed were calm, respectful and tailored to individual needs. Patients appreciated being able to personalise their rooms, maintain contact with family and take part in activities, outdoor space and daily routines that promoted independence.

Health promotion was evident across the ward, with staff encouraging healthy choices, engaging patients in wellbeing groups and supporting access to GP appointments, health checks and long-term condition monitoring. Staff also encouraged independence in daily living activities such as cooking, laundry and personal care. Communication was generally effective, with staff adapting their approach to support understanding, and positive relationships were evident between patients and staff.

However, important information for patients was not consistently displayed on the ward. Patients told us they did not always receive information about their care in a way they could understand, and some were unsure how to raise concerns or access advocacy support.

While patients were encouraged to provide feedback during meetings and through surveys, there were limited ways for them to give feedback anonymously or to see how their views had been acted upon.

Strengthening the visibility of patient information, improving access to advocacy and feedback processes will further enhance the quality of patient experience.

This is what we recommend the service can improve:

- Ensure key patient information is clearly displayed, including how to raise concerns, access advocacy, provide feedback and contact HIW
- Increase the amount and visibility of health promotion materials within communal areas
- Introduce clear, accessible and anonymous feedback options such as a suggestion box.

This is what the service did well:

- Staff interacted with patients in a kind, respectful and professional manner, and patients told us they felt listened to and supported
- Staff encouraged independence through daily living skills such as cooking, laundry and managing personal routines
- Health promotion activities were in place, including wellbeing groups, smoking cessation support and regular health checks.

Delivery of Safe and Effective Care

Overall summary:
The hospital in general provided safe and effective care, supported by structured processes, committed staff and clear clinical oversight. The environment was generally clean and functional, and staff worked hard to maintain safety; however, several areas required maintenance, including ripped furniture, damaged flooring and worn décor, which limited effective cleaning and impacted the ward's presentation.

Risk was well managed, with staff confident in escalating concerns, adjusting observation levels and utilising daily handovers to monitor changes. Fire safety arrangements, alarm systems and access to ligature cutters were appropriate.

Infection prevention and control practices were mostly effective, with clear cleaning schedules, available PPE and good staff awareness. Nutrition and hydration were well managed, and patients were satisfied with meals provided, including modified diets and cultural requirements. Medicines were stored securely, and audits helped monitor safe practice, although key storage arrangements required improvement.

Safeguarding was well understood, with staff able to describe recent referrals and actions taken. Clinical audits, physical health monitoring and MDT collaboration all contributed to effective and responsive care. Records were accurate, secure and compliant with GDPR, with strong Mental Health Act documentation and detailed Care and Treatment Plans.

Strengthening environmental repairs and ensuring consistent medicines key security will further enhance safety and effectiveness.

This is what we recommend the service can improve:

- Address environmental maintenance issues such as damaged furniture, worn flooring and damaged work surfaces to support safety and IPC
- Strengthen security arrangements for medicines keys to ensure full compliance with safe controlled drug management.

This is what the service did well:

- Good standard of care planning
- Meals, modified diets and physical health monitoring were well managed, supporting nutrition, health and wellbeing.

Quality of Management and Leadership

Overall summary:
Leadership and governance at the hospital were generally strong. Senior managers and the hospital manager were visible, approachable and engaged with staff throughout the inspection. Staff described feeling supported in their roles and said they had confidence in raising concerns, which reflects an open and positive organisational culture. Governance arrangements were well established, and staff provided documentation promptly, showing clear oversight and effective communication.

However, some areas require further attention. Access to psychological support remains limited until the recently appointed psychologist takes up post. Staff were not consistently carrying radios, which could impact safety and communication.

Overall, the culture within the hospital was positive, with motivated staff, strong teamwork and a clear commitment to improving carer. Ensuring consistent use of safety equipment and improving access to psychological input will further enhance leadership and governance.

This is what we recommend the service can improve:

- Ensure timely access to psychological support by prioritising the completion of recruitment and arranging clear plans for psychological input while the post remains vacant
- Improve staff compliance with safety equipment requirements, including ensuring that radios or equivalent communication devices are consistently carried and used.

This is what the service did well

- Staff across all departments demonstrated professionalism, commitment and strong teamwork
- Staff told us they felt supported, valued and confident to raise concerns, reflecting a positive organisational culture
- Senior managers and the hospital manager were visible, approachable and supportive of staff.

3. What we found

Quality of Patient Experience

Patient feedback
Patients provided mixed but generally positive feedback about their experience of care. Most patients told us they felt listened to by staff and that staff treated them with dignity and respect. Several patients described good relationships with staff and said they were able to speak openly about their needs.

Patients highlighted aspects of daily life that they valued, including access to activities, outdoor space and opportunities to maintain contact with family and friends. However, some patients raised concerns about aspects of the environment, such as worn furniture, damaged areas of the ward and limited access to a dryer, which they felt affected their experience.

A small number of patients told us they did not always receive information about their stay or understand the information provided to them. Some also felt that concerns or complaints information was not clearly displayed on the ward.

Health promotion, protection and improvement
Staff supported patients to maintain and improve their health and wellbeing through a range of initiatives. Patients had access to outdoor areas, activity timetables and opportunities for exercise. Staff encouraged independence in daily living skills, such as cooking and laundry, and supported healthy lifestyle choices. Examples included smoking cessation support, themed health groups and informal encouragement to participate in activities.

Staff worked proactively with local health services. Patients attended GP appointments, health checks and blood monitoring. Staff described adapting their approach to encourage engagement, allowing patients time, reassurance and choice. The service also used a “men’s health” group and planned one-to-one sessions to address long-term conditions and support wellbeing.

Health promotion materials were available on the ward, although limited in volume and not always easy to locate.

The registered provider must ensure that health promotion information is increased and clearly displayed on the ward so that patients can easily access guidance on healthy lifestyles and wellbeing.

Dignity and respect
We observed positive and respectful interactions between staff and patients throughout the inspection. Staff demonstrated an understanding of individual needs and supported patients in a way that upheld their dignity, including during personal care and escorted leave.

All patients had their own en-suite bedrooms, which they could personalise and lock. Staff knocked before entering rooms and ensured conversations took place in private areas. Information boards containing personal details were kept out of sight, maintaining confidentiality.

Patients told us they felt treated with dignity and respect, and this was reflected in their survey responses. Staff supported patients to make choices and stay independent, including having private phone calls, keeping personal items and taking part in activities. While staffing mix was generally appropriate, there were occasions where only female staff were present overnight on an all-male ward; staff were aware of this and had taken measures to minimise impact on privacy and dignity.

Patient information and consent
Written and verbal information was provided to patients on admission, including a patient guide. Staff explained care arrangements and were available to answer questions. Interactions observed during the inspection were calm, respectful and tailored to individua needs.

Some required information was not consistently displayed on the ward, including details about advocacy services, complaints processes and legal representation. Patients told us they were sometimes unsure how to raise a concern or how to access support. While patients could request Mental Health Act information, this was not clearly promoted.

The registered provider must ensure that essential patient information is clearly displayed, including advocacy services, complaints procedures, legal rights, and how to contact HIW.

Most patients felt they understood their care, although survey results indicated that some did not always receive information in a way they could easily understand. Staff encouraged patients to participate in care discussions and provided explanations when making changes to treatment.

Digital communication was supported safely, with individual risk assessments for personal devices and private areas available for confidential conversations.

Communicating effectively
Staff communicated with patients in a clear, respectful and accessible manner. We observed positive rapport, with staff adapting their language, pace and tone to individual needs. Patients reported that staff listened to them and involved them in decisions.

A Welsh-speaking staff member supported patients wishing to use the Welsh language, and staff demonstrated awareness of cultural and language needs. Translation tools or external services could be accessed when required.
Patients used their own devices to maintain contact with family, supported by staff where needed. Visual displays and activity boards were present, though some areas of information lacked structure or visibility. Improving the layout and visibility of key information such as “who’s who”, advocacy, complaints and patient rights would further support effective communication.

Care planning and provision
Care plans were individualised and reflected patients’ needs, preferences and goals. Staff knew patients well and encouraged independence in daily routines. Patients were supported to develop skills such as cooking, laundry, personal hygiene and managing activities. Staff used positive engagement and reassurance to support patients to take part in appointments, medication monitoring and community activities.

The service worked in partnership with external agencies, including primary care, dietetics, speech and language therapy (SALT) and third-sector organisations. Some referrals had been delayed due to capacity in external services, and unmet needs were being recorded appropriately.

Patients attended ward rounds and reviews, and those we spoke to said they could discuss their progress. Survey results showed that most patients were aware of their care plans and felt involved, though a minority reported they had not received clear information.

Information about community organisations and self-referral pathways was shared verbally and during meetings but not consistently displayed on the ward.

Equality, diversity and human rights
Staff demonstrated a good understanding of equality, diversity and human rights. They provided examples of reasonable adjustments, including supporting religious practices, accommodating dietary requirements and adjusting shift patterns for staff with caring responsibilities.

Patients were able to meet or contact family privately, and staff supported individuals to maintain cultural or spiritual practices. Survey feedback indicated that some patients did not feel fully supported with Welsh language needs; however, the ward had introduced a “Welsh corner”, and staff were actively expanding language support.

Citizen engagement and feedback

Patients were encouraged to give feedback through ward meetings, satisfaction surveys and informal discussions with staff. Minutes showed that patient suggestions such as changes to activities or meal options were acknowledged and actioned.

However, there was no suggestion box for anonymous feedback or suggestions. Information about advocacy and complaints was limited and not easily accessible to patients, particularly for those who wished to give anonymous feedback.

The registered provider must ensure that a clearly visible and accessible feedback process is in place, including anonymous options such as a suggestion box so that patients can see how their feedback is considered and acted upon.

Survey results showed high levels of satisfaction with opportunities to communicate with loved ones, but mixed understanding of how to provide feedback or raise concerns. While staff were proactive in resolving issues informally, patients would benefit from clearer, more visible information about formal and anonymous feedback routes.

Delivery of Safe and Effective Care

Safe Care

Environment
The environment was generally clean and functional; however, several areas required improvement to ensure it remained safe, well-maintained and suitable for its purpose. We observed damaged flooring, peeling paintwork, worn furniture and areas where surfaces could not be effectively cleaned. Some items such as ripped vinyl sofas, scuffed walls and damaged worktops had been reported by staff but remained outstanding.

The registered provider must ensure that all damaged furniture, worn flooring, chipped paintwork and damaged surfaces are repaired or replaced promptly so that the environment is safe, well-maintained and capable of being effectively cleaned.

Patients told us that drying facilities were limited, with only one washer-dryer available on the ward. The inspection team also noted clothes drying in the OT room on the evening visit. Patients described the drying cycle as taking several hours, which caused delays when multiple patients needed to use the laundry. This created practical challenges for patients attempting to maintain their independence with daily living tasks such as laundry.

The registered provider must ensure that patients have access to practical and timely drying facilities. The provider should engage with the patient group to explore solutions and agree improvements that support independence with laundry tasks.

Patients had access to outdoor space, although some areas required tidying to ensure they offered a pleasant and safe environment. Bedrooms were en-suite, clean and appropriately personalised by patients. Safety alarms were available in-patient bedrooms and bathrooms, and call bells were accessible.

Environmental risks were discussed daily at handovers and reviewed during routine audits. Staff were aware of processes for escalating environmental issues; however, delays in addressing maintenance concerns meant these risks continued to impact the overall environment.

The registered provider must ensure that environmental issues are responded to in a timely manner.

Managing risk and health and safety
Systems were in place to assess, manage and monitor risks affecting patients and staff. Staff were familiar with incident reporting processes, and governance records showed that learning from incidents was discussed at governance meetings and shared with the team.

Personal alarms and radios were available, but we noted that staff were not consistently carrying radios during the inspection. This has implications for safety, particularly during evenings and nights.

The registered provider must ensure that staff consistently carry the required safety equipment, including radios, to support effective communication and swift response to incidents.

Fire safety arrangements were appropriate, with extinguishers in date, clear evacuation routes and evidence of recent fire drill records. Staff demonstrated understanding of emergency procedures.

Staff were aware of the location of ligature cutters and how to access them quickly in an emergency.

Infection prevention and control (IPC) and decontamination
IPC practices were followed by staff and appropriate PPE was available on the ward. Handwashing facilities and signage were visible, and patients were encouraged to wash their hands before meals or during activities.

Cleaning schedules were in place and completed consistently, and the housekeeping team maintained a regular presence on the ward. Bedrooms we reviewed were clean, and linen and laundry processes were suitable.

However, the environment required improvement to support effective IPC. Damaged flooring, chipped door frames, damaged worktops and ripped vinyl furniture prevented some areas from being fully cleaned. These issues had been reported by ward staff but remained outstanding.

Shared equipment was cleaned after use, but “I am clean” indicators were not routinely used. Staff demonstrated understanding of escalation processes for IPC concerns, although the service did not have a clearly identified IPC lead on site.

The registered provider should consider identifying an IPC lead.

Nutrition
Patients told us they were satisfied with the food provided. Meals were served promptly and were appropriate to cultural, dietary and medical needs. Modified

diets were provided where clinically required, and the service liaised effectively with SALT and dietetic services, despite some external delays.

Healthy choices were encouraged, and staff helped support patients to manage long-term health conditions. Snacks and drinks were available throughout the day, and patients could prepare their own food with support in the OT kitchen.

Menu boards were in place, but some were untidy or displayed outdated information.

The registered provider must ensure that menu boards are updated and kept tidy.

Medicines management
Medication was stored securely, including controlled drugs. Staff carried out regular checks of resuscitation equipment and emergency medicines, with records confirming equipment was in date and ready for use.

Medication charts were complete, and staff documented administration accurately. Patients were supported to understand their medicines during one-to-one discussions, and clinical audits monitored safe practice.

However, concerns were raised about the storage of controlled drugs keys. At the time of inspection, the controlled drugs cabinet key was in a place that could create a security risk and did not align with best practice.

The registered provider must ensure the CD key is stored securely and separately.

Safeguarding children and safeguarding vulnerable 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.

Medical devices, equipment and diagnostic systems
Clinical equipment used on the ward was appropriate and safely maintained. Staff carried out routine checks of medical devices, including resuscitation equipment, and documented these checks to ensure readiness and compliance. Staff were trained to use diagnostic equipment safely and appropriately.

Patients had access to physical health monitoring equipment, and the weekly "Sunday clinic" provided a structured opportunity for physical health checks. The Sunday Clinic provided a structured and proactive approach to monitoring and supporting patients' physical health with a strong focus on actively involving patients in their physical health checks. This ensured that developing physical health concerns were identified at an early stage and appropriate actions were taken promptly. The Sunday clinic was highlighted as an area of noteworthy practice.

Safe and clinically effective care
Staff provided safe and effective care, supported by clear care plans, regular reviews and strong MDT working. Patients received timely support, and staff understood their roles and responsibilities in delivering safe care. Clinical audits including medication, records, physical health and restrictive practice audits helped monitor standards and identify improvements.

Staff felt staffing levels allowed them to deliver safe care, and escalation processes were in place when additional support was required. Patients told us they received care when they needed it, and survey results supported this.

Participating in quality improvement activities
The service participated in a range of quality improvement activities, including clinical audits, governance meetings and patient satisfaction surveys. Findings from audits were used to inform action plans, and there was evidence of learning being shared with staff.

Information management and communications technology
Information systems supported safe and effective care. Electronic records were password-protected, and paper documents were stored securely in locked areas. Staff used secure NHS email to share information appropriately with external partners.

Digital tools were used to support communication, including supervised use of devices for video calls and online meetings. Staff demonstrated awareness of data protection responsibilities, and regular audits monitored compliance.

Records management
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.

Section 17 leave forms were appropriately completed, with conditions clearly documented and risk assessments undertaken before leave was granted. Staff involved patients in discussions about leave, and outcomes of leave were recorded to support ongoing review.

Overall, we found strong adherence to the Mental Health Act, with clear governance and monitoring arrangements in place to safeguard patient rights.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision
We reviewed the Care and Treatment Plans (CTPs) of four patients. Care and Treatment Plans (CTPs) were detailed, person-centred and aligned to the requirements of the Mental Health (Wales) Measure 2010. Each plan clearly identified patient goals, needs and interventions, with evidence of regular review and meaningful patient involvement.

Staff demonstrated a good understanding of their role in developing and reviewing CTPs, and records confirmed multidisciplinary input, including medical, nursing, occupational therapy and psychology staff (where available). Reviews were held in line with statutory timescales and documented appropriately.

Patients told us they were involved in discussions about their care and understood the support available to them. Most patients reported attending reviews or ward rounds where decisions about their care, treatment and progress were explained. Survey results showed that many patients understood their care plans, although some felt they could receive information in a clearer or more accessible format.

Discharge planning was evident and included liaison with external agencies. Staff documented unmet needs, such as delays in accessing external therapies (e.g., SALT or dietetics), and took steps to mitigate risks while awaiting external input.

Records showed that capacity assessments were undertaken when required, and staff involved patients in decisions wherever possible.

Overall, the service demonstrated compliance with the requirements of the Mental Health (Wales) Measure, with structured, patient-centred care planning in place.

Quality of Management and Leadership

Staff Feedback
Staff told us they felt supported in their roles and described strong teamwork across all departments. They said their immediate managers were approachable and available when needed, and nearly all respondents reported that senior managers were visible, communicative and committed to patient care. Staff said they felt confident raising concerns and were assured that issues would be addressed.

During the inspection, we also observed positive staff attitudes. Staff were welcoming, professional and engaged openly with the inspection team. They described enjoying their roles and spoke about the sense of shared purpose within the team. Staff told us they valued the supportive culture on the ward and felt able to contribute to improvements. We were also told that managers and senior leaders cared about staff wellbeing and maintained an open-door approach.

Staff comments included:

> *"Each staff member are able to come together and work as a team, from every department. Communication is at its absolute best at the moment. It is overall a great place to work".*

> *"I love my job there, the other staff are always pleasant and respectful and always helpful with difficult tasks. Management easy and pleasant to talk to about problems that may pop up"*

Governance and accountability framework
There is a clear organisational structure with defined management responsibilities. Governance arrangements are well established, with regular clinical governance meetings reviewing incidents, complaints, medicines management, training compliance and patient-related issues. Information is shared with staff through meetings, handovers, email updates and the staff hub. Staff we spoke with were aware of current policies and described how updates were communicated.

Staff responded promptly to documentation requests during the inspection, demonstrating strong administrative oversight and a well-organised governance system. Morning meetings provided a structured overview of patient needs, planned activities and staffing arrangements for the day.

While governance systems are effective, we identified areas that require strengthened oversight. Although a psychologist has been appointed, they are not yet in post. This continues to represent an unmet need for patients who require

access to psychological assessment and therapeutic interventions. We recommend that the service prioritises securing timely psychological input.

The registered provider must ensure that psychological support and therapeutic activities are prioritised and must implement clear plans to provide timely access to psychological input for patients, noting that a psychologist has been appointed but is not yet in post.

We also found that estates-related decisions sometimes required approval outside the hospital, which has contributed to delays in addressing some environmental issues. Strengthening escalation and oversight arrangements will help ensure that maintenance concerns are resolved in a timely manner and do not impact patient experience or infection prevention and control.

Dealing with concerns and managing incidents
Staff understood how to report concerns, safeguarding issues, incidents and near misses. Incident reporting is embedded in practice, with forms reviewed by the hospital manager and discussed at daily morning meetings and through clinical governance forums. Themes and trends are analysed, and when required, lessons-learned meetings take place, with outcomes shared with the wider team. Staff described this as a transparent process.

Patients receive information on how to raise concerns, and complaints are acknowledged and investigated within expected timeframes. However, as highlighted elsewhere, complaint and safeguarding information was not clearly displayed on the ward at the time of inspection. Increasing visibility of this information and providing a way for patients to offer anonymous feedback, will strengthen engagement and ensure patients understand how to raise concerns independently.

Workforce recruitment and employment practices
Recruitment processes are robust, with appropriate pre-employment checks in place, including right-to-work, DBS and professional registration verification. Staff files are securely stored and maintained, and systems are used to flag upcoming renewal dates. Induction includes shadowing, a buddy system and a structured workbook. Staff confirmed that induction prepared them well for their roles.

Staffing levels are planned, and additional cover is sourced from sister sites when required.

Workforce planning, training and organisational development
Staff told us that training opportunities were accessible and that they felt equipped to carry out their roles. Training compliance was generally high, overall training compliance currently stands at 90%, and the service had systems in place to monitor and follow up on overdue training. Staff are removed from rotas if essential modules are not completed, ensuring mandatory requirements are maintained. Some modules, including first aid and physical intervention updates, were below expected compliance at the time of inspection but had scheduled dates for staff to attend courses in January.

Supervision and appraisal rates were high, and staff described supportive discussions with managers. Morning meetings, staff meetings and handovers all contributed to consistent communication and shared awareness of patient needs. Staff spoke positively about development opportunities, including the prospect of future psychological and therapeutic training once the psychologist is in post.

Overall, we found a motivated workforce with strong leadership, a clear understanding of roles and responsibilities, and a commitment to improving care.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Rushcliffe Aberdare

Date of inspection: 5 - 9 January 2026

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate Non compliance issues					
2.						

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: Rushcliffe Aberdare

Date of inspection: 5 - 9 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.	Limited visibility of patient information (advocacy, complaints, rights) on the ward.	The registered provider must ensure all key patient information is clearly displayed, accessible and available in easy-read formats.	Patient Information.	Easy read advocacy, complaints, safeguarding and rights leaflets & posters to be displayed in communal areas.	Clare Battenbough	Achieved
2.	Patients not always receiving information about their stay in a clear or	The registered provider must provide consistent, accessible information on admission and throughout care, ensuring	Patient Information.	Patients have patient guides on admission. These to be personalised, care planned and discussed	Clare Battenbough	Achieved

	understandable format (survey results).	understanding is routinely checked and documented.		on a regular basis with the patients (2 monthly).		
3.	Some patients unsure how to raise concerns; no anonymous feedback route available.	Introduce anonymous feedback options and display complaints information clearly on the ward.	Citizen's engagement and feedback.	Suggestions box to be installed on the ward.	Clare Battenbough	Achieved
4.	Drying facilities limited; only one washer-dryer available. Patients reported long drying times, and the inspection team observed clothes drying in the OT room.	The registered provider must review the suitability and efficiency of current drying equipment and implement improvements to support timely, independent laundry.	Environment.	Extra tumble dryer has been installed in the annex kitchen.	Clare Battenbough	Achieved
5.	Damaged furniture, worn flooring, damaged work surfaces preventing effective cleaning.	The registered provider must repair or replace damaged furnishings and address outstanding estates issues promptly.	Environment.	Furniture has been replaced. Quotes received to replace flooring/ painters, awaiting contractor's availability.	David Kwei	Achieved 3 Months
6.	Staff not consistently carrying radios during night inspection.	The registered provider must ensure staff consistently carry required	Managing Risk & Health and Safety.	Expectations of radios at night have been reinforced during	Clare Battenbough	Achieved

		safety equipment, including radios, at all times.		supervisions and staff meetings. Security refresher training has been booked for the staff involved.	David Kwei	1 Month
7.	Menu boards were not updated and untidy	The registered provider must ensure that menu boards are updated and kept tidy.	Patient information.	New menu boards have been installed. Menus have been added to the environmental audit to ensure they are kept up to date and tidy.	Clare Battenbough	Achieved
8.	No nominated IPC lead	The registered provider should consider nominating an IPC lead.	IPC & Decontamination.	IPC lead has been nominated.	Lesley McIlroy	Achieved
9.	Inconsistent use of "I am clean" indicators on shared equipment.	The registered provider should implement and monitor the routine use of decontamination indicators for shared clinical equipment.	IPC & Decontamination.	Procedures are already in place for cleaning of equipment after each use, therefore 'I am clean' indicators are not used.	David Kwei	Achieved

10.	Controlled drug cabinet keys not always stored separately and securely.	The registered provider must strengthen medicines governance to ensure CD keys are securely stored and never left accessible.	Medicines Management.	Combination lock safe has been purchased to store the controlled drug keys.	Clare Battenbough	Achieved
11.	Delays in access to psychological support and therapeutic interventions; psychologist appointed but not yet in post.	The registered provider must ensure timely access to psychological input and implement interim arrangements to meet therapeutic needs.	Safe & Clinically Effective Care.	Psychologist commenced on 19.01.2026. Prior to that we were using the services of a locum consultant psychologist.	David Kwei	Achieved
12.	Limited evidence of advocacy promotion within safeguarding and MHA processes.	The registered provider should increase routine promotion of advocacy services and record involvement clearly in care records.	Safeguarding.	Advocacy drop in sessions have been arranged once a month (last Monday of every month). Advocacy posters & leaflets have been displayed in communal areas on the ward.	Clare Battenbough	Achieved

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): David Kwei

Job role: Regional Director/ Registered Hospital Manager

Date: 26.02.2026