

Independent Mental Health Service Inspection Report (Unannounced)

Ty Cwm Rhondda Hospital

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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



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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 Ty Cwm Rhondda Hospital on 2, 3 and 4 February 2026.

The following hospital wards were reviewed during this inspection:

- Cilliard Ward - 10 beds providing low secure mental health services
- Clydwch Ward - 10 beds providing low secure mental health services.

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 four questionnaires were completed by patients or their carers, and one was completed by staff. Feedback and some of the comments we received appear throughout the report. 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

Overall summary:

Overall, patients at Ty Cwm Rhondda described positive experiences of care, and the inspection team observed calm, respectful and supportive interactions throughout the wards. Patients told us they felt listened to, treated with dignity, and able to participate in meaningful activities that supported their health, wellbeing and independence, including gym sessions, cookery classes, and structured group routines such as the daily morning meeting.

Staff communicated clearly and adapted their approach to individual needs, using translation tools or interpreter services where required, and accessible information on advocacy, rights and complaints was visible across the service. Care and Treatment Plans were comprehensive and regularly reviewed, with strong MDT input and clear evidence of physical health monitoring and risk assessment.

However, some improvements were required to strengthen the consistency and quality of documentation, particularly ensuring that patient voices are reflected in their own words, and updating positive behaviour support plans (PBS).

This is what we recommend the service can improve:

- Care plans should consistently reflect the patient's voice in their own words
- Positive behaviour support plans must be updated to reflect current needs.

This is what the service did well:

- Staff treated patients with kindness, dignity, and respect, and created a calm, supportive therapeutic environment.
- A wide range of meaningful activities promoted physical health, social engagement, and independence.
- Physical health monitoring was robust, with strong MDT involvement in care planning.

Delivery of Safe and Effective Care

Overall summary:

Overall, the service delivered safe and clinically effective care supported by strong systems for medicines management, physical health monitoring, and safeguarding. Staff demonstrated a clear understanding of risk, and the environment was clean, calm, and suitable for delivering treatment. Weekly physical health checks,

regular metabolic monitoring and timely GP involvement helped ensure patients' broader health needs were met.

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.

However, some areas required improvement to ensure care remained consistently safe. PBS Plans had not been updated for some patients and did not reflect current presentation or risk. A concern involving unsecured discarded medication was identified during the inspection; this was resolved immediately. Care was supported by committed staff, regular audits and clear governance processes that helped maintain safety across the wards.

This is what we recommend the service can improve:

- PBS plans are updated regularly so that they reflect each patient's current needs and risk profile.
- Ensure discarded medication is secured appropriately.

This is what the service did well:

- Physical healthcare was strongly embedded, including weekly monitoring, regular metabolic screening, and good access to external health services.
- Safeguarding arrangements were robust, with staff trained to the appropriate levels.

Quality of Management and Leadership

Overall summary:

Overall, leadership and management at Ty Cwm Rhondda were effective, visible, and supportive. Staff consistently reported that senior managers were approachable, available, and engaged in day-to-day activity on the wards, which helped create a positive and open culture.

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.

Workforce structures were stable, and staff described feeling valued and well supported. Mandatory training compliance was high, and supervision, reflective

practice and appraisal processes were firmly embedded. However, staff training records in specific training such as BOC oxygen cylinder training required updating.

Professional development was encouraged, with staff able to access additional training when needed. Recruitment processes were safe and well monitored, and the use of agency staff was low. The leadership team demonstrated strong oversight of safety, quality, and staff wellbeing.

This is what we recommend the service can improve:

- Strengthen governance oversight to ensure behavioural support plans and other key documents are reviewed within expected timescales
- All staff training records are updated to reflect that BOC oxygen cylinder training has been completed.

This is what the service did well:

- Governance arrangements were well organised and clearly embedded, showing strong accountability and effective leadership systems
- Senior managers were visible, supportive, and approachable, which helped create a positive culture where staff felt able to raise concerns and confident that issues would be addressed.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Health promotion, protection and improvement

Patients at Ty Cwm Rhondda were supported to maintain and improve their health and wellbeing through a wide range of activities, structured health monitoring, and regular engagement with internal and external healthcare services. Staff demonstrated a clear understanding of the importance of promoting both physical and mental health, and they incorporated health-focused opportunities into daily routines.

Patients were able to access the gym following an occupational therapy risk assessment, and they frequently engaged in sessions designed to encourage physical activity, including supervised exercise in the enclosed garden areas. Activities such as cookery classes, woodwork projects, pool tournaments, board games, and participation in group events such as watching the Six Nations and walking rugby helped patients spend time together and build everyday skills to support them when they return to the community.

Health screening was consistently delivered. Staff ensured that patients received annual metabolic checks. Regular physical observations were also embedded into practice, with a specific “News Day” every Sunday used to monitor vital signs and identify early signs of physical health deterioration.

Patients were also supported to engage in national screening programmes, including bowel cancer screening, health promotion campaigns, such as national heart week and the men’s group, offered further opportunities for patients to receive structured education and support relevant to their long-term health.

Dignity and respect

Across both wards, staff interactions with patients were consistently observed to be kind, respectful and considerate. Staff demonstrated sensitivity when supporting personal care needs and were attentive to the rights of individuals to privacy.

All patients had their own ensuite bedrooms, which they were able to personalise, and staff ensured that doors were knocked upon before entry. Observation windows on bedroom doors were fitted with appropriate coverings or screens, allowing staff to maintain safety without compromising dignity.

Patients could lock their bedrooms where appropriate, subject to risk assessment, and private spaces were available for confidential discussions, visits, or quiet time.

Staff of different genders were represented across shifts, and patients confirmed that they felt comfortable approaching any member of the team for support. Patients spoken to were positive about how they were treated, describing staff as pleasant, respectful, and understanding.

Patient information and consent

The service ensured that patients received clear, accessible information about their care, rights, and the support available to them. Upon admission, patients were provided with a patient guide, which outlined key information about the hospital, daily routines, expectations, legal rights, how to raise concerns, and how to contact advocacy services. Noticeboards across the wards contained up-to-date information on advocacy, the role of HIW, complaints procedures, legal representatives, and safeguarding processes. These were presented in accessible formats and were easy for patients to locate.

Staff supported patients in understanding consent and capacity matters. Patients were informed about their care and treatment plans during daily interactions, weekly meetings, and multidisciplinary reviews. Where patients lacked capacity to consent, this was clearly documented and accompanied by appropriate legal safeguards, including involvement from Independent Mental Health Advocates (IMHAs) and legal representatives. Capacity assessments were routinely undertaken and recorded in clinical notes.

Communicating effectively

Communication between staff and patients was consistently respectful, accessible, and adapted to meet individual needs. Staff were observed explaining medication changes sensitively, checking understanding, and offering reassurance where required. A daily “What’s Occurring” meeting provided a structured forum for open discussion, enabling patients to ask questions, discuss plans and contribute to the running of the wards.

The service was responsive to linguistic needs. Translation services were used when necessary, and one patient who spoke limited English was supported with the use of online translation tools during conversations. Welsh language support was available from Welsh-speaking staff, and courses were offered to staff to improve bilingual communication. Confidentiality was upheld during communication using private rooms for discussions, supervised use of digital devices, and clear care-planned parameters around mobile phone access.

Care planning and provision

Care planning at Ty Cwm Rhondda was detailed, multidisciplinary and frequently reviewed. Patients had comprehensive Care and Treatment Plans (CTPs) which incorporated mental health assessments, physical health needs, social and psychological factors, and risk assessments. Reviews were held regularly and included contributions from nursing staff, the psychologist, the responsible Clinician, and care coordinators.

Patients were invited to participate in discussions about their care, and their preferences and wishes were acknowledged, even where these differed from clinical recommendations. Their CTPs reflected goal-focused rehabilitation planning, including skill development, participation in meaningful activity and preparation for future discharge.

Physical health, risk, and mental health assessments were consistently completed, and staff demonstrated good understanding of how to implement care in a way that promoted recovery and independence.

Patients were supported to conduct daily living tasks such as cooking, laundry, and personal hygiene, and were given opportunities to develop skills through structured group and individual sessions.

Equality, diversity and human rights

The service demonstrated clear commitment to equality, inclusion, and respect for human rights. Staff received mandatory Equality and Diversity training, and compliance was monitored as part of governance arrangements. Patients were given access to their own risk-assessed mobile phones, enabling communication with families and advocates. They were supported to maintain cultural, religious, and personal preferences, including dietary needs and private space for family visits.

Advocacy services were readily available, and patients knew how to seek support if they felt misunderstood or wished to challenge decisions. Staff demonstrated understanding of reasonable adjustments and were able to describe how they would adapt care to individual needs. Information about rights, complaints, safeguarding, and patient safety was highly visible throughout the service, which helped empower patients to participate actively in their care.

Citizen engagement and feedback

Patients were encouraged to share their views through various structured and informal channels. Daily patient meetings allowed individuals to contribute to planning activities, discussing concerns, and suggesting improvements. Monthly

community meetings provided a more formal opportunity for feedback, and some patients acted as representatives within governance processes. Feedback forms were used to gather views, and clinical governance meetings reviewed this information to identify themes and inform service changes.

“You said, we did” boards on both wards demonstrated how patient comments had directly influenced improvements to the environment and activities programme. Advocacy services visited weekly, offering an additional independent means of expressing concerns or sharing views. The inspection team noted that patients felt listened to by staff and were confident that comments raised through meetings or individual conversations would be acted upon.

Delivery of Safe and Effective Care

Safe Care

Environment

The environment at Ty Cwm Rhondda was clean, tidy, and suitable for delivering care. Both wards were calm and well organised, and communal areas appeared welcoming and appropriately furnished. Patients had access to enclosed garden areas, and the wider environment supported privacy through the availability of private rooms for discussions and visits.

Bedrooms were ensuite, well maintained and allowed patients to personalise their space. Staff and patient feedback confirmed that the environment felt safe and promoted a settled atmosphere. Minor issues were identified that required attention, including chipped paintwork and damaged casing around a sink in Clydwch Ward.

The registered provider must ensure that the chipped paintwork and sink casing is fixed or replaced.

Managing risk and health and safety

Risk management arrangements were well embedded across the service. Staff understood how to identify, record and escalate risks, and demonstrated confidence in using Datix to report incidents or safeguarding concerns. Observation levels were appropriate and clearly documented, and patients confirmed that they felt safe on the wards.

Staff had access to personal alarms and were observed wearing them during inspection. Environmental risk assessments, including ligature audits, were conducted regularly, with clear processes in place for addressing hazards. Fire safety measures were understood by staff, with evidence of regular checks and clear evacuation routes. The service demonstrated awareness of ward pressures and responded appropriately by adjusting activities or staffing when required.

Infection prevention and control (IPC) and decontamination

IPC practices were strong and consistently applied. The wards were visibly clean and free from clutter, and staff demonstrated good knowledge of infection control procedures. Cleaning schedules were maintained and available for review, with clear roles for nursing, healthcare support workers, and housekeeping staff.

PPE was accessible and used appropriately, and staff had been trained in donning and doffing techniques. Hand hygiene facilities were available throughout the

environment, supported by clear signage, and patients were encouraged to wash their hands before taking part in cooking sessions or dining.

Nutrition

Patients received assessments on admission, and staff monitored dietary needs and food intake where required. The four-week rotating menu provided choice and variety, including vegetarian options, and the kitchen could adapt meals for clinical or cultural needs.

Patients described meals as broadly satisfactory and appreciated the additional flexibility offered through off-menu items, the on-site shop, and opportunities to buy food during escorted leave. Saturday takeaway evenings also contributed positively to the social experience on the wards.

Staff encouraged patients who needed support with eating or maintaining hydration, and patients were able to use the OT kitchen to prepare food as part of rehabilitation. Where swallowing difficulties or specialist diets were identified, referrals to dietetics or SALT were made through the GP.

Medicines management

Controlled drugs were stored securely in double-locked cupboards, and daily checks were completed at each handover. The Ashtons electronic prescribing system ensured accurate and up-to-date medication records, and reviews were completed within MDT meetings.

Emergency drugs were in date and stored in clearly identifiable locations, with fridge temperatures monitored regularly. Staff were able to explain the correct procedures for reporting and escalating medication errors, and records showed that lessons learned from incidents were shared with the whole team.

On the first night of the inspection, we found that discarded and out-of-date medicines were not being stored safely and securely within the clinical room. This posed a risk of inappropriate access or use. The issue was immediately addressed and resolved during the inspection.

The registered provider must ensure that any expired, discontinued, or discarded medicines are stored securely and removed from clinical areas without delay, in line with safe medicines management procedures.

Patients participated in discussions about their medication and were supported to understand potential side effects.

Safeguarding children and safeguarding vulnerable adults

Safeguarding arrangements at Ty Cwm Rhondda were robust. All staff were trained to Level 3, and safeguarding leads were trained to Level 4, which ensured a strong level of expertise within the service.

Staff demonstrated clear understanding of how to identify, report and escalate safeguarding concerns, and used Datix to record incidents. Recent safeguarding referrals had been managed appropriately, including transparent communication with the local authority.

Patients told the inspection team that they felt safe and knew who to speak to if they had concerns. Advocacy was available weekly and supported patients in raising issues. Safeguarding themes and patterns were monitored through governance meetings, and learning from incidents was shared through supervision and reflective practice.

Medical devices, equipment and diagnostic systems

The service ensured that medical devices and diagnostic equipment were well maintained and available when needed. Staff completed routine checks on resuscitation equipment, oxygen cylinders, and other clinical devices. Records confirmed that emergency equipment was in date and stored in accessible locations.

Staff understood how to use diagnostic tools safely, and training in life support and the use of oxygen cylinders was provided, although we were informed that all staff had completed the BOC online oxygen training, the hospital director was reviewing this to confirm compliance and ensure that all completed training was accurately recorded within the staff training data.

The service also demonstrated appropriate oversight of equipment through regular audits and pharmacy checks, helping ensure compliance with safety requirements.

The registered provider must ensure that all staff who operate the BOC oxygen cylinders are appropriately trained.

Safe and clinically effective care

Care delivered at Ty Cwm Rhondda was safe, clinically appropriate and informed by regular multidisciplinary review. Staff described having sufficient time to meet patients' needs, and the mix of skills across the team supported effective care delivery.

Policies, NICE guidance, and the Code of Practice were accessible and understood by staff, and updates were communicated through governance meetings and

supervision. MDT working was strong, with regular ward rounds and reviews documented clearly across the service.

Clinical audits, including those focused on medication, restrictive practices, physical health and record-keeping were used to monitor practice and identify improvements. Staff were confident that the escalation processes for clinical concerns were effective.

The overall approach to care was recovery-focused, with structured opportunities for therapeutic engagement.

Participating in quality improvement activities

The service demonstrated active involvement in quality improvement. Weekly audits were conducted using digital platforms, and findings were fed into monthly clinical governance meetings where themes, trends and actions were discussed.

The service took part in initiatives such as Safewards and staff wellbeing programmes, and patients contributed through daily meetings and feedback opportunities. “You said, we did” boards on both wards showed clear examples of changes made in response to patient views.

Managers also conducted routine quality walks to identify issues and monitor standards across the service. These arrangements demonstrated a commitment to learning and ongoing development.

Information management and communications technology

Information governance arrangements ensured that patient records and communications were secure. Electronic systems were password-protected, and paper files were stored in locked areas, with access limited to staff who required it for their work.

Staff used secure NHS email systems when sharing information with external agencies, and digital devices used by patients were subject to individual risk assessments.

Policies relating to data protection were in place, up to date and understood by staff. The use of digital tools for patient communication, including translation apps and video calls, supported safe and effective information exchange while maintaining confidentiality.

Records management

Record-keeping was well organised and supported safe, coordinated care. Electronic and paper records were easy to navigate, stored securely and compliant

with GDPR requirements. Staff documented care consistently across assessments, MDT reviews, physical health checks, and ward round notes. Audit processes monitored the quality and completeness of documentation.

Mental Health Act monitoring

The Mental Health Act monitoring did not form part of this inspection.

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

Care and Treatment Plans were detailed and person-centred, covering all relevant domains including mental health, physical health, social needs, risk, and rehabilitation goals. Records reviewed demonstrated good evidence of involvement in planning, supported by regular reviews and contributions from the Responsible Clinician, psychologist, nursing staff, and care coordinators.

Patients understood their care plans, and meetings were used to discuss progress and next steps. Documentation showed that capacity assessments were completed when needed and that appropriate legal safeguards were in place.

There were some areas where care planning required improvement. In some of clinical records reviewed, Positive Behaviour Support Plans (PBS) had not been updated since 2024, meaning they did not fully reflect patients' contemporary needs or risk profiles. Additionally, although care plans were clinically robust, they did not always capture patients' voices in their own words.

The registered provider must ensure that PBS plans are reviewed and updated regularly so that they accurately reflect each patient's current needs, presentation, and risk profile.

The registered provider must ensure that care plans include the patient's voice in their own words so that documentation reflects their views, preferences and lived experience.

Quality of Management and Leadership

Governance and accountability framework

Governance arrangements at Ty Cwm Rhondda were well established and supported the safe and effective running of the service. Staff told us that senior managers were visible, approachable, and available when needed, and this supported a positive culture and consistent communication across the service.

The inspection team found that governance meetings were held regularly and included structured oversight of incidents, complaints, medicines management, training compliance, and safeguarding activity.

Staff responded promptly to information requests during the inspection, which demonstrated strong administrative systems and clear accountability.

Policies and procedures were up to date and available to staff, who were able to describe how current information was communicated through meetings, handovers, and email updates.

There had been a clear improvement in staff culture since the last inspection. Staff told us that the team worked more closely together, communication had strengthened, and there were greater trust and confidence within the workforce.

Documentation, including audits, MDT notes and risk assessments, showed evidence of active leadership oversight. Overall, governance processes were organised and clearly embedded.

Dealing with concerns and managing incidents

The service had clear and effective processes for managing complaints, incidents and near misses. Patients had access to information on how to raise concerns, including anonymous options. Complaints information was displayed on noticeboards, and staff were able to describe how patients could access advocacy to support them in raising issues. Staff explained that complaints and concerns were reviewed to identify themes, and learning was shared during supervision, handovers, and clinical governance meetings.

Incidents were recorded using Datix and were reviewed by senior staff and the wider clinical governance structure. Staff demonstrated understanding of their responsibilities for reporting and escalating concerns. Safeguarding incidents were managed transparently, with appropriate referrals to external agencies where necessary, and learning was fed back to staff.

Workforce recruitment and employment practices

Recruitment practices were safe and consistent with regulatory requirements. Pre-employment checks, including DBS verification and professional registration checks, were conducted through the organisation's recruitment system, and staff files were stored securely with appropriate access controls.

Staff reported that induction prepared them well for their role and included shadowing, supervision, and access to required training modules. Workforce planning ensured that staffing levels were appropriate, and agency use was minimal.

The workforce was described as stable, and staff felt there were enough team members to conduct daily tasks safely.

Workforce planning, training, and organisational development

Workforce planning was well organised, with rota oversight occurring daily to ensure that staffing levels matched patient need. Staff described feeling well supported by managers and reported easy access to informal and formal supervision. Training compliance was high with overall compliance at 96%, mandatory modules were monitored through governance processes. All staff were trained to Level 3 in safeguarding, and key leads were trained to Level 4, which demonstrated a strong organisational commitment to safeguarding.

Staff had access to regular reflective practice sessions led by the psychology team. Supervision and appraisal rates were strong, and professional development opportunities were available, including CPD funding and specialist clinical training.

Staff described a positive culture where they felt respected, valued, and able to raise concerns. Where gaps existed, such as BOC oxygen training, these were already scheduled to be completed, and arrangements were being made to update training records. The service demonstrated a motivated workforce with clear structures in place to support development and maintain accountability.

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
On the first night of the inspection, we found that discarded and out-of-date medicines were not being stored safely and securely within the clinical room. The issue was immediately addressed and resolved during the inspection.	This posed a risk of inappropriate access or use.	Senior nurse notified.	Nurse immediately locked and secured all out of date and discarded medications. Hospital director briefed all staff.

Appendix B - Immediate improvement plan

Service: Ty Cwm Rhondda

Date of inspection: 2 - 4 February 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.					

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: Ty Cwm Rhondda

Date of inspection: 2 - 4 February 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. Minor environmental issues were identified that required attention, including chipped paintwork and damaged casing around a sink in Clydwch Ward.	The registered provider must ensure that the chipped paintwork and sink casing is fixed or replaced.	Environment.	Sink and chipped paintwork replaced & touched up.	Rhiannon Davies	Completed 09/02/2026
2. Out-of-date and discarded medications were not secure.	The registered provider must ensure that staff continue to comply with guidance on out-of-date and discarded medications.	Safe keeping, handling and disposal of medicines.	Medicines management of out of date & discarded medicines cascaded & expectations set. Spot checks of clinics have been completed.	Rhiannon Davies	Completed during inspection however spot checks continue weekly.

3.	We were told that all staff had completed the BOC online oxygen training, the hospital director was reviewing this to confirm compliance and ensure that all completed training was accurately recorded within the staff training data.	The registered provider must ensure that all staff who operate the BOC oxygen cylinders are appropriately trained.	Workforce,planning training.	<p>Raised with SMT and Learning & development for resolution for accurate record keeping.</p> <p>BOC online oxygen training link is now available on Academy for all colleagues who complete ILS. This will be triggered for completion annually for all colleagues to maintain accurate records across Priory.</p>	Rhiannon Davies	<p>Ty Cwm Rhondda colleagues all updated by 24/02/2026</p> <p>Actioned on Academy and cascaded 02/03/2026</p>
4.	Positive Behaviour Support Plans (PBS) had not been updated since 2024, meaning they did not fully reflect patients' contemporary needs or risk profiles.	The registered provider must ensure that PBS plans are reviewed and updated regularly so that they accurately reflect each patient's current needs, presentation, and risk profile.	Records management.	PBS plan reviews have commenced across site.	Rhiannon Davies	All to be reviewed and completed by 30/04/2026. Reviews will then be completed in line with changes required

					and referenced within care plans	
5.	Care plans did not always capture patients' voices in their own words.	The registered provider must ensure that care plans include the patient's voice in their own words so that documentation reflects their views, preferences and lived experience.	Records management.		Rhiannon Davies	Expectations of patients voices to be captured in their own voices has been conveyed.

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): Rhiannon Davies

Job role: Hospital Director

Date: 23/03/2026

