Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced) Ward 10, 14 & 16, Mental Health Services for Older Persons, Llandough Hospital, Cardiff & Vale University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Llandough Hospital, Cardiff & Vale University Health Board on 23,24 and 25 March 2026. The following hospital wards were reviewed during this inspection:

- Ward 10 - 14 beds providing older persons dementia care
- Ward 14 – 14 beds providing older persons dementia care
- Ward 16 – 14 beds providing older persons dementia care.

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 none were completed by staff. We also spoke to staff working at the service during our inspection. 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 were supported to maintain their health and wellbeing through access to meaningful activities and opportunities that reflected individual interests and abilities. Dedicated re-focussing nurses and volunteers played an active role in organising activities and spending time with patients, which supported engagement, social interaction, and emotional wellbeing. Patients consistently told us they valued having purposeful activity during the day and appreciated staff taking time to talk with them and offer reassurance.

Patients had access to outdoor space via the ward balcony, which was used by both patients and visitors. Staff also supported supervised leave, including accompanying patients to local amenities, which promoted independence and wellbeing.

Care was delivered with dignity, kindness, and compassion. Interactions between staff and patients were calm and respectful, and patients told us they felt treated with dignity and trust. Staff supported personal care sensitively, maintained privacy and encouraged patients to personalise their rooms to create a more homely environment, while ensuring appropriate safety arrangements were in place.

Care delivery was individualised and responsive, with patients supported to make choices about daily routines, activities, and meals. Care records reflected personalised planning, multidisciplinary input, and family involvement where appropriate. Patients received timely care, with staff responding promptly to requests for assistance and providing reassurance and de-escalation when needed. Overall, systems supported communication, equality, patient rights, and safe, person-centred care.

However, the inspection also identified serious concerns that directly affected patients' dignity, comfort and overall experience. The condition and cleanliness of some ward and communal areas, and of the outdoor balcony and garden spaces, did not consistently support a safe or therapeutic environment for older people living with dementia. These issues are particularly concerning where patients rely on the ward environment to remain orientated, feel reassured and maintain dignity.

We also found weaknesses in practical systems that matter to patients and families, including the management of personal belongings and the routine maintenance of orientation aids. Patient information displays also required improvement to ensure people have clear, current information about staff roles and how to raise concerns.

This is what we recommend the service can improve:

- Review and update patient information displays to ensure they are current, clear, and accurate, including information about staff roles and how to raise concerns.

This is what the service did well:

- Provide a wide range of meaningful, therapeutic, and recreational activities
- Treated patients with dignity, kindness, and respect, promoting a safe and supportive environment
- Delivered personalised, timely care that supported patient choice, independence, and wellbeing.

Delivery of Safe and Effective Care

Overall summary:
HIW identified a mixed picture across the wards inspected. There were areas of strong practice, including generally appropriate medicines administration, and strong multidisciplinary working. Care planning, physical health monitoring, nutrition and record-keeping were consistently strong, and Mental Health Act documentation and patient rights information were fully compliant.

However, HIW was not assured that effective risk management and infection prevention and control arrangements were consistently in place. We identified multiple environmental, ligature and health and safety risks, as well as poor standards of cleanliness and hygiene in patient and communal areas. This is not acceptable, and several of these issues required immediate assurance action because they posed a potential risk of harm and undermined patient dignity.

Although risk assessments and audits were in place, they did not always reflect the risks observed, and some previously identified issues had not been addressed or escalated effectively. The recurrence of previously identified issues, and the need for HIW to identify multiple risks again during inspection, raises significant concern about the effectiveness of local audit and oversight arrangements. This reduced assurance that hazards were being reliably identified, prioritised and resolved. We were also concerned that limited domestic cover was contributing to inconsistent cleaning standards and placing additional pressure on clinical staff. Further improvement is required to strengthen IPC, environmental safety, maintenance

oversight and the quality and impact of local audit processes so that these systems provide reliable assurance and sustained improvement.

In contrast, governance arrangements for incidents, restraint and safeguarding were robust and well embedded. Patients felt safe, safeguarding concerns were appropriately managed, and there was strong multidisciplinary working. Care planning was detailed, individualised and compliant with the Mental Health (Wales) Measure, with good evidence of involving patients and families. However, limitations in the newly introduced electronic prescribing system reduced assurance that patients' legal status was consistently recorded.

Immediate assurances: HIW required immediate assurances in relation to environmental safety, ligature risk management and infection prevention and control, as multiple risks were identified that placed patients, staff, and visitors at potential risk of harm:

- Multiple ligature and environmental hazards were identified across Ward 10, including accessible screws in patient areas and unsecured items
- A room containing identified ligature risks was found unlocked and accessible to patients
- A storeroom at the entrance to Ward 10 was unlocked and accessible, with a strong urine odour present
- Poor standards of cleanliness were identified on Ward 10. Toilets were not cleaned to an acceptable standard, and an alternative toilet had been out of use for a prolonged period
- Across corridors and communal areas, HIW observed dust, debris, food waste and chewing gum within handrails, and widespread staining to walls, floors, skirting, handrails, and door frames. Some contamination appeared longstanding and included what appeared to be faecal matter
- In the dining room, food residue or faecal staining was observed on furniture
- Damaged fixtures and fittings, including a splintered entrance door frame and lifting, taped flooring in the ward corridor, created multiple trip hazards
- Potential biohazards were observed, including red staining consistent with blood on a wall outside the quiet room, apparent faecal staining on a door frame, and discarded personal items within handrail recesses
- The outdoor balcony and garden areas presented safety concerns due to poor maintenance, including accessible tools, bird faeces, algae, discarded cigarette butts, and visibly unclean surfaces.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B

This is what we recommend the service can improve:

- Improve the quality and reliability of local audits, so they accurately reflect practice and risks on the wards and lead to measurable improvement
- Ensure adequate and consistent domestic support is in place to maintain acceptable standards of environmental cleanliness and reduce reliance on clinical staff undertaking domestic duties
- Ensure digital systems fully support statutory and legal requirements, including accurate recording of patients' legal status.

This is what the service did well:

- Delivered high-quality, individualised care planning with effective multidisciplinary involvement
- Maintained robust systems for incident reporting, restraint review and least restrictive practice
- Ensured good standards in nutrition, hydration, physical health monitoring, and record-keeping
- Achieved full compliance with Mental Health Act documentation and patient rights information.

Quality of Management and Leadership

Overall summary:
HIW found committed, compassionate ward teams who worked well together and provided supportive day-to-day care. There were also examples of effective partnership working for individual patients and good information governance arrangements.

However, HIW was not assured that governance and senior leadership oversight were effective in identifying, escalating and resolving long-standing risks. Weaknesses in oversight contributed to persistent issues in environmental safety, infection prevention and control, estates and housekeeping backlogs, and variability in audit quality. In particular, the recurrence of issues and the mismatch between audit findings and the risks observed during inspection reduced assurance that governance systems were providing an accurate picture of safety and dignity on the wards or driving timely and sustained improvement.

Workforce culture at ward level was positive. Staff described feeling supported by immediate line managers and showed a willingness to work flexibly during periods of high acuity. However, workforce pressures were evident. Mandatory training compliance was below expected levels, reducing assurance that staff were consistently supported to maintain required competencies.

Night-time staffing arrangements lacked clear, written guidance, relying instead on informal expectations of cross-ward support. These factors increased risk and reduced assurance that staff were consistently enabled, supported and deployed in a way that maintains safe care, particularly during periods of reduced staffing. Strengthened executive oversight, clearer accountability and more reliable assurance processes are required to ensure risks are managed proactively and improvements are embedded and sustained.

Systems for information governance were robust, and digital technology supported communication and patient engagement safely. Partnership working at an individual patient level was effective, with good collaboration with families, advocacy, and external services.

This is what we recommend the service can improve:

- Strengthen governance and senior leadership oversight to ensure risks are identified, escalated, and resolved
- Review and strengthen workforce planning and staffing arrangements, including clearer written guidance for night-time staffing and cross-ward support, to reduce risk and staff uncertainty around roles and responsibilities
- Improve mandatory training compliance across all wards, particularly in core areas such as safeguarding, infection prevention and control, and fire safety.

This is what the service did well:

- Staff were compassionate, skilled, and committed, with strong teamwork and mutual support.

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

Person-centred

Health promotion
Patients were supported to maintain their health and wellbeing through access to meaningful activities and opportunities that reflected individual interests and abilities. We observed a range of therapeutic and recreational activities taking place, including art, music, exercise, quizzes, and bingo. Dedicated re-focussing nurses and volunteers were actively involved in organising activities and spending time with patients.

Patients had access to outdoor space via the ward balcony, which was used by patients and visitors. We saw examples of staff supporting supervised leave, including accompanying a patient to local amenities, which promoted independence and wellbeing. Patients told us they valued having things to do during the day and appreciated having staff available to talk to and provide reassurance.

However, ongoing concerns were noted regarding the condition and safety of the garden and ward balcony areas. These areas were poorly maintained and presented environmental and safety risks, which limited their safe use by patients. Similar concerns were raised during the 2023 inspection, reducing assurance that previous actions had been effective or sustained.

The health board must prioritise inspection findings, especially those raised in the 2023 inspection, by assigning clear responsibility, defined timelines, and proper oversight. This will ensure that actions to improve the safety and upkeep of garden and balcony areas are carried out, tracked, maintained, and sustained.

Dignified and respectful care
Throughout the inspection, we observed staff treating patients with kindness, respect, and compassion. Interactions between staff and patients were calm, patient and reassuring. Patients we spoke with consistently told us they felt treated with dignity and respect, with several describing staff as “kind” and “trustworthy.”

Staff supported patients sensitively with personal care needs, maintaining privacy and dignity. We observed staff knocking before entering patient rooms and ensuring privacy during care. Patients were supported to personalise their rooms with personal belongings, which helped create a more homely environment. Patients were able to lock their rooms where appropriate, with clear risk-based arrangements in place to allow staff access if required.

During the inspection, information was received to suggest that patients' personal property was going missing or being mixed up with other patients' belongings. Patients' property was not always stored appropriately, which reduced assurance that items were being managed safely and securely.

We found that patients' valuables were stored within CD cupboards; however, this arrangement did not provide an appropriate level of security. In addition, arrangements for recording, tracking, and returning patient property were not robust.

Concerns relating to lost or misplaced property had caused distress for some patients and families. Improving communication with families may help to provide reassurance and address concerns relating to patient care and the management of personal belongings.

The health board must ensure that robust systems are implemented for the recording, storage and tracking of patients' property and valuables, including secure storage arrangements, clear accountability and effective communication with patients and families, to reduce the risk of loss, misplacement, or distress.

During the inspection, clocks within patient areas were observed to be incorrectly timed or dated. Accurate clocks are an important orientation aid, particularly for people living with dementia, and support patients to remain orientated and reduce confusion and anxiety.

Family members told us they had previously raised concerns about incorrect clocks with ward staff; however, these issues had not been resolved prior to the inspection. Staff were advised during the inspection, and the clocks were corrected at that time. The recurrence of this issue reduced assurance that concerns raised by families were consistently acted upon and sustained.

The health board must ensure that systems are in place to routinely check and maintain clocks and other orientation aids within patient areas, and that concerns raised by patients and families are acted upon promptly and sustained, particularly where these support people living with dementia.

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

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

Individualised care
Care delivery was tailored to individual needs and preferences, with patients encouraged and supported to make choices wherever possible. We observed staff offering patients choices about daily routines, including what to wear, when to shower, what activities to participate in and what they wished to eat.

Care records demonstrated that care planning was individualised, reflected the domains of the Mental Health (Wales) Measure, and included input from the multidisciplinary team. We saw evidence that families engaged in care planning where appropriate, and staff responded positively and promptly when patients' needs changed.

Timely

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

Patients received timely and responsive care. We observed staff responding promptly when patients requested assistance, including support with mobility, toileting, and emotional reassurance. Medication was administered in a timely and sensitive way, with staff avoiding unnecessary disruption to patients' rest where possible.

Patients spoke positively about staff availability and responsiveness, and we observed staff using de-escalation and reassurance techniques to support patients who were distressed. These actions contributed to patients feeling supported, safe, and cared for in a timely manner.

Equitable

Communication and language
Patients were supported to communicate in ways that met their individual needs. Written information was available on noticeboards and displayed bilingually in

Welsh and English. Patients told us they were asked about their preferred language on admission. Staff who spoke Welsh wore “Iaith Gwaith” badges to make this visible.

Although we did not meet any Welsh-speaking patients during the inspection, staff were able to explain how translation and interpretation services would be accessed if required. We observed staff communicating clearly and respectfully with patients, using appropriate language, avoiding jargon, and allowing patients time to express themselves.

We noted that some patient information displays required review, as some notices were out of date. This included information about staff roles and how to raise concerns, which should be refreshed to ensure information remains clear and accurate.

The health board must ensure that patient information displays are regularly reviewed and kept up to date, including information about staff roles and how to raise concerns, so that patients, families, and visitors have access to clear, accurate and current information.

Rights and equality

Patients’ rights were respected and supported. Patients had access to private spaces for visits with family and friends and were supported to use telephones and personal mobile devices in a safe and private manner. Information about advocacy services, patient rights and how to raise concerns was displayed on the wards.

We observed staff supporting equality and inclusion in practice, including making reasonable adjustments for patients with mobility needs using appropriate equipment and aids. Staff had completed equality and diversity training and were able to explain how they would respond to discrimination or concerns about patients’ rights.

Overall, systems were in place to promote equality, protect human rights and support patient choice.

Delivery of Safe and Effective Care

Safe

Risk management
HIW was not assured that effective risk management arrangements were consistently in place across the wards inspected. We identified several environmental and health and safety risks which placed patients, staff, and visitors at potential risk of harm. These included ligature hazards, unsecured items, damaged fixtures and fittings, trip hazards and areas that were visibly unclean.

Although environmental and ligature risk assessments were completed, we found that issues identified had not always been addressed in a timely manner or escalated effectively. Some risks identified during this inspection had been raised previously, which indicates a lack of sustained action and oversight. We were also concerned that local audits did not accurately reflect the risks observed, limiting assurance that hazards were being reliably identified and mitigated.

Details of remedial action taken by the health board are provided in Appendix B.

Infection, prevention and control and decontamination
HIW was not assured that infection prevention and control arrangements were effective across all wards. We identified poor standards of cleanliness, including dust, debris and visible staining in patient areas and communal spaces. Staff told us that domestic cover was not provided beyond mid-afternoon, resulting in cleaning tasks being undertaken by clinical staff, which increased pressure on nursing teams.

We were concerned that IPC audits did not accurately reflect the standard of cleanliness observed during the inspection. Although policies and training were in place, the lack of robust oversight and follow-up limited confidence that risks were being identified and addressed promptly. Senior leadership oversight is required to ensure domestic provision, auditing and escalation arrangements provide assurance and do not place additional burden on frontline staff.

The health board must ensure that senior leadership oversight of domestic provision, audit processes and escalation arrangements is strengthened, so that standards of cleanliness and safety are consistently maintained, risks are identified and addressed promptly, and frontline clinical staff are not placed under additional pressure to compensate for system shortfalls.

Safeguarding of children and adults

Staff understood safeguarding arrangements. 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.

Patients told us they felt safe on the wards and knew who to speak to if they had concerns. Information about safeguarding and advocacy services was displayed and advocacy services were available to patients.

Safeguarding concerns were recorded and escalated through established governance processes, including Datix and multidisciplinary review. Safeguarding referrals reviewed during the inspection had been appropriately managed, with evidence of oversight and learning discussed at governance meetings.

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

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

During the inspection, sharps bins on Ward 10 were observed to be overfilled, with items protruding from the bins. This presented a risk of injury and reduced assurance that arrangements for the safe management and disposal of sharps were consistently effective.

The health board must ensure that robust arrangements are in place for the safe management and disposal of sharps, including regular monitoring of sharps bins, timely replacement before bins become overfilled, and clear accountability to reduce the risk of injury.

Medicines management
Medicines management practices were mostly appropriate. Medication records were clear, complete, and well maintained. Medication administration was carried out sensitively, and patients' medication was discussed with them where appropriate. Emergency equipment and resuscitation trolleys were checked and documented.

However, we identified missed medication fridge temperature checks and a broken clinical fridge lock during the inspection. While these issues were escalated and actioned during the inspection, they highlight the need for stronger oversight to

ensure routine safety checks are completed consistently and maintenance issues are addressed promptly.

The health board must ensure that ward staff consistently complete and record routine medicines safety checks, including medication fridge temperature monitoring, and that maintenance issues are escalated promptly, with effective oversight in place to provide assurance that actions are completed and sustained.

Effective

Effective care

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

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

We observed positive examples of staff using redirection and de-escalation techniques during the inspection. These interventions were delivered respectfully and in a supportive manner, demonstrating a commitment to least restrictive practice. A noteworthy area of practice was the proactive work undertaken by staff to reduce the use of restrictive practices through de-escalation, meaningful engagement, and individualised approaches to care.

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

We found evidence of effective multidisciplinary working and a good standard of clinical care planning. Care plans were detailed, reflected assessed needs, and were reviewed when patients' presentations changed. Risk assessments were updated appropriately, and physical health monitoring was consistently recorded.

We observed inclusive ward rounds that focused on the patient's perspective and involved families where appropriate.

Nutrition and hydration

Nutrition and hydration needs were assessed, monitored, and all patients had a nutritional assessment on admission. Patients were supported to meet dietary needs, and specific requirements were accommodated as appropriate. All patients were supported with food and fluid intake, and records demonstrated consistent monitoring. Patients were offered choices from a balanced menu, and families were consulted where patients were unable to express preferences.

There was timely access to dietetic and speech and language therapy services where required. Support was provided sensitively to patients who needed assistance with eating and drinking.

Patient records

Patient records were comprehensive, well organised, and clearly documented. We reviewed multiple sets of care records which demonstrated good evidence of assessment, care planning, risk management, and physical health monitoring. Records reflected multidisciplinary input and were used to support continuity of care.

Regular audits of patient records were undertaken; however, given wider concerns about audit quality in other areas, senior oversight is required to ensure audit findings consistently reflect practice.

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.

Statutory documentation was completed correctly, stored securely and clearly organised. Patients' legal status was accurately recorded in paper records, and patients had access to advocacy services and information about their rights.

However, we found that the newly introduced electronic prescribing system did not consistently record patients' legal status, and consent to treatment documentation continued to be maintained in paper format.

The health board should engage with the system provider to ensure statutory information can be recorded electronically on the new electronic prescribing system.

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

We reviewed the Care and Treatment Plans (CTPs) of four patients. Records evidenced a fully completed and current physical health assessment and standardised monitoring documentation, such as NEWS and MUST. Additional assessments were completed based on individual patient needs.

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

Care plans were reviewed regularly and updated to reflect current needs and risks. Physical health monitoring was consistently recorded, and risk management plans were detailed and robust. There was evidence of active discharge planning for patients requiring long-term placements. However, staff indicated that discharge planning and patient flow were not always as effective as intended. Delays in accessing appropriate onward services and placements meant that some patients experienced extended hospital stays. Staff described occasions where prolonged admission may have had a negative impact on patients' wellbeing, which in some cases affected their suitability for the originally identified placement. This reduced assurance that discharge arrangements consistently supported timely progression of care.

The health board must ensure that discharge planning is strengthened and commenced early, with effective coordination and escalation to support timely access to onward services and placements, and to minimise the risk of avoidable delays impacting patient outcomes.

Mental Capacity Act and Deprivation of Liberty Safeguards
Capacity assessments were completed and documented appropriately. Where patients lacked capacity, best-interest decisions were clearly recorded and involved families or representatives where appropriate. Documentation demonstrated that capacity was considered decision-specific and revisited as patients' needs changed.

There was evidence that less restrictive options were considered, and restrictions were applied proportionately. Staff demonstrated a good understanding of capacity, consent, and the need to record decisions clearly.

Efficient

Efficient

Staffing pressures, environmental issues, and limited domestic provision reduced efficiency and placed additional strain on clinical staff. Addressing these systemic issues is essential to ensure resources are used effectively and staff time is focused on delivering direct patient care.

Quality of Management and Leadership

Leadership

Governance and leadership
HIW identified concerns about the effectiveness of governance and senior leadership oversight. While ward-level staff demonstrated commitment to patient care, weaknesses in leadership oversight contributed to a number of longstanding issues remaining unresolved. These included environmental risks, infection prevention and control concerns, estates backlogs and variability in audit quality.

Although governance forums were in place, including regular meetings to review incidents, complaints and safeguarding matters, the recurrence of previously identified issues indicates that assurance arrangements were not sufficiently robust. Senior leaders had limited visibility of the cumulative impact of outstanding estates and housekeeping issues on patient safety and staff workload.

The health board must ensure that clearer ownership, accountability, and executive oversight are required to ensure risks are identified, escalated, and addressed in a timely and sustained way.

Workforce

Skilled and enabled workforce
Staff we spoke with were knowledgeable, compassionate, and clearly committed to delivering good quality care for a challenging patient group. Teams worked well together and demonstrated strong informal support for colleagues, particularly during periods of high acuity.

However, workforce pressures were evident. Mandatory training compliance required improvement, with overall completion rates below 80% across all three wards. Several core training modules were significantly below expected levels, including safeguarding training below 60% on all three wards, fire safety training below 52%, and infection prevention and control training below 57% on Ward 10.

The health board must ensure that mandatory training compliance is improved.

Night-time staffing arrangements were not supported by clear written guidance, and staff described informal expectations about cross-ward support. This created uncertainty and risk at times of reduced staffing. Stronger workforce planning, clearer role expectations, and improved oversight of training compliance are needed to ensure staff are enabled to deliver safe and effective care consistently.

The health board must ensure that night-time staffing arrangements across the wards are clearly defined and communicated, including explicit guidance for registered nurses on which wards they are required to support, how cross-ward cover is coordinated, and how adequate breaks and continuous safe coverage are maintained throughout the night.

Culture

People engagement, feedback and learning

We found evidence of a positive and supportive ward culture. Staff spoke openly about pressures and challenges and described feeling supported by immediate ward leaders. Teams demonstrated good informal communication and a willingness to support each other during difficult shifts.

Patients and families were able to provide feedback through informal discussions with staff and through formal feedback processes. Feedback received from families and carers was mixed. While some positive experiences were shared, concerns were also raised, particularly in relation to communication and the management of patients' personal property.

Following family and carers feedback during the inspection, the health board was engaging with family members in response to feedback provided and was following up concerns raised.

The health board must ensure that robust systems are in place to routinely collect, review and analyse patient, carer, and staff feedback, with clear identification of themes, timely action taken in response to concerns, and evidence that learning and outcomes are effectively communicated back to patients, families, and staff.

Information

Information governance and digital technology

Information governance arrangements were robust, with clear policies and procedures for the safe and secure management of patient data, both electronic and paper based. Patient records were appropriately stored and accessible to relevant staff. Regular training in information governance and GDPR, and access to records was appropriately controlled.

Digital technology supported communication, with laptops and tablets available for video calls, remote consultations, and patient engagement, subject to risk assessments. Devices were secure, and patient confidentiality was always maintained. Governance processes existed to monitor incidents, complaints, and safeguarding concerns.

Learning, improvement and research

Quality improvement activities

The service undertook a range of audits, including those relating to patient records, medication management, infection prevention and control and the environment. However, some of these audits did not consistently identify the risks observed during the inspection, which reduced assurance that audit processes were effective in reflecting ward-level practice.

Audit findings did not always result in timely or sustained improvement, indicating a need for stronger oversight to ensure learning from audits is translated into effective action.

Whole-systems approach

Partnership working and development

We found evidence of effective partnership working at an individual patient level. Care records demonstrated good engagement with families, advocacy services, and wider multidisciplinary teams. Staff worked with services, including primary care, dietetics, speech and language therapy and pharmacy, to support patient needs.

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
Lock on a medication fridge on ward 10 was found to be broken.	Medicines were not securely stored, increasing the risk of unauthorised access, tampering or medication errors, and reducing assurance that medicines were being managed safely.	The issue was raised during the inspection with senior nurse.	A new lock was ordered, and an alternative secure fridge was placed in the clinic to ensure medicines were stored safely while remedial action was completed.

Appendix B – Immediate improvement plan

Service: Llandough Hospital – Mental Health Services for Older People – East Ward 10,14 & 16

Date of inspection: 23 – 25 March 2026

Findings

HIW was not assured that patient safety and dignity was always maintained. We identified immediate environmental, infection prevention and control issues, and health and safety risks across several wards.

Ward 10

- We found multiple ligature and environmental hazards, including screws accessible in a patient areas
- A room containing ligature risks was left unlocked and accessible
- A storeroom at the ward entrance was unlocked, with a strong urine odour present
- The cleanliness of Ward 10 was poor. Toilets were not cleaned to an acceptable standard, and an alternative toilet had been out of use for some time. Across corridors and communal areas, HIW observed dust and debris, food waste and chewing gum in handrails, and widespread staining, including what appeared to be faecal matter, on walls, floors, skirting, handrails and door frames. Some of this appeared longstanding. Similar concerns were noted in the dining room, where food residue or faecal staining were present on furniture.

Ward 14

- HIW identified a damaged and splintered entrance door frame, lifting and taped flooring on the ward corridor created several trip hazards. Food debris was noted on corridors, and on casing of a fire safety extinguisher. One toilet had reportedly been out of use for several month. HIW observed red staining which appeared to be blood on a wall outside the quiet room, what appeared to be faecal staining on a door frame, and a hair clip discarded in the handrail recess.

Ward 16

- A pen was found discarded behind the handrail recess.

Outdoor balcony and garden

- The condition of the outdoor balcony and garden areas raised safety concerns. Maintenance was poor, with a shovel left accessible to patients, the presence of bird faeces and algae, discarded cigarette butts, and visibly unclean surfaces.

Overall, HIW was not assured that the health, safety and wellbeing of patients, staff or visitors was being maintained.
HIW were also concerned that Infection Prevention and Control Audits and Environmental Audits did not accurately reflect the ward environments.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
1.	The health board must ensure that all ligature and environmental risks in patient areas, are identified, recorded and removed without delay.	Delivery of Safe & Effective Care.	The service will undertake a full walk around of all MHSOP wards at UHL to identify any ligature risks. Any risks identified will be recorded and addressed immediately. The environmental audit will be updated to incorporate the new risks, including: • Identification of anchor points including exposed screws	Directorate Manager Lead Nurse MHSOP / Corporate Nursing	2nd April 2026 7th April 2026

			• Review of maintenance work etc The Health Board will ensure that the ligature assessments are completed in keeping with the All-Wales Procedure. All outcomes will be reported to the clinical board health and safety lead.	Clinical Board Triumvirate	Ongoing
2.	The health board must ensure that rooms containing known ligature risks are always locked and only accessed in line with risk-managed procedures.	Delivery of Safe & Effective Care. Environment	The Clinical Board will communicate clear expectations with the Ward Managers and Registered Nurses about the role of the Nurse in Charge and their responsibilities to maintain a safe environment for their patients throughout every shift. The service will strengthen the environmental checks by including daily checking of doors. Signs will be developed and displayed on relevant doors to remind staff that they must remain locked.	Clinical Board Triumvirate Directorate Manager	10th April 2026 2nd April 2026
3	The health board must ensure that storerooms, including those at ward entrances, are secured when not in use and maintained in a clean condition free from odours.	Delivery of Safe & Effective Care. IPC	A broken door has been fixed to ensure it can be secured. The bins are emptied on a twice weekly basis. A sign will be developed and displayed on the storeroom door to	Directorate Manager Directorate Manager	Complete 7th April 2026

			prompt staff to arrange additional collections if the room is malodorous. Contact details will be included on the sign.		
4.	The health board must ensure that all three wards are cleaned to an acceptable standard, including toilets, corridors, communal areas and dining rooms.	Delivery of Safe & Effective Care. IPC	A deep clean of all areas except for the dining rooms has been undertaken on the wards. Deep clean for all dining rooms will be undertaken by East 10 - 1st April and East 14 and 16 on 3rd April. A weekly ward walk around will be undertaken by Housekeeping and Ward Management in addition to the Housekeeping audits. Ward Managers will be reminded that they should only sign the housekeeping audit report after inspecting the work undertaken. A dining room cleaning schedule and audit plan will be developed with the Catering and Housekeeping teams.	Housekeeping Housekeeping Housekeeping/ Ward Managers Ward Managers Housekeeping and catering managers.	Complete 3rd April 2026 To be commenced 7th April 7th April 2026 7th April 2026
5.	The health board must ensure that all environmental contamination, including staining	Delivery of Safe & Effective Care.	Immediate actions to remove staining consistent with faecal matter, food	Housekeeping	Complete

	consistent with faecal matter, food waste and debris, is promptly cleaned in line with IPC guidance.	Environment & IPC	waste and debris has been completed as part of the deep cleans. A weekly ward walk around will be undertaken by Housekeeping and ward management in addition to the Housekeeping audits.	Housekeeping/ Ward Managers	To be commenced 7th April
6.	The health board must ensure that toilet facilities on wards are maintained, fully operational and accessible, with timely escalation where facilities are out of use.	Delivery of Safe & Effective Care.	All immediate concerns regarding non-functioning toilets have been resolved. A maintenance log has been developed and shared with Estates, which outlines all outstanding work. Progress against this log will be monitored by the Directorate Management Team, with any constraints escalated to the Clinical Board to address with Estates Management.	Estates Directorate Manager/Estates	Complete Complete with ongoing monitoring of the log
7.	The health board must ensure that damaged infrastructure on wards, including splintered door frames and lifting or taped flooring, is repaired to remove trip and injury risks.	Delivery of Safe & Effective Care. Environment & IPC	Ward flooring checks have been incorporated into both the daily environmental checks and the weekly Senior Manager audit. A cost request has been submitted to support the redecoration of the ward and the replacement of the flooring.	Directorate Manager Directorate Manager	7th April 2026 Complete

			The Executive Team have committed to undertake a review of the MHSOP care environment with an aim of supporting the development of dementia friendly wards that provide a therapeutic environment that improves patient experience.	Executive team	1st October 2026
8.	The health board must ensure that handrail recesses are routinely checked and kept free from discarded items to reduce hygiene and safety risks.	Delivery of Safe & Effective Care. Environment & IPC	Handrail recess checks have been added to the daily environmental checks and weekly Senior Manager audit. Checking and cleaning the recess of the handrails have been added to the housekeeping work schedule.	Directorate Manager Housekeeping	7th April 2026. 2nd April 2026
9.	The health board must ensure that outdoor areas are maintained in a clean and hygienic condition, with prompt removal of bird faeces, algae, cigarette butts and debris.	Delivery of Safe & Effective Care. Environment & IPC	Guttering will be cleaned to eradicate debris and bird faeces found on the balcony. A quote is being gained to clean the balcony areas. Patient Experience team to explore how the balcony environment can be Improved	Estates Housekeeping Directorate Manager	30th April 2026 10th April 2026 Advice being sought by 2nd April

10.	The health board must ensure that outdoor spaces are included in routine environmental and IPC audits, with risks escalated and addressed in a timely manner.	Delivery of Safe & Effective Care. Environment & IPC	Outdoor spaces to be included in the IPC and Environmental audits on Tendable.	Lead Nurse/Tendable Lead	7th April 2026
11	The health board must ensure that patient safety is prioritised and always maintained by identifying, mitigating and promptly addressing environmental and health and safety risks across all wards.	Delivery of Safe & Effective Care.	A section has been added to the morning meeting with Ward Managers and Deputy Ward Managers regarding environmental and states issues and risks. A log of outstanding work has been developed and will be monitored and used to support communication and tracking shared with Estates and Housekeeping. Long term risks which cannot be rectified immediately will be risk assessed and added to risk register.	Directorate Manager	2nd April 2026
12	The health board must ensure that effective leadership oversight is in place to provide assurance that ward and external environments are clean, safe, well maintained and do not pose risks to patients, staff or visitors.	Leadership & Governance	The Clinical Board will communicate with the Ward Managers and the Directorate Management Team setting out clear expectations around their responsibilities to maintain a safe patient environment and putting in place the necessary effective assurance measures.	Clinical Board Triumvirate	10th April 2026 30th April 2026

			A debrief will be undertaken for Ward Managers, Housekeeping and Estates to share the feedback from HIW	Directorate Manager/ Estates	
13.	The health board must ensure that Infection Prevention and Control (IPC) audits and Environmental Audits are comprehensive, accurate and reflective of actual ward conditions, and that audit findings result in timely action and monitoring.	Delivery of Safe & Effective Care – IPC & Environment	The UHB is developing a programme of peer review inspections and audits. MHSOP will develop a timetable of peer review audits and will also explore involving the wider ward team in the inspection and audit process Reinstate the IP&C link nurse role and their responsibilities to support IPC on the wards.	Lead Nurse/ Tendable Lead Senior Nurse Inpatients	30th May 2026 30th April 2026

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): Rachel Dix

Job role:

Date: 02.04. 2026

Appendix C – Improvement plan

Service: Llandough Hospital – Mental Health Services for Older People – East Ward 10,14 & 16

Date of inspection: 23 – 25 March 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.	Ongoing concerns were noted regarding the condition and safety of the garden and ward balcony areas. These areas were poorly maintained and presented environmental and safety risks, which limited their safe use by patients. Similar concerns were raised during the 2023 inspection, reducing	The health board must ensure that garden and ward balcony areas are safe, well maintained, and fit for patient use, and that actions taken in response to previous inspection findings are effective and sustained.	Environment.	The balcony has been cleaned to remove debris and bird faeces. Signage has been displayed in balcony areas to prompt staff and visitors to report any cleanliness concerns using the provided contact details. A quote has been received for the	Directorate Manager MHSOP Directorate Manager MHSOP Head of Estates	Complete Complete 31st Dec 2026

	assurance that previous actions had been effective or sustained.			guttering to be cleaned and repaired Due to the volume of work and cost, the project will need to go through a full tendering process. This process will take 6-8 months. It has been confirmed that there are no issues with the roof integrity or the building fabric. Until the building works are complete, the Directorate will arrange for more frequent cleaning of the balcony areas. The Patient Experience Team will explore opportunities for volunteers to help maintain balcony and garden areas.	Directorate Manager MHSOP Directorate Manager / Assistant Head of Patient Experience	30th September 2026 31st July 2026
2.	Information was received to suggest that patients' personal	The health board must ensure that robust systems are	Dignified care.	There is a clear process to record		

	property was going missing or being mixed up with other patients' belongings. Patients' property was not always stored appropriately. We found that patients' valuables were stored within CD cupboards.	implemented for the recording, storage and tracking of patients' property and valuables, including secure storage arrangements, clear accountability and effective communication with patients and families, to reduce the risk of loss, misplacement, or distress.		patient property on admission. Adherence to the patient property policy will be monitored The patient and relative information leaflets will be reviewed to strengthen arrangements for managing property that is brought in part way through the patient's admission. A ward safe will be procured for out-of-hours use only to secure valuables when the cashier is closed. Items will be transferred to the Cashiers safe at the earliest opportunity. The Nurse in Charge will be responsible for overseeing secure storage and timely	Ward Managers MHSOP Directorate Manager MHSOP Lead Nurse Directorate Manager MHSOP	Ongoing 30th June 2026 31st May 2026 5th June 2026

				transfer of valuables to cashiers.		
3.	During the inspection, clocks within patient areas were observed to be incorrectly timed or dated.	The health board must ensure that systems are in place to routinely check and maintain clocks and other orientation aids within patient areas, and that concerns raised by patients and families are acted upon promptly and sustained, particularly where these support people living with dementia.	Patient information.	All clocks are now checked regularly to ensure they are in working order with the correct time and date. This will be added to the ward Tendable Audits and daily environmental checklists. Responding to concerns aligned with Listening to People Regulations forms part of the band 6 and 7 leadership training. The development of all wales electronic learning hosted on ESR is in development but in the interim MHSOP will arrange bespoke concerns response training	Ward managers/ senior nurse/Lead Nurse Lead Nurse	31st May 2026 30th June 2026
4.	Some patient information displays required review, as	The health board must ensure that patient information displays are	Patient Information.	Patient Information displays will be reviewed and	Senior Nurse	31st May 2026

	some notices were out of date. This included information about staff roles and how to raise concerns, which should be refreshed to ensure information remains clear and accurate.	regularly reviewed and kept up to date, including information about staff roles and how to raise concerns, so that patients, families, and visitors have access to clear, accurate and current information.		updated. These will be reviewed by the Senior nurse each month as part of a Tendable audit process to ensure they are up to date, and relevant information is displayed and actions taken where required. Information about staff roles will be displayed at ward entrances along with posters with how to raise a concern.	Senior Nurse	30th June 2026
5.	IPC audits did not accurately reflect the standard of cleanliness observed during the inspection.	The health board must ensure that senior leadership oversight of domestic provision, audit processes and escalation arrangements is strengthened, so that standards of cleanliness and safety are consistently maintained, risks are identified and addressed promptly, and	Record Keeping.	Regular Tendable peer audits have been introduced, on a cross-ward basis, ensuring wards do not audit their own environments and providing independent scrutiny of compliance with agreed standards. Automatic Action plans generated	Ward Managers/ Senior Nurses Ward Managers	Complete and ongoing Complete and ongoing

		frontline clinical staff are not placed under additional pressure to compensate for system shortfalls.		following the audits will be reviewed by the ward manager and actioned in a timely manor. Directorate Management Team audits carried out by Housekeeping Supervisors are now signed off by Ward Manager/ Deputy, only when they have been present and observed the audit. Validation audits are carried out by Housekeeping Supervisors with sign off by the Directorate Manager, or representative. Synbiotix (Healthcare Facilities Management Software) will be used for the DMT and validation audits. The scoring mechanism is under review.	Housekeeping Team/Ward Manager or Deputy Housekeeping Team/ Directorate Manager MHSOP Housekeeping Team	Complete and ongoing Complete and ongoing 31st May 2026 Complete

				The gaps in housekeeping cover have been filled. Housekeeping and IPC will undertake joint environmental audits. The IMOP team, in addition to rapid response team, began work on 5th May 2026 with a focus on MHSOP ward dining rooms.	Housekeeping Team Housekeeping/IPC Team	31st May 2026
6.	Sharps bins on Ward 10 were observed to be overfilled, with items protruding from the bins. This presented a risk of injury and reduced assurance that arrangements for the safe management and disposal of sharps were consistently effective.	The health board must ensure that robust arrangements are in place for the safe management and disposal of sharps, including regular monitoring of sharps bins, timely replacement before bins become overfilled, and clear accountability to reduce the risk of injury.	Safe & effective care.	Sharps safety is included in the UHB Mandatory training for infection prevention control. Current compliance is as follows: E10 –89.4 % E14- 84.3% E16 – 75% The ward managers will ensure all appropriate staff complete this training, so	Ward managers	30th June 2026

				compliance reaches a minimum of 85% Registered Nurses will undertake daily checks of the sharps bins on the night shift, to ensure compliance with the UHB policy. Staff will be reminded of where to store secured sharps bins when full.	Nurse on duty Lead Nurse	Ongoing 31st May 2026
7.	HIW identified missed medication fridge temperature checks and a broken clinical fridge lock during the inspection. While these issues were escalated and actioned, they highlight the need for stronger oversight to ensure routine safety checks are completed consistently and	The health board must ensure that ward staff consistently complete and record routine medicines safety checks, including medication fridge temperature monitoring, and that maintenance issues are escalated promptly, with effective oversight in place to provide assurance that actions	Medication Management.	A recent UHB wide medicines storage audit was undertaken which highlighted additional areas for improvement relating to medicines management. • The Nurse in charge is now being recorded on Health roster and will be named on Health Roster	Lead nurse	Complete and Ongoing

	maintenance issues are addressed promptly.	are completed and sustained.		and clearly identified on the Staff board • Out of date medication has not been disposed of in a timely manor- The night nurse checks will include medication expiry dates ensuring they are being checked and correctly disposed • The Senior Nurse will complete unannounced Medication storage audits to measure the outcomes from these actions. Ward managers will complete Medicine Storge Assurance	Ward Managers/ Senior Nurse	Ongoing

				audits monthly for a period of 4 months to ensure compliance rates improve, with a target of 90-95% compliance. The Senior Nurse will ensure Ward Managers complete any improvement actions following these audits. Themes will be reviewed, discussed in QSE meetings and actions taken where required.		
8.	The newly introduced electronic prescribing system did not consistently record patients' legal status, and consent to treatment documentation continued to be maintained in paper format.	The health board should engage with the system provider to ensure statutory information can be recorded electronically on the new electronic prescribing system.	Record Keeping	The UHB electronic Prescribing and Medicines Administration (ePMA) system has been amended to allow for recording of legal status/consent in place, however it does not allow for uploading of documentation required or detailed	Lead Nurse	Completed-ongoing .

				information to be added. This risk is being mitigated by retaining a paper copy of legal status documentation will remain in the treatment room to ensure medication named on this is visible to the qualified nurses administering medication to patients to ensure legal requirements are followed. All staff are aware of this.		
9.	Staff indicated that discharge planning and patient flow were not always as effective as intended. Delays in accessing appropriate onward services and placements meant that some patients experienced extended hospital stays.	The health board must ensure that discharge planning is strengthened and commenced early, with effective coordination and escalation to support timely access to onward services and placements, and to minimise the risk of	Safe & Effective Care	A patient flow workstream will commence on 21st May 2026, with fortnightly meetings to strengthen communication around discharge planning and to mitigate constraints to discharge.	Directorate Manager	21st May 2026 and ongoing

		avoidable delays impacting patient outcomes.				
10.	Senior leaders had limited visibility of the cumulative impact of outstanding estates and housekeeping issues on patient safety and staff workload.	The health board must ensure that clearer ownership, accountability, and executive oversight are required to ensure risks are identified, escalated, and addressed in a timely and sustained way.	Governance, leadership & accountability	Challenges associated with ageing estates sits within the Board Assurance Framework. Statutory compliances are monitored at the Capital management group to ensure key areas of risk are prioritised and reporting of estates risks to the health and Safety Committee. A walkround will be undertaken by the Executive Nurse Director and Estates across the MHSOP directorate and Adult Mental Health to capture all required and outstanding environmental work. MHSOP hold meetings three times a week with the Senior Nurse	Executive Team Executive Nurse Director Senior Nurse	Ongoing Complete Ongoing

				and wards which include escalation of maintenance request or housekeeping issues. A weekly tracker has been implemented to monitor any outstanding estates requests. This is shared with the Estates Manager for escalation. A Senior Manager walk around takes place weekly to identify any outstanding estates or housekeeping issues. Any issues that are not rectified in a timely way will be escalated to the Clinical Board Senior Management Team.	Directorate Manager Senior Managers MHSOP Directorate manager/ Lead Nurse	Completed/ ongoing Completed/ Ongoing Ongoing
11.	Mandatory training compliance required improvement, with overall completion rates below 80% across all	The health board must ensure that mandatory training compliance figures are improved.	Workforce	The Senior Nurse holds monthly Ward Manager meetings where mandatory training compliance will be raised.	Senior nurse	Ongoing

	three wards. Several core training modules were below expected levels, including safeguarding training below 60% on all three wards, fire safety training below 52%, and infection prevention and control training below 57% on Ward 10.			Ward Managers will be reminded of their responsibility to monitor mandatory training compliance. This will be discussed in their 1:1 meetings with the Senior Nurse and will be communicated in the meetings held three times a week. Ward Managers will be asked to report any constraints with mandatory training compliance to their Senior Nurse. Current ward mandatory training compliance is as follows: E10- 81% E14 - 81% E16- 70% The Senior Nurse will work with the wards to improve	Senior Nurse Ward managers Senior Nurse	31st May 2026 31st May 2026 30th June 2026

				compliance with the aim of achieving 85% compliance.		
12.	Night-time staffing arrangements were not supported by clear written guidance, and staff described informal expectations about cross-ward support. This created uncertainty and risk at times of reduced staffing.	The health board must ensure that night-time staffing arrangements across the wards are clearly defined and communicated, including explicit guidance for registered nurses on which wards they are required to support, how cross-ward cover is coordinated, and how adequate breaks and continuous safe coverage are maintained throughout the night.	Workforce	Nursing establishment has been professionally signed off for two registered nurses per ward at night with immediate effect, enabling wards to have full cover on all shifts without the need for cross cover. Compliance with agreed establishments is subject to ongoing monitoring through the digital Safecare system	Lead Nurse	Complete
13.	Following family and carers feedback during the inspection, the health board was engaging with family members in response to feedback provided and	The health board must ensure that robust systems are in place to routinely collect, review and analyse patient, carer, and staff feedback, with clear identification of themes,	Governance, leadership, and accountability	The Lead Nurse will work with the Patient Experience Team to improve the collection of patients experience feedback, exploring how volunteers could be utilised to support this.	Lead nurse Lead Nurse	30th June 2026

	was following up concerns raised.	timely action taken in response to concerns, and evidence that learning and outcomes are effectively communicated back to patients, families, and staff.		Responding to concerns aligned with Listening to People Regulations forms part of the band 6 and 7 leadership training. The development of all wales electronic learning hosted on ESR is in development but in the interim MHSOP will arrange bespoke concerns response training A weekly concerns tracker meeting takes place with the concerns team, Lead Nurse and Senior Nurses every Monday to discuss current open concerns, and a record of progress is kept.	Lead nurse	30th June 2026 31st May 2026

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.

Name (print): Jodie Carmichael-Dando

Job role: Lead Nurse Mental Health Services for Older People

Date: 19th May 2026