



Agenda Item
3.7

Quality Safety and Outcomes Sub-Committee

Regulator Report [Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC)]

Dyddiad y Cyfarfod / Date of Meeting	29/06/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Adele Roberts Assistant Director of Nursing & Quality Assurance
Cyflwynydd yr Adroddiad / Report Presenter	Adele Roberts Assistant Director of Nursing & Quality Assurance
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing & Quality Assurance

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report provides assurance to the Committee on regulatory activity by Healthcare Inspectorate Wales (HIW) and the Care Quality Commission (CQC) for commissioned services during the period **31 March 2026 to 1st June 2026**


HIW and CQC are the statutory regulators responsible for inspecting and regulating health and social care services in Wales and England respectively. Both organisations assess compliance with regulatory standards, identify areas for improvement, and provide assurance on quality and safety.

A Memorandum of Understanding is in place between HIW and CQC to support intelligence sharing and collaborative oversight across both agencies.

2. SPECIFIC MATTERS FOR CONSIDERATION

The report summarises key inspection findings, intelligence from regulatory summits, and quality assurance activity, and identifies any risks or required actions.

2.1 Regulator Activity Summary – CQC

	Care Quality Commission (CQC) reports. There is an overall rating provided against the domains of safe, effective, caring, responsive and well led
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One JCC commissioned provider was subject to CQC inspection during the reporting period:

Ellern Meade Ridgeway – Oak Tree Forest Limited
Service: Independent Mental Health Provider – Specialist Eating Disorder for children and young people
Inspection Date: 10 th March – 15 th April 2026
Key Findings: Ellern Meade Ridgeway remains rated Good following its March–April 2026 inspection. The service provides specialist inpatient eating disorder care for young people and demonstrates strong personalised care, safe medicines management, effective safeguarding, and good compliance with the Mental Health Act and Mental Capacity Act. Staff interactions were caring, governance systems were robust, and patients had access to advocacy and appropriate legal protections.

However, some improvements are needed, including better staff communication to ensure consistent care delivery, enhancements to the environment for neurodivergent patients, clearer processes for managing risk items and feedback, and improved staff morale and senior leadership support.

- **Overall Conclusion and implications/actions for JCC**

The service is safe, effective, and delivering good-quality care, with strong compliance with MHA/MCA requirements and robust governance. Care is highly personalised, and patients are treated with compassion and dignity. There are no major regulatory breaches, and the rating remains stable (Good), indicating a reliable provider for specialist CAMHS eating disorder placements. However, there are operational and workforce risks that could impact consistency and patient experience if not addressed.

Potters Bar Clinic – Elysium Healthcare

Service: Independent Mental Health Provider – Child and Adolescent Low Secure

Inspection Date: 9th and 19th February

Key Findings:

Overall performance: Good

- Wards inspected:
 - Opal Ward (7 beds)
 - Jasper Ward (11 beds)

No breaches of regulation identified, services were safe, well-managed, and compliant. Delivered care aligned with quality and safety standards and is suitable for young people requiring low secure mental health care

- **Overall Conclusion and implications/actions for JCC**

Stable and reliable provision, appropriate to continue commissioning with no enhanced oversight needed. CAMHS low secure services at Potters Bar Clinic are performing well, with no immediate concerns requiring commissioner intervention.

2.2 Regulator Activity Summary – HIW Inspections

There were **three HIW inspection of commissioned services** during the reporting period.

<p>Seren Gobaith</p> <p>Service: Independent Mental Health Provider</p> <p>Inspection Date: March 2026</p> <p>Key Findings: Formal report awaited – Due for publication June 2026</p> <ul style="list-style-type: none"> • Overall Conclusion and implications/actions for JCC <p>Await inspection report – Currently rates 3 Q's on the framework</p>
<p>Heatherwood Court</p> <p>Service: Independent Mental Health Provider</p> <p>Inspection Date: 26, 27 and 28th January Published May 11th</p> <p>Key Findings: Overall, the service provides generally compassionate, person-centred care with systems in place to support safety and effectiveness. However, several areas require improvement, particularly around staffing, environment, incident learning, and leadership consistency.</p> <p>There were no immediate concerns or assurances raised during the inspection. An action plan has been developed with nine outstanding actions for the service to complete.</p>
<p>Ty Llidiard</p> <p>Service: Specialist Child and Adolescent Inpatient Mental Health Services</p> <p>Inspection Date: 12th, 13th and 14th January Published 16th April</p> <p>Key findings: Tŷ Llidiard provides high-quality, compassionate care for young people with strong teamwork and leadership. However, improvements are needed in</p>

environment, record systems, and consistency of documentation and governance processes to enhance safety and efficiency.

There were no immediate concerns or assurances raised during the inspection. An action plan has been developed with ten outstanding actions for the service to complete.

2.3 Regulator Activity Summary - CCAPS Quality Assurance Reviews



GIG
CYMRU
NHS
WALES

Commissioning Care Assurance and Performance System

Supporting the delivery of safe, effective and efficient care for the people of Wales and the Isle of Man

Quality Assurance Improvement Service (QAIS) reviews were undertaken across 7 framework providers during this reporting period for mental health, learning disability and CAMHS providers.

Summary of Key Outcomes:

1 service restored its **3Q rating**.

- Whilst it had been previously reported that Llanarth Court had received a 1Q rating with an improvement plan in place it is pleasing to report that on the 13th April the NHS Wales Quality Assurance and Improvement Service have re-audited this service under Schedule 2 of the NHS Wales Collaborative Adult Mental Health and Adult Learning Disability Hospital and are satisfied that all performance issues have been rectified and as a result, 3Qs rating has been restored.

3. KEY RISKS / MATTERS FOR ESCALATION

Changes announced by NHS England to remove people from St Andrew's Northampton requires escalation and this is part of the Mental Health Directors report to the committee.

4. RECOMMENDATIONS

The members of the Quality, Safety and Outcomes Sub-Committee are asked to:

- **Note** the content of the report; and
- **Receive** the report for assurance as part of the commissioning cycle.

Strategic and Regulatory Assessment

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
	Improve Equity and Population health
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment	
Ansawdd	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below:</p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>If no, please include rationale below:</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

Acronyms

Acronyms / Glossary of Terms	
CAMHS	Children Adolescent Mental Health Services
CCAPS	Commissioning Care and Assurance Performance System
CQC	Care Quality Commission
HIW	Healthcare Inspectorate Wales
JCC	NHS Wales Joint Commissioning Committee
MHA	Mental Health Act
MCA	Mental Capacity Act
QAIS	Quality Assurance Improvement Service
QSOC	Quality, Safety and Outcomes Sub-Committee