

Learning Disability Inspection (unannounced)

**Abertawe Bro Morgannwg
University Health Board,
Learning Disability
Residential Unit.**

Inspection date: 25 May 2016

Publication date: 26 August 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at a learning disability unit within Abertawe Bro Morgannwg University Health Board on 25 May 2016. Our team, for the inspection comprised of a HIW inspection manager (inspection lead) and one peer reviewer with a specialist Learning Disability / Mental Health professional qualification.

HIW explored how the unit met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of learning disability services are unannounced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients, their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

The unit currently provides a service which forms part of learning disability services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board (ABMUHB)

It is one of 10 similar specialist learning disability residential services within ABMUHB. The premises consists of four individual bedrooms with shared facilities and one self contained flat.

The setting can offer a mixed gender service with 5 beds. There were 4 male patients at the unit at the time of inspection.

The staff team includes a manager who is a registered nurse, deputy manager (also a registered nurse), registered learning disability nurses and health care support workers. The visiting multidisciplinary team included a psychiatric consultant, psychiatric doctor, psychologist, occupational therapist, and speech and language therapist (SALT).

The unit sits within the Learning Disabilities Directorate of ABMUHB. The Learning Disabilities Directorate sits within the Mental Health and Learning Disabilities Division of the health board.

Summary

HIW explored how the unit met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that the unit provided compassionate and timely care, although systems were out of date and there were many restrictions on patients' freedom and choice which did not promote independence. The environment was dated and required remedial work to provide a fit for purpose building. Staffing levels were inadequate and this affected patient activities and managerial duties. Although there was clear supportive management, there was a lack of innovative leadership.

This is what we found the service did well:

- Patients we saw looked happy and conveyed that they felt safe and supported
- Staff enjoyed their work and felt supported to undertake their roles
- There were excellent relationships between the service and other primary health care providers such as, GPs, practice nurses, dentists, and opticians.
- The detailed and timely recording of patient assessments and care plans.

This is what we recommend the practice could improve:

- The environment, facilities and the premises
- The planning of service provision needs to be in line with current best practice
- Staffing levels and some areas of training
- There needs to be independent advocacy arrangements in place
- The menu needs to be revised to include a choice and variety of nutritious meals
- The service needs to develop a pain assessment tool
- Staff need to receive regular recorded supervision and appraisals

3. Findings

Quality of patient experience

Patients conveyed to us that staff were supportive, considerate and made them feel safe. We also observed that staff delivered care in a respectful, patient manner and understood the needs of the individual patients in their care. However there are areas of supporting patients to maintain independence which needs to be improved.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Overall we found that patients were supported to take responsibility for their own health and the service worked well with partnership agencies to protect and improve the well-being of the patients in their care.

We saw that all patients were registered at the local health centre. Some patients had different GPs however there were examples of good working relationships with all practitioners. Although GPs did not attend the monthly multidisciplinary patient review meetings we witnessed the manager of the unit raising questions on behalf of the GP's regarding changes in medication and on going treatments. Patients received annual health checks and these were already planned for the forthcoming year.

All patients were registered with the local dentist or attended the local community hospital for dental treatment. Three of the four patients wore glasses and attended the specialist learning disability unit in Cardiff University for their optometry needs.

Dignified care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)

Although we read clear, individualised care plans for assisting with personal hygiene / dressing, we saw that there were no en-suite rooms to the individual bedrooms which meant that patients had to share bathrooms and toilet facilities. There were two bathroom / toilets for four patients. One toilet / bathroom was very malodorous. The manager told us that this was an ongoing problem and that the health board's estates department visited every 6 weeks to treat the drainage issues. They were due that day. [This is dealt with on page sixteen of the report].

We asked permission to look at patient's bedrooms and saw that there were no blinds or curtains on the windows (this was not the case in the individual flat). There was a lack of privacy and dignity when dressing / undressing, sleeping or spending private time in the bedroom. We asked the manager regarding this issue and were told that the soft furnishings for the bedrooms had been on order with the estates department for over eighteen months. This is not acceptable and the health board need to ensure this is acted on as a priority.

Improvement needed

The health board must ensure patients privacy and dignity are upheld at all times including within their bedrooms and bathroom facilities.

We spoke with the patient who lived in the self contained flat and this was more comfortable with many personal items. However there was a malodour within the flat and when we asked the manager we were told that the air ventilation system was not cleaned regularly which left the bedroom cold and we saw that the lounge had water stains around the ceiling vent. We were also told that the drainage in the bathroom was flawed. Both of these issues would contribute to the malodour and therefore needs urgent attention from the estates department. This could become a health hazard with mould spores and damp conditions.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

We saw extensive well documented care plans to ensure care was timely and planned to maximise prevention or deterioration of patients' physical and mental wellbeing. We asked the manager with regard to successfully discharging patients into the community and we were told that this did occur on occasion. There was one patient who had recently been discharged into community care. The service had a policy which was to hold the bedroom for a

period of time to ensure there was a place of safety should the need arise in the early days of discharge and we saw this was the case on this occasion. This was noteworthy practice and evidence of seamless integration between primary and secondary care. However we were told that placements in the service were generally long term.

There were no care co-ordinators to oversee any transition into the community and to ensure timely care with ancillary health staff teams such as occupational therapy, speech and language therapy or physiotherapy. The manager told us that if there was improved community support from the learning disability community teams,, individual placement breakdown could be avoided with patients being able to access the right staff at the right time.

Improvement needed

The health board needs to consider developing, in conjunction with the local authority, care co-ordinator roles for seamless care between primary and secondary care.

Individual care

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1 Planning Care to Promote Independence)

We looked in depth at four patients' records and saw evidence that patients' care plans were discussed with them. In the records, patients' overall care and treatment needs and current risks were clearly documented and records were updated in a timely manner.

With regard to people's choices in maintaining independence we were not assured that these were considered fully, as patients' liberty was largely restricted. Patients had to ask for staff to unlock front and back entrance doors to access the outside, bedroom doors for access to their rooms (this did not include the self contained flat) and wardrobes for access to clothing or personal possessions. We saw that patients could not clean their teeth without asking for the toothbrush and toothpaste. We also saw that patients did not have access to bedding during the day because it was removed from all patients (with the exception of the flat) on rising from bed each morning. We asked the manager regarding these imposed limitations on freedom and were told it was due to the challenging behaviour of one or two patients. This needs to be addressed to ensure all patients are not illegally restricted due to the needs of a few patients and that individual independence is encouraged. At the time of inspection all

patients were subject to Deprivation of Liberty Safeguards and these had been updated appropriately.

Improvement needed

The service needs to ensure that individuals are encouraged to maintain their independence and not restricted due to the needs of other patients.

Although there were two cars available for patients to access for outside activities, due to staff shortages there was limited opportunity to use the vehicles. We saw that there were some activities available such as shopping or gardening and one patient had visited relatives in Cornwall, staying overnight. However, we did not see individual activity plans or self set goals.

At the time of the inspection although the garden was a secure place, patients were unable to access the garden unless staff were available to monitor and support them. Patients should be able to access this area whenever they wish, which could help with managing behaviours and promoting independence.

Improvement needed

The health board must ensure that there are sufficient numbers of staff to enable patients to have access to a variety of activities, secure outside space to assist in managing incidents and to ensure patients' wellbeing is promoted and individual needs met.

We saw glimpses of innovative activities such as a green house, which had been built by staff and patients, that had been built from plastic bottles and had its own rain watering system. One patient was able to explain the system and the plants and vegetables currently growing in the structure.

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.(Standard 6.2 Peoples Rights)

We were told that relatives were encouraged to visit and to be involved in the decisions and lives of their loved ones. There were no visitors present for us to speak with on the day of inspection.

There was very little advocacy service available and there were no visits from independent advocacy groups to ensure patients' wishes were being considered and their rights upheld. We did see contacts for Independent Mental Capacity Advocate (IMCA) and Independent Mental Health Advocate (IMHA) support.

Improvement needed

The health board needs to consider their obligations to ensure that independent advocacy services are provided regularly to patients.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

We did not see any evidence of patient / relative involvement in shaping future service such as patient /relative satisfaction questionnaires. Neither did we hear of patient participation groups which could influence any new services within the learning disability and mental health directorate.

We did not see the use of pictograms to explain patients' rights or to guide patients on how to raise a concern. We asked the manager with regards to how complaints were managed and she explained that in the first instance it would be dealt with at a local level and recorded as a Datix¹ incident. If it could not be resolved it would be escalated to the health board complaint team. There were no leaflets or posters visible to inform patients or their relatives how to raise a concern or make a formal complaint.

Improvement needed

The health board needs to ensure patients are offered information in a way in which they can understand and that their views and opinions are listened to when shaping future services.

¹ DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

The service need to display the written procedure for making a complaint in line with the “Putting Things Right” requirements.

Delivery of safe and effective care

Whilst we were generally satisfied that the delivery of care was compassionate and effective, we identified some areas for improvement with regards to nursing models and philosophy of care, nutritious food, communication aids and language.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

We saw in the care plans that individual risk assessments were undertaken and where possible plans to mitigate any untoward risks were in place. However as discussed on page 6 (Standard 6.1) the service was unintentionally affecting some patients' dignity and independence by universally setting restrictions which impacted on freedom and liberty.

We saw, in patient records, detailed physical health and nutrition assessments with agreed smoking plans for those who wished to cease / continue smoking. There were health passports² in place which had been reviewed in January 2016.

It was difficult to see evidence of Mental Capacity Assessments³ (MCA) in patients' records but we heard the assessments referred to in the multi disciplinary team meetings (MDT). These were regular monthly meetings which were not recorded or documented as best interests meetings as required in the Mental Capacity Act 2005.

² The passport is set out in an accessible manner using a traffic light coded system. The first pages (in red) cover the things you must know about the person. This is followed by yellow pages addressing issues that are important to the person. And, finally, the green pages cover their likes and dislikes. This provides a good overview of the whole individual.

³ Is a test applied to someone to measure their ability to make decisions for example because of an illness or the effects of medication, or because they are unconscious, have a brain injury or are in a long term coma.

There was no record of identified points of ligature and any associated risk assessments. This ensures a safe environment for a patient and limits the risk of self harm. Subsequently there were no audits undertaken. The manager said that this was not routinely undertaken. We did however see safe handles on the doors.

The environment was a little stark with very little in the way of personalisation of bedrooms. Staff told us this was due to the challenging and destructive behaviour of some patients. We suggested implementing a therapeutic model and philosophy which could improve both the environment and atmosphere within the setting. The manager was enthusiastic regarding developing new ways of working.

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury. (Standard 2.5 Nutrition and Hydration)

We saw in the patients' records individual nutritional assessments which outlined any identified needs such as diabetes or swallowing difficulties. However when we arrived the staff told us that they were short of milk and groceries and would have to go shopping whilst we were there. This highlighted the problems which arise when there are staff shortages and no one is available to undertake the weekly grocery shopping.

We looked at the storage of food and saw noteworthy practice in as much as everything opened was resealed and dated to show expiry dates. This ensured patient did not eat food which was beyond its use by date.

We looked at the menu and although it showed patients choice it was not nutritious and healthy. It contained fast food choices such as burgers, chips, pizza with only a cooked roast dinner on a Sunday. There needs to be a choice and variety of healthy food on the menu.

Improvement needed

The service needs to provide a choice and variety of nutritious meals.

People receive medication for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6 Medicines Management)

We inspected the medication storage room and observed nursing practice on administration of medicines. Both were satisfactory. Documentation was in line with the All Wales Medicine Management system and had been completed

accurately. Medication was reviewed in the monthly MDT meetings or earlier by the GP if required. We saw evidence of two weekly audits from the health board pharmacist and this is noteworthy practice.

We were told that no patients were able to safely self medicate and there was very little discussion with patients regarding their medication. We suggested the use of pictograms to explain possible side effects and why the medication was being prescribed.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)

There were no safeguarding issues at the time of our inspection. We discussed the process with the manager and were satisfied that local contacts and guidelines were understood should the need arise to refer a potentially vulnerable person.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)

Whilst there were well documented care plans which included both health and personal care needs, they reflected the more outdated traditional nursing process as opposed to the current care and treatment planning. There was an extensive personalised problem solving approach to planning care, with detailed actions noted. We also saw detailed behaviour monitoring forms which recorded, analysed and monitored changes in behaviour. However there was no evidence of the use of current models of practice such as the Recovery Star, Star Wards or the Royal College of Psychiatry AIMHS mode (recognised models for guiding patient care) which can be adapted for specialist learning disability services.

Care plans were reviewed monthly in the MDT meetings. We spoke with the manager regarding these meetings and were told that their frequency could be changing to 6 monthly meetings due to the long term nature of the current patient group and the lack of any significant change in their behaviour / health.

We also learned that the service still used the primary nurse process (a named nurse for each patient) rather than the current care co-ordinator, adopted in

more contemporary practice. This led us to believe that practice at the service was not in line with current guidelines.

Improvement needed

The health board should develop the planning of service delivery in line with current best practice guidelines.

We asked how staff would understand if patients were in pain, for example with toothache or headache, and the manager stated that it would be through knowledge of the patient's behaviour. We suggested the implementation of the Abbey Pain Scale⁴ which would also enable staff to measure the efficacy of any treatment / medication offered.

Improvement needed

The health board needs to consider implementing a recognised pain assessment tool to measure pain and the efficacy of any treatment.

We saw that there were Positive Behaviour Support plans in place and a specialist community team were available to support its implementation. Engagement and triggers were applied through this support, which staff stated avoided escalation of challenging behaviour. There were extensive plans available which referred to the safety and physical well-being of the patient when displaying challenging behaviour. We asked about the use of restraint and the manager told us that all staff were trained to deliver safe restraint, although they found that giving patients time in their own rooms or out in the secure spacious grounds to the rear of the property usually resolved the issue.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

We did not see any signage in Welsh but when we asked if there were any staff that could converse with the patients in Welsh if they so wished, (staff did not wear badges to indicate that they could speak Welsh) we were told that there were both registered nurses and support staff who spoke Welsh. Should a patient require support in any other language staff would use the language line or request an interpreter.

⁴ The Pain Scale is an instrument designed to assist in the assessment of pain in patients who are unable to clearly articulate their needs.

We did not see the use of specialised aids for communication. We did read in the patient records of instances where information had been shared verbally and had not been well received by the patient. There was no clear record of whether the information had been understood nor whether an advocate had been requested to support the patient.

We saw recorded in one patient's records that Makaton was the communication method of choice, however when we spoke with the manager we were told that this was no longer used. We did however witness some small amount of communication with the patient using this method. This should be encouraged to maintain previous skills and encourage further independence.

Improvement needed

The health board needs to ensure that it meets with the requirements of the Welsh Language Act 2016 with regard to information in public places.

Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

We found that care planning, although completed in real time and very well detailed, with good quality assessments, was not in line with current best practice and guidance. There was no future planning evident. We were not assured that the service was using a model which was in line with current practice. The nursing process was superseded by alternative models and philosophies some time ago and the manager agreed that there was a need to develop the documentation and structure of planning, monitoring and recording care. This is a theme which has threaded through the whole of this report.

Improvement needed

The health board needs to ensure that services are using nursing tools which reflect current legislation and clinical standards

The service used paper records and had not moved to computer based record keeping. The template documents were stored on the computer and staff could complete these electronically however these would be printed and stored in paper files. When we spoke with the manager we were told that many of the staff were not computer literate and would benefit from recognised training.

Quality of management and leadership

The environment was dated and required remedial work to provide a fit for purpose building. Staffing levels were inadequate and this affected patient activities and managerial duties. Although there was clear supportive management, there was a lack of innovative leadership.

Governance, leadership and accountability

Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

The manager adopted an open, inclusive, approachable management style. There were clear lines of responsibility and staff understood their own accountability. There was no evidence of innovative leadership, although the manager engaged well with the inspection process and was receptive to improvement and change.

There was a deputy manager employed (not on duty during the inspection), who the manager said was reliable, capable and competent. This is good support for the manager and an example of forward planning for future succession planning.

Staff confirmed that senior management were visible and approachable and visited the service regularly. There was a senior management “on call” system to support staff out of normal working hours.

The manager told us that there were monthly management meetings where information was cascaded from senior management and any lessons learned were shared. This information was then shared with staff of all grades during staff meetings which were held every two or three months.

There was evidence of some monthly audit work such as; medication and care plans, but there were no outcomes for improvement from these audits.

Although there was a health board wide concerns / complaints process this was not easily available at the service. We asked the manager regarding the management and recording of informal complaint and at present any issues were documented in patients records. This makes it difficult to audit for trends and themes and we suggested that the manager maintains a record book of informal concerns in line with the “Putting Things Right” guidance.

Communication with the health board estates department was a concern with long waiting times (sometimes over a year) for work to be undertaken. Some areas identified for improvement were;

- Only two sofa chairs within the building
- No soft furnishings on bedroom windows
- Front door required painting
- Light in car park broken and covered with insulation tape – rendering the area unsafe
- Only two toilet /bathrooms. One of which was malodorous and was cleaned by the estates department every six weeks.
- Broken snooker table being held together with strips of wood
- Doorframes to bedrooms cracked and broken. These had recently been repaired but not to a sustainable standard
- Heating /ventilation system in the self contained flat broken
- Mould and damp in the self contained flat.

This meant that patients were living in unsanitary and unsafe conditions which impacted greatly on their privacy, dignity and was not respectful of their needs.

We discussed these issues with senior management in the feedback session and we were told that the new Interim deputy lead manager had already visited the premises the previous week and had identified many of the areas for improvement. The new system of communicating with the estates department was also explained and it was envisaged that this would improve the communication avenues within the health board.

Improvement needed

The health board needs to ensure that the premises are fit for purpose and are respecting patients' privacy and dignity.

Staff and resources

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

We asked staff of all grades to complete staff questionnaires regarding their experiences of working for ABMUHB and in particular the service being inspected. Without exception all staff were satisfied with the management

system, learning and training opportunities offered to them and the conditions of employment, with the exception of the low staffing levels. We did note that staff felt that senior management did not always listen or involve them in decision making.

On the day of the inspection there was one registered nurse and two health care support workers (HCSW) on duty for four patients. However when we arrived for our unannounced inspection the registered nurse came to assist us, which left only the two HCSW to care for the patients. One needed to leave the premises to collect groceries, which would have depleted the staff to one HCSW to oversee all aspect of care. Additionally, staff were expected to undertake all the housekeeping duties including cleaning, laundry and food preparation. The manager was contacted and kindly came in early to ensure staffing levels were maintained. Further conversations with the manager indicated that protected management time had not been possible for some time due to low staffing levels. There were currently two registered nurse and a part time HCSW vacancies and this impacted greatly on activities, training and grocery shopping as we saw on the day of our inspection. These issues were discussed with the senior management during our feedback session and due to the rural location of the service they were looking at incentives and innovative ways of working to entice new staff to the location.

There was a concern regarding access to the psychology support with two members of staff leaving the health board and one taking maternity leave. The health board needs to ensure that there are adequate psychology services to meet the needs of the patients within the health board.

We looked at staff training and found that generally it was satisfactory. The manager told us that some of the more mature staff were less computer literate than the younger staff and this had an impact on the e-learning training. This was also highlighted with regard to computerised record keeping.

Staff supervision was ad hoc and was not recorded with no evidence of appraisals. At present the manager and deputy undertake all aspects of this support but there are plans to delegate the responsibility to registered nurses.

Improvement needed

The manager needs to ensure all staff have access to regular recorded supervision and appraisals.

4. Next steps

This inspection has resulted in the need for the learning disability service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified will be addressed, including timescales.

The actions taken by the service in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

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

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within learning disability services.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

Learning Disability Service: Improvement Plan

Service: ABMUHB 16023

Date of Inspection: 25 May 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
Page 6	The health board must ensure patients privacy and dignity are upheld at all times including within their bedrooms and bathroom facilities.	4.1	Conduct an environmental assessment. Priorities fixtures/fittings in the bedrooms and bathroom facilities as part of the estates escalation plan commenced after first HIW inspection in May 2016	Interim Assistant General Manager	Completed. Completed
Page 7	The health board needs to consider developing, in conjunction with the local authority, care co-ordinator roles for seamless care between primary and secondary care.	7.1	To establish and develop more robust health liaison between primary and secondary care as part of the Primary/secondary acute Health Liaison Nurse role.	Interim Lead Nurse. Consultant Nurse	30 th September 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Page 8	The service needs to ensure that individuals are encouraged to maintain their independence and not restricted due to the needs of other patients.	4.1	Unit Manager to review all individual care plans on the unit and support Primary Nurses to develop plans of care for increasing independence via unit and community based activities. Plans of care regarding increased independence to be evaluated by unit primary nurses	Unit Manager / Primary nurses Interim Lead Nurse.	30 th September 2016
Page 8	The health board must ensure that there are sufficient numbers of staff to enable patients to have access to a variety of activities, secure outside space to assist in managing incidents and to ensure patients' wellbeing is promoted and individual needs met.	7.1	The unit has introduced E rostering across all service areas. The objective is to ensure proactive and well planned rostering to ensure adequate staffing levels, appropriate levels of supervision and support for patients to access a curriculum of activities set out in patients care plans . To establish the use of bank nursing to allow flexible deployment of staff to meet service user needs.	Operational Lead/Nurse Director Interim Assistant General Manager	30 th September 2016 30 th September 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Page 9	The health board needs to consider their obligations to ensure that independent advocacy services are provided regularly to patients.	6.2	Increase awareness of the staff within the unit on how to access South Wales Advocacy Service for the patients in their care when appropriate.	Operational Lead Unit manager	By 31 st August 2016
Page 9	The health board needs to ensure patients are offered information in a way in which they can understand and that their views and opinions are listened to when shaping future services. The service need to display the written procedure for making a complaint in line with the “Putting Things Right” requirements.	6.1	Circulate guidance to all unit managers regarding the standards for supporting communication.	Interim Lead Nurse	Completed
		6.3	To inform Unit managers of the access to speech and language therapy from the community based service (CTLD).	Interim Lead Nurse	Completed
			This information will be displayed at the unit in accessible format.	Unit Manager	
Delivery of safe and effective care					
Page 11	The service needs to provide a choice and variety of nutritious meals.	2.5	A referral to dietetics for consultation on healthy eating choices and approaches will be made. To explore long term catering/housekeeper model of	Operational Lead	30 th July 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			provision for the unit with Hotel Services.	Interim assistant general manager	1 st September 2016
Page 13	The health board should develop the planning of service delivery in line with current best practice guidelines.	3.1	The service has set objective within its current IMTP to develop care pathways in line with best practice, which includes, challenging behaviour, dementia and epilepsy. The unit has conducted a bench marking exercise with a service outside Wales and will be engaged in further development work in Autumn 2016 to progress service and best practice models.	Service Director	1 st December 2016
Page 13	The health board needs to consider implementing a recognised pain assessment tool to measure pain and the efficacy of any treatment.	3.1	The introduction of an appropriate tool will be implemented by the nursing lead for Health Liaison. This will be done in conjunction with the MDT	Consultant Nurse	September 30 th 2016
Page 14	The health board needs to ensure that it meets with the requirements of the Welsh Language Act 2016 with regard to information in public places.	3.2	This will be reviewed across all service areas and an action plan developed	Interim Lead Nurse	September 30 th 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Page 14	The health board needs to ensure that services are using nursing tools which reflect current legislation and clinical standards.	3.5	This will be included and added to the exiting suite of internal audits conducted by the LD services across all units with a view to implementing standard nursing tools/assessments across all of the residential services.	Interim Lead Nurse	September 30 th 2016
Quality of management and leadership					
Page 17	The health board needs to ensure that the premises are fit for purpose and are respecting patients' privacy and dignity.	2.1	<p>A review of the exiting physical state of the facilities has been conducted and an action plan produced.</p> <p>The LD service has established a project team to complete a review in relation to the overall model of residential and assessment inpatients services that will be required for the future.</p>	<p>Interim Assistant General Manager</p> <p>Interim Clinical Director</p> <p>Interim Assistant General Manager</p>	<p>Completed</p> <p>1st Decemeber 2016</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Page 18	The manager needs to ensure all staff have access to regular recorded supervision and appraisals.	7.1	Operational lead for the unit will organise supervision with unit manager and confirm the cascade arrangements for supervisions for all staff. Supervision processes to be recorded locally and audited annually as part of the service audit cycle.	Operational lead –Unit Manager Unit Manager	31 st July 2016 30 th December 2016

Service representative:

Name (print): Dermot Nolan

Title: Interim Assistant General Manager

Date: 8/7/16

