

Learning Disability Inspection (unannounced)

Abertawe Bro Morgannwg
University Health Board,
NHS residential service

Reference number: 16010

2 June 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 NHS learning disabilities residential service on 2 June 2016. Our team, for the inspection comprised of a HIW inspection manager (inspection lead), a HIW assistant inspection manager and a clinical peer reviewer.

HIW explored how the service 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 NHS residential service inspected provides 24 hour care, treatment and support for people with a learning disability and forms part of nine such learning disability services operated and managed by Abertawe University Health Board.

The service provides care, treatment and support to a maximum of five people at any one time; patients being of mixed gender on occasions. At the time of our inspection, two females and three males were living at the premises.

The service employs a staff team which includes a manager (who is a registered nurse), a deputy manager, a number of registered nurses and health care support workers. They are supported in caring for patients by other health and social care professionals from time to time, in accordance with their changing, identified needs.

All patients are registered with local GPs.

3. Summary

We found the service to be managed and run by a team of permanent staff who demonstrated a commitment to provide safe and effective care. In addition, discussions held with members of the staff team and the unit manager, demonstrated that they were aware of service issues which required improvement and had a clear commitment to addressing those. This was in order to raise the standard of care and support to patients.

It was evident that staff working at the service made considerable efforts to provide patients with safe, compassionate and effective care. This was despite having to work over their contracted hours as a result of staff vacancies and unforeseen staff sickness.

This is what we found the service did well:

- Staff described in some detail how they had gathered information about patients at the point of admission and since, to help them support people in accordance with their needs and wishes.
- We found that staff treated patients with respect, sensitivity and kindness; individuals being addressed by their preferred name. We also saw a number of instances whereby staff spent time with individuals for the purpose of conversation, support and to provide assistance with drinking. This meant that staff placed a focus on spending time with patients to actively listen to them and respond to their needs.
- We were able to confirm that the visiting arrangements at the service enabled patients to maintain contact with their friends and families according to their wishes.
- There was a kitchen which patients could use (with the support of staff) to make drinks and access snacks and meals throughout the day and evening. Patients' meals were prepared by members of the staff team in that same area. On looking at the content of the fridge and cupboards, there appeared to be a sufficient quantity of varied food available

This is what the health board was required to improve:

- The health board was advised of the need to ensure that internal images from CCTV cameras at the service were hidden from any unauthorised persons

- The health board was required to bring about compliance with health and safety legislation and guidance. This was, in order to provide a safe living environment for patients and a safe working environment for staff
- The health board was required to ensure that there are effective governance, leadership and accountability arrangements in place to guide and support the staff working at the service. This is in accordance with the Standards which states that such arrangements are essential for the sustainable delivery of safe, effective person centred care.
- All staff needed to be provided with ongoing mandatory and patient specific training. This is to develop an appropriately skilled and safe workforce.

Other areas of service identified for improvement at this inspection can be found within Appendix A of this report.

4. Findings

Quality of patient experience

The inspection team attempted to seek patients' views with regard to the care and treatment provided at the service through face to face conversations. Unfortunately however, we were only able to obtain limited verbal comments from people in receipt of care due to their identified complex communication needs.

There were no family members present on the day of our visit.

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 stay healthy. This is because each person was registered with a local general practitioner. We also found that referrals to other health care professionals (such as occupational therapists and speech and language therapists) were made on behalf of patients for advice and treatment, as and when required. On looking at a sample of patient's records however, we were unable to confirm whether some dental and podiatry visits or treatment had taken place. Consequently, HIW issued the health board with an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which provided us with sufficient assurance that prompt and appropriate action had been taken.

Conversations with staff and our own observations on the day of the inspection confirmed that patients were encouraged to carry out some household tasks such as doing their laundry and making hot drinks with the support of staff. This was in accordance with their wishes and abilities.

We also looked at two patient's records to find out what social activities were available to the individuals concerned. Whilst there were written plans in place, the records did not provide us with clear information as to whether planned activities had taken place and/or whether each patient had enjoyed, or benefitted from the experience. On speaking with staff, there also appeared to

be confusion as to the frequency of some of the planned activities for one patient. This meant that we were unable to confirm whether the well-being of patients was being supported as required.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that planned, structured social activities programmes are followed as a means of supporting people to be healthy and happy and to lead an active life.

Brief interaction with one of the patients who was getting ready to go out in the company of a member of staff indicated that the person was looking forward to her shopping trip.

When asked whether each of the patients who lived at the residential service had received their annual GP health check, staff told us they had been undertaken. We could not however find any evidence in patient files to that effect.

Improvement needed

The health board is required to provide HIW with written evidence that all patients have received their annual GP health check.

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)

Staff described in some detail as to how they had gathered information about patients at the point of admission and since, to help them support people in accordance with their needs and wishes.

We found that staff treated patients with respect, sensitivity and kindness; individuals being addressed by their preferred name. We also saw a number of instances whereby staff spent time with individuals for the purpose of conversation, support and to provide assistance with drinking. This meant that staff placed a focus on spending time with patients to actively listen to them and respond to their needs.

We saw that staff protected patients' rights to privacy and dignity. For example we saw that doors to rooms and bathrooms were closed when staff were attending to patients' care needs.

We further found that patients' continence needs were met in a timely way; staff providing prompt assistance and care.

Each patient had their own bedroom which had been personalised as far as possible with pictures, bedding and small items of their choosing.

However, examination of a sample of patient records, demonstrated that staff did not use any form of pain assessment tool. This would have helped to determine whether people were as comfortable and pain free as their health care condition and circumstances allowed. It was therefore not possible to confirm whether prescribed pain relief was effective, or whether it was still needed.

Improvement needed

The health board is required to provide HIW with a full description of how it will ensure that patients' pain is assessed and monitored. This is in order that patients are helped to be as comfortable and pain free as possible.

We saw that images on the CCTV monitor within the premises could easily have been seen by unauthorised persons as the monitor was not located in any form of cabinet. This had the potential to undermine the privacy and dignity of patients living at the residential service.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that CCTV images cannot be seen by any unauthorised persons.

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner. (Standard 4.2 Patient Information)
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During the morning of our inspection, the nurse's office was unlocked at times when there wasn't a member of staff present in that area. We therefore brought the matter to the attention of the person in charge as patients' clinical files and information were kept in that room. This was in order to protect patients' confidential information.

Improvement needed

The health board is required to inform HIW as to how it will ensure that patients' personal records are kept safe.

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 (Standard 5.1)

We found that staff were present in areas occupied by patients. We also saw that staff responded very promptly to individuals at times when they called out.

We were also informed that the service had made arrangements for a member of the established staff team to care for a patient on a one to one basis in direct response to their increased complex needs in recent months. This additional use of the staff member's time had not however resulted in any additional funding for the service. More detail about staff resources and sufficiency can be seen in the section of this report entitled 'Quality of Management and Leadership'.

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 at two (out of five available) patient's records. The content of those showed examples of care co-ordination between staff working within the service, the multi-disciplinary team and a wider group of health care professionals. This meant that relevant people were involved in planning patients' current and future care.

Whilst we saw that patients' personal and social care needs had been assessed, the information gathered did not always result in associated plans of care agreed by the person concerned, or their family/representative. This issue resulted in a formal improvement needed, the detail of which can be seen under the heading of 'Record Keeping' in the next section of this report.

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)

Overall we found that care and treatment was provided with a view to ensuring patient's rights were upheld.

For example, scrutiny of two patient's records clearly showed that there was Deprivation of Liberty Safeguards¹ in place; the correct process having been followed. There was also an established system for requesting renewal of safeguards, in accordance with individuals' presenting needs.

Whilst care records demonstrated that patients had their care needs assessed, we found the quality of care records varied. Some were very comprehensive and clearly showed the outcome of assessment and the care delivered. Other records we saw were incomplete. We could not always be assured therefore that suitable action had been taken following assessment and monitoring of patients' conditions. Our specific findings in this regard can be found under the heading of 'Record Keeping' within the next section of this report.

We were able to confirm that the visiting arrangements at the service enabled patients to maintain contact with their friends and families according to their wishes.

We held discussions with managers with regard to the use of 'withdrawal' arrangements at such times when patients presented as a risk to themselves, or others. Verbal assurances were given at inspection as to how such arrangements were monitored to ensure that patients' rights were upheld. We were also provided with relevant policies and procedures immediately following the inspection which showed that staff had access to some guidance about what they needed to do to in such circumstances. However, on looking at patients' records it was not entirely clear as to whether the use of 'withdrawal' arrangements was supported by individual capacity and best interest statements. Neither could we find evidence of specific guidance as to when staff were to support individuals, in a safe area-at a distance from others.

¹ Deprivation of Liberty Safeguards (DoLS) 2009 legislation aims to make sure that people in hospitals, supported living, or care homes are only deprived of their liberty in a safe way and only when it is in the person's best interest and there is no other way to look after them.

Additionally, we were unable to find recorded evidence concerning the frequency, duration and effectiveness of 'withdrawal' arrangements. The above meant that we could not be sure that patients' rights were being upheld at all times.

Improvement needed

The health board is required to describe how it will ensure that the use of withdrawal arrangements in the future are utilised, recorded, monitored and evaluated appropriately to ensure that patients' rights are upheld at all times.

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)

There was no formal method in place for seeking views from individuals and/or their families regarding services received at the time of our visit to the service. We were informed that a form of obtaining such feedback had just been developed (that is-Friends and Family questionnaires) for learning disability services and was being piloted. However, there was no indication as to when or whether this initiative would be introduced to this service.

Improvement needed

The health board is required to inform HIW as to how it intends to empower patients and their families/representatives to describe their experiences of services on an ongoing basis. This is with a view to listening and learning from feedback to make improvements to the service provided.

Delivery of safe and effective care

Whilst staff made every effort to provide patients with safe and effective care, we found the need for a number of improvements to service provision, some of which were not in the control of the immediate staff team.

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 scrutinised the content of two patients' records and found that there were no risk assessments in place regarding their daily lives within the immediate care environment or in respect of accessing community facilities via available transport. These issues meant that there was the potential that aspects of patients' needs may have changed and not been recorded or considered by the staff caring for them. In addition, such changes may not have been brought to the attention of medical/other relevant staff.

Consequently, HIW issued the health board with an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which provided us with sufficient assurance that prompt and appropriate action had been taken.

We saw that CoSSH substances were present in a corridor and in the laundry room. We also saw substances such as pesticides stored on open shelving the main laundry. This placed patients at risk of ingestion, or inappropriate contact with their skin.

In addition, on a tour of the environment, we found the following:

- The service premises were very warm on the day of our inspection; staff having to use portable fans to keep patients comfortable. We were also informed that the service did not have any means of adjusting the temperature of the environment as this was done centrally from the Princess of Wales Hospital, Bridgend
- Damaged tiles in one of the toilets (up to the edge of a window). The end tile was particularly sharp and would have resulted in an injury to a patient or staff, on contact.

- All of the garden furniture was in a very poor state of repair; one garden table being propped up by two pieces of masonry. This was considered to be unsafe
- There was no curtain pole in one patient's bedroom, as this had not been replaced following damage, in the weeks leading up to this inspection
- Staff had reported that one of the toilets had become faulty and couldn't be flushed (approximately four weeks prior to our visit). No repair had taken place and a patient continued to use it as they did not understand that it was not working properly
- Some windows had window restrictors in place to ensure patients' safety. However, others were not fitted with restrictors and so opened widely which may permit a person to leave the building unauthorised. We were not offered any form of rationale for this

Improvement needed

The health board is required to describe the action to be taken to bring about compliance with health and safety legislation and guidance. This is, in order to provide a safe living environment for patients and a safe working environment for staff.

We found that there was emergency resuscitation equipment available at the service for use in the event of a patient emergency (collapse). However the nurse in charge on the morning of our inspection wasn't aware that the equipment was stored in the medicines room. We also discovered that none of the staff team had been trained in its use. In addition, a number of staff had not received recent cardio pulmonary resuscitation (CPR) training. Whilst there had not been any incidents to date whereby patient's care had been compromised as a result of the emergency equipment available, the health board is required to address this matter. Further details about the above issue and other staff training matters can be found in the section of this report entitled 'Quality of Management and Leadership'.

Additionally, we were made aware that none of the staff had received recent training in relation to anaphylaxis, cardio-pulmonary resuscitation (CPR) and choking management. The issue of staff training is explored further within the section of this report entitled Quality of Management and Leadership as this finding has resulted in the need for improvement.

A tour of the premises confirmed that the fire extinguishers in place had been serviced in recent months

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infection. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination)

This health and care standard was not explored in detail at the service. We did however find the following:

- There were no housekeeping staff employed to work at this service. As a result staff had an extensive list of household tasks to complete by day and night which staff indicated reduced the amount of time they were able to spend with patients
- There were no paper hand towels or holders in critical areas such as bathrooms and toilets
- We saw faecal matter on the wall of one patient's bedroom on the morning of our inspection
- There was a domestic sofa located in a bathroom
- The foot operated bins in toilet and bathroom areas were lined with domestic bin liners as opposed to clinical waste bags
- There was no sanitary unit for the disposal of feminine hygiene items

Improvement needed

The health board is required to inform HIW of the action to be taken to ensure that the physical environment is maintained and cleaned to a standard that facilitates infection prevention and control (IPC) and minimises infection. The health board is also required to describe how it will ensure that staff employed to provide care are fully engaged in the process of IPC.

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

There was a kitchen which patients could use (with the support of staff) to make drinks and access snacks and meals throughout the day and evening. Service users' meals were prepared by members of the staff team in that same area. On looking at the content of the fridge and cupboards, there appeared to be a sufficient quantity of varied food available.

We found that patients with swallowing difficulties were assessed by a speech and language therapist (SALT). We also saw that one patient's drinks were thickened to a consistency as determined by SALT to ensure that they could swallow fluids in a safe manner.

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

The health board was not compliant with regard to aspects of regulatory and professional guidance associated with the management of medicines. This is because we identified the need for improvements to the following:

- A patient's inhaler and aero chamber (for the delivery of asthma medication) were stored on top of the medicines cabinet. The aero chamber was in need of cleaning and the inhaler cover had not been applied which meant it was exposed to dust
- A skin hydrating cream was also stored on top of the medicines cabinet. This had passed its date of expiry
- The medicines 'room' was very cramped, cluttered and hot. This may have an adverse effect on prescribed medication and food supplements which need to be stored within a certain temperature
- Examination of the interior of the medicines cupboard revealed that it was in need of cleaning

Improvement needed

The health board is required to inform HIW as to how it will ensure that the service is compliant with legislation, regulatory and professional guidance and with local health board guidance for all aspects of medicines management.

On examination of one patient's records we found that they were in receipt of their prescribed medication via covert methods as the person concerned often refused to take their medication (which would have had a negative effect on their health and well-being). We were able to confirm that relevant professionals had been involved in this decision which had been considered as a last resort.

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)

Discussions held with the unit manager confirmed that the team had not needed to make any referrals to the Protection of Vulnerable Adults (PoVA) team in the past twelve months.

We did however find that a number of staff had not been provided with on-going training on this topic. This meant that some members of the team may not be sufficiently trained to recognise and act on issues and concerns or share relevant information regarding the welfare and safety of patients. The issue of staff training is explored more fully in the next section of this report entitled 'Quality of Management and Leadership'.

Examination of patients' care records indicated that the staff team had a good understanding of the Mental Capacity Act 2005 regarding Deprivation of Liberty Safeguards.

Effective care

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

We found that the staff team placed an emphasis on getting to know as much as they could about the past and present lives of each patient. Given their complex communication difficulties, this was achieved in part, through communicating with their families, representatives and other health and social care professionals.

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)

During the course of this inspection we found that patient records did not always provide clear and detailed reference to aspects of patients' daily needs wishes or preferences.

We further found that there was limited information within patients' files with regard to best interest decisions and patients' mental capacity to make their own decisions about specific aspects of their care. Additionally, we could not find any clear record as to whether patients' relatives/representatives or advocates had been involved in reviews of their care.

We saw that patient documentation was generally fragmented. More specifically, it was necessary to consider information within several separate files (for each patient), with regard to their daily needs, wishes and preferences, Deprivation of Liberty Safeguards (DoLS) status and outcome of monthly multi-disciplinary meetings (MDT)). In addition, information from the MDT meetings was not used to update patients' care plan and patients' records lacked detail.

All of the above meant that staff may not have been provided with sufficient detail to assist them to provide care, treatment and support to patients

Consequently, HIW issued the health board with an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which provided us with sufficient assurance that prompt and appropriate action had been taken.

Quality of management and leadership

We found that there were insufficient numbers of registered nursing staff working within the service at the time of this inspection. This was due to two registered nurse vacancies, the utilisation of a current member of staff to support a patient on a one to one basis (without additional funding) and some long term staff sickness. Whilst it is acknowledged that the health board generally had a formal and well established process for the overall management of safe staffing levels (which aimed to provide the best staff cover possible at all times), the health board is required to ensure that staff levels and skill mix are reviewed to ensure the health, safety and wellbeing of patients and staff.

We were able to confirm that staff had not received an annual appraisal of their work which included the unit manager. Such arrangements would have provided the opportunity to discuss the effectiveness of training received and to determine what further key skills were required in the future to assist staff in providing safe and effective care to patients.

Conversations with the unit manager and senior managers revealed that there had been a significant change in management personnel within the health board's Learning Disability services in the past twelve months.

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.

We found the service to be managed and run by staff who demonstrated a commitment to provide safe and effective care. More specifically, discussions held with members of the staff team and the unit manager, demonstrated that they were aware of service issues which required improvement and had a clear commitment to addressing those. This was in order to raise the standard of care and support to patients.

Conversations with staff revealed that they were clear about their roles and responsibilities and told us they generally felt well supported on a day to day basis.

Conversations with senior managers revealed that there had been a significant change in management personnel within the health board's Learning Disability services in the past twelve months.

The service was unable to provide us with copies of any audit activity completed within the past twelve months. Senior managers however made us aware of the dates when spot check visits are to be completed by health board staff in the coming months, at each of the nine residential learning disability services operated and managed by Abertawe Bro Morgannwg University Health Board. We were further provided with a blank copy of the documentation that will be used to complete monthly Health and Care Standards audits that are due to commence in the near future.

We found that there was no operational policy, or similar guide in place to set out the direction of this particular service. This meant that there was an overall lack of clarity with regard to internal governance and quality assurance systems and processes to guide staff in providing safe and effective care. In addition, we found that the collaboration between senior health board managers and the staff team at this service needed to be strengthened. This was as a means of promoting innovation, improving service delivery and planning resources needed.

Improvement needed

The health board is required to provide HIW with a clear description as to how it will ensure that there are effective governance, leadership and accountability arrangements in place to guide and support the staff working at the service. This is in accordance with the Standards which states that such arrangements are essential for the sustainable delivery of safe, effective person centred care.

Senior managers provided us with a brief outline of how the health board intended to work with relevant local authorities to explore, plan and deliver future service models. This was in order to ensure that services were best suited to the identified needs, preferences and wishes of individuals in receipt of learning disability residential care, treatment and support. We were further informed that this complex piece of work, (which would need to take place over the next two years) would involve patients, their families and representatives.

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))

At the time of our inspection, we found that the service was trying to sustain service provision to patients in the light of some long term staff sickness, two registered nurse vacancies and two support worker vacancies.

Discussions with senior managers revealed that the health board had already taken some action to fill the staff vacancies in the near future. This was to be achieved by having recruited 15 newly qualified nurses who would take up new posts within the next four months and through the use of the wider health board nurse 'bank' to ensure that there were enough staff available to care for patients.

We observed that staff were very busy throughout the day of this inspection. Given the wide range of patients' needs, combined with our overall inspection findings, there were signs that staffing levels were not always adequate. Conversations with the unit manager also revealed that the staff team had increased the number of staff on duty by day and night in recent months to provide care and support to a patient whose health had deteriorated and whose needs had become more complex and challenging. The service had not however received any additional funding/staff resource to ease that situation; rather the unit manager had made every effort to utilise members of the existing team. Consequently, the staff team were frequently called on to undertake overtime duties which had the potential to have a negative effect on their health and well-being.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that there are always enough staff in place to work at the service at the right time to meet patients' needs.

We were able to confirm that a number of staff had not been able to access mandatory/patient specific training opportunities due to their need to be present at the service. More specifically we found that a number of staff had not received recent training on the following topics:

- Anaphylaxis and resuscitation with choking management
- Adult safeguarding
- Infection prevention and control
- Health, safety and welfare
- Approaches to violence and aggression

This meant that staff may not be aware of the most up to date practice to assist them in their work and to keep patients safe.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that staff are provided with ongoing mandatory and patient specific training. This is to develop an appropriately skilled and safe workforce.

Discussions with the unit manager revealed that he had not been able to attend relevant health board management meetings for some considerable time. In addition, he was also required to work as a member of the clinical delivery team on a regular basis and had little opportunity to work at the service in a supernumerary capacity. This meant that he had limited time to lead and manage the service and use his extensive nursing skills to support the staff team.

We further found that the service did not have suitable arrangements in place to develop personal development plans or to undertake staff annual appraisals. This also applied to the unit manager. As a result, there were no opportunities to assess the effectiveness of any training completed and determine what further key skills were required to assist all members of the team in their work.

Improvement needed

The health board is required to describe the action taken to ensure that staff receive an annual appraisal of their work. This is to ensure that they have the necessary key skills to provide safe and effective care to patients.

5. 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 at this NHS residential learning disability service will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, 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.

6. 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: Reference 16010

Date of Inspection: 2 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	<p><u>IMMEDIATE ASSURANCE</u></p> <p><u>Inspection findings</u></p> <p>Close scrutiny of a sample of two records and consideration of some of the content within three others, revealed the following:</p> <p>There was limited and inconsistent evidence of past or current risk assessments in relation to key aspects of patients' day to day living arrangements at Lletty Newydd, and at such times when they were supported to access community facilities and engage in social activities away from the premises. This meant that we could not be assured that patients' health, safety and welfare was always promoted as required</p> <p>Whilst there were pre-printed care plans in place, they were not</p>		<p>A review of all Positive Behavioural Plans will be completed to ensure that risks are identified within these, with clear management plans detailing relationships to activities within the unit and all off unit activities.</p> <p>A review of all other risk assessments relating to daily activities of living will be completed to ensure these are up to date and</p>	<p>Lead Manager for Residential Units, Wendy Williams</p>	<p>Completed by 17th June 2016</p>

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	<p>always evaluated on a regular basis. There was also limited detail within some of the care plans in terms of care delivery (in accordance with completed positive behaviour support plans (PBSPs). We could not therefore confirm whether the staff team were appropriately guided to support patients in accordance with their existing needs</p> <p>Patients' records did not indicate as to how patients and their families/representatives had been involved in reviews of their care, as required by the health and care standards</p> <p>Patient documentation was fragmented. More specifically, it was necessary to consider information within several separate files (for each patient), with regard to their daily needs, wishes and preferences, Deprivation of Liberty Safeguards (DoLS) status and outcome of monthly multi-disciplinary meetings (MDT)). In addition, information from the MDT meetings was not used to update patients' care plans. All of the above meant that the staff team may not have been provided with an up to date guide about how to provide care, treatment and support to patients residing at Lletty Newydd</p> <p>PBSPs in two patients' records were scrutinised. One was found to be comprehensive whilst the other one lacked sufficient information about the individual's preferences. In addition, neither PBSP was dated and signed. Neither did they</p>		<p>reflective of the level of risk with each individual patient.</p> <p>Comprehensive documentation audit to be completed which will include review of all Care and Treatment Plans, Positive Behavioural Plans, and individualised care plans, with the aim to ensure they are up to date, reflective of identified needs and understood by all staff in relation to implementation.</p> <p>All individual patient assessments, Care and Treatment Plans, Positive Behavioural Plans will be shared with patients and with involved family members where patient lacks capacity.</p> <p>Evidence of this process and their involvement in their assessments</p>	<p>Lead Manager for Residential Units, Wendy Williams</p> <p>Lead Manager for Residential Units, Wendy Williams.</p> <p>Unit manager John Lang</p>	<p>Completed by 17th June 2016</p> <p>Completed by 31st July 2016</p>

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	<p>contain dates for review. This meant that we were unable to determine whether the content of the PBSPs remained relevant to the persons concerned</p> <p>We saw reference to one patient's appointments in respect of chiropody and dental care. However, we were unable to find written information as to whether those appointments had actually been attended, or re-scheduled. This meant that we were unable to confirm whether the patient had been enabled to access identified care and treatment. Whilst verbal assurance was given (on the day of inspection by the nurse in charge), that such matters were in hand and or had been discharged, staff working with the individual at the time of our inspection were not aware of the status of those medical appointments.</p> <p>Improvement/Assurance Needed</p> <p>HIW requires details of the action taken/to be taken to ensure that all staff are aware of their duty to provide accurate, up-to-date, complete and contemporaneous records, at all times. This is to ensure the safe and effective delivery of care and support to patients in direct response to their complex, changing needs.</p> <p>(Health and Care Standard 3.5)</p>		<p>and care will be documented in the notes and audited using attached audit form</p> <p>Development of a single patient file which will include comprehensive assessment, Behavioural Assessment Report, Positive Behavioural Plan, Care and Treatment Plan, individualised care plans, daily evaluation sheets and care plan evaluation sheets. These will include details from the monthly MDT reviews to be included within the care plans and evaluations sheets.</p> <p>Sample file to be developed and shared with all inpatients units within Learning Disabilities to ensure consistency within the service.</p> <p>Planned 15 Point review to be brought forward for the unit to be completed.</p>	<p>Lead Managers for Residential and Assessment units, Wendy Williams, Diane Gray. Interim Clinical Lead Nurse Maria Anderton</p> <p>Interim Clinical Lead Nurse Maria</p>	<p>Completed by 31st July 2016</p> <p>17th June 2016</p> <p>Completed by 17th June</p>

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			<p>Peer support from other residential unit managers to be put in place where the documentation process has been complemented by recent reviews</p> <p>Comprehensive documentation audit to be completed which will review all Positive Behavioural Plans, and individualised care plans, with the aim to ensure they are up to date and reflective of identified needs.</p> <p>Confirmation that dental assessment has been completed by the dentist for this patient and is awaiting planned treatment under general anaesthetic.</p> <p>Confirmation of chiropodist has attended the unit and completed</p>	<p>Anderton</p> <p>Lead Manager for Residential Units, Wendy Williams</p> <p>Lead Manager for Residential Units, Wendy Williams, Unit Manager, John Lang</p>	<p>2016</p> <p>Completed</p>

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			assessment and treatment of this patient. Further reviewed also completed by the patients GP and antibiotic treatment commenced. These details have now been included in the patient's documentation and care plan devised for infected toe.		
Quality of patient experience					
7	The health board is required to provide HIW with details of how it will ensure that planned, structured social activities programmes are followed as a means of supporting people to be healthy and happy and to lead an active life.	1.1	A review of all the patients care plans is taking place at present which will ensure that their social needs are clearly identified within these. This will ensure that activity programs are documented in their notes where appropriate and clear evidence of documentation in relation to review of this aspect of their plans will be evident.	Unit Manager and Lead Nurse for Residential Units.	30th Aug 2016
7	The health board is required to provide HIW with written evidence that all service users have received	1.1	Annual checks have been completed for the patients within the unit on the 1st November 2015 with the exception of one patient who	Unit Manager and Lead Nurse for Residential	Completed

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	their annual GP health check.		was not there at that time. Arrangements are being made to get this health check completed. Evidence of these being completed will be more clearly documented in the patient notes in the future.	Units	
8	The health board is required to provide HIW with a full description of how it will ensure that patients' pain is assessed and monitored. This is in order that patients are helped to be as comfortable and pain free as possible.	4.1	Standardised pain tools have been circulated to ensure that units use these for assessing and managing pain. They are the DISDAT and the Abbey Pain tool. A review of the appropriateness of these tools will be completed by the nursing lead for Health Liaison. This will be done in conjunction with other clinicians within the service.	Unit Manager and Lead Nurse for Residential Units. Consultant Nurse	31st July 2016 September 30th 2016
8	The health board is required to inform HIW of the action taken to ensure that CCTV images cannot be seen by any unauthorised persons.	4.1	Action will be taken to locate the monitor for the CCTV system to a place accessible just to staff to ensure that patient privacy is not compromised.	Unit Manager, Lead Nurse for Residential Units and Interim	30th Aug 2016

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				Assistant General Manager	
9	The health board is required to inform HIW as to how it will ensure that patients' personal records are kept safe.	4.1	Staff within the unit have been made aware of the Health Boards Policy in relation to the management and storage of confidential patient records and will ensure that all patients notes are secured within locked cabinets and patient information on boards within the nursing office is not clearly visible to others.	Lead Manager for Residential Units, and Unit Manager	31st July 2016.
11	The health board is required to describe how it will ensure that the use of withdrawal arrangements in the future are utilised, recorded, monitored and evaluated appropriately to ensure that patients' rights are upheld at all times.	6.2	The Learning Disabilities Policy on Safe and Therapeutic Responses to Disturbed Behaviour has now been ratified within our service. We will now ensure that staff are aware of the details within this policy, the requirements of the policy in relation to its implementation and recording by utilising the documentation in the appendices within this policy. This will ensure that patient's rights will be upheld in relation to all aspects of	Lead Manager for Residential Units, Interim Lead Nurse and Unit Manager.	30th July 2016

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			this. Patients will have an individualised care plan for the implementation of this policy if appropriate to their identified needs.		
11	The health board is required to inform HIW as to how it intends to empower service users and their families/representatives to describe their experiences of services on an ongoing basis. This is with a view to listening and learning from feedback to make improvements to the service provided.	6.3	<p>The family and friends feedback forms have been circulated with guidance for the collation and submission by the Delivery Units identified Lead to all unit managers. These are now being collated and feedback is available to teams to action on a monthly basis.</p> <p>Currently an ongoing pilot of the Health Boards "Friends and Family survey is being completed in three areas with the Mental Health and Learning Delivery Unit with a view to testing the appropriateness of this tool and then making amendments to this to make it more applicable to our service for the benefit of the patients and the families. Once this pilot is completed their will be a roll out happening with all the units within our inpatient settings.</p>	Lead Manager for Residential Units, Interim Lead Nurse and Unit Manager.	30th Aug 2016

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Delivery of safe and effective care					
13	The health board is required to describe the action to be taken to bring about compliance with health and safety legislation and guidance. This is, in order to provide a safe living environment for patients and a safe working environment for staff.	2.1	<p>Immediate action has been taken to ensure that all COSHH substances are correctly stored in line with regulations to ensure no harm is caused to any patient. The laundry room is locked and patients can access this with supervision from staff</p> <p>New garden furniture has been ordered for the unit</p> <p>Develop an escalation plan for all maintenance requests and prioritise requests against appropriate budgets</p> <p>Additional Capital funding has been made available by the Health Board to utilise for the improvements of the</p>	<p>Unit Manager and Lead Nurse for Residential Units.</p> <p>Interim Assistant General Manager</p> <p>Interim Assistant General Manager</p> <p>Interim Assistant General</p>	<p>Completed</p> <p>Completed</p> <p>30th March 2017</p>

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			environment across our inpatients setting. Bathrooms and bedroom blinds have been prioritised for the use of these funds. Planned program is being planned with Capital Estates team to complete this work.	Manager	
14	The health board is required to inform HIW of the action to be taken to ensure that the physical environment is maintained and cleaned to a standard that facilitates infection prevention and control (IPC) and minimises infection. The health board is also required to describe how it will ensure that staff employed to provide care are fully engaged in the process of IPC.	2.4	<p>A review of the current model of service is being completed and Hotel Services are costing plans to introduce a Domestic/Housekeeper type role within the unit with a designed role for some of these tasks.</p> <p>A review of the environment will be completed by the Lead Manager and a Health Boards Infection Control Nurse to review all standards and practices in relation to this issue with a view to instruct staff on the requirements and practices that would need to be in place to ensure the standards meet the legislation.</p>	<p>Interim Assistant General Manager</p> <p>Lead Manager for Residential Units, Interim Lead Nurse and Unit Manager.</p>	<p>31st July 2016</p> <p>30th Aug 2016</p>

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			The management of clinical waste within all our inpatient units is currently under review with the Health Board Lead for waste management to ensure we have the appropriate equipment and processes in place to manage this issue within all of our units.	Interim Assistant General Manager	30th Aug 2016
Page 15	The health board is required to inform HIW as to how it will ensure that the service is compliant with legislation, regulatory and professional guidance and with local health board guidance for all aspects of medicines management.	2.6	The Delivery Unit reports on issues of compliance with standards regarding medicines management via the medicines management governance structure. This includes systems for the implementation and monitoring of standards for medicines management. All Unit Managers will be made aware of these standards at the August management meeting. Compliance with standards will be included as part of the units audit cycle.	Lead Manager for Residential Units, Interim Lead Nurse and Unit Manager.	30th August 2016
Quality of management and leadership					
19	The health board is required to	Governance	An improvement team consisting of	Lead	By 30th

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	<p>provide HIW with a clear description as to how it will ensure that there are effective governance, leadership and accountability arrangements in place to guide and support the staff working at the service. This is in accordance with the Standards which states that such arrangements are essential for the sustainable delivery of safe, effective person centred care.</p>	<p>Leadership and accountability</p>	<p>Lead Manager for the service and Interim Lead Nurse to commence direct work with the manager and the team to support the overall improvement of systems of care at the unit. A three month improvement plan to be developed by the 30th July 2016 to assist with this.</p> <p>The above two will work with interim governance lead to promote the co-production of an integrated model of organisational learning across the delivery unit and health board. This will demonstrate evidence of a continuous cycle of reflection, learning, change and improvement across the delivery unit</p> <p>The governance team to measure the units operational performance against the reporting standards for the delivery units performance reviews.</p> <p>The unit manager to conduct audits as per agreed audit cycle for the residential units</p>	<p>Manager for Residential Units, Interim Lead Nurse</p>	<p>October 2016</p>

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20	The health board is required to provide HIW with details of how it will ensure that there are always enough staff in place to work at the service at the right time to meet patients' needs.	7.1	A review of the acuity for the unit has been completed by the Lead Manager for the service. The identified shortfall in the number of staff for the unit is to be addressed via the review of the rostering system and then if needed the relocation of staff from other units with under occupancy.	Lead Manager for the residential units and Interim Assistant General Manager	By 30th Aug 2016
21	The health board is required to provide HIW with details of how it will ensure that staff are provided with ongoing mandatory and patient specific training. This is to develop an appropriately skilled and safe workforce.	7.1	Review of all the mandatory and statutory training for each individual member of staff in being completed to ensure there is appropriate compliance to ensure they are up to date in relation to practice and skills.	Lead Manager for Residential Units, Interim Lead Nurse and Unit Manager	30th Aug 2016
21	The health board is required to describe the action taken to ensure that staff receive an annual appraisal of their work. This is to ensure that they have the necessary key skills to provide safe and effective care to	7.1	Unit Managers PaDR is being completed by Lead Manager for Residential Manager. All other staff will have an up to date PaDR in place ensuring it is	Lead Manager for Residential Units, Unit Manager	30th Sept 2016

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	patients.		reflective of the needs of the service and individual needs.		

Service representative:

Name (print): Dermot Nolan

Title: Interim Assistant General Manager

Date: 20th July 2016