

**Learning Disability  
Inspection (unannounced)**  
Abertawe Bro Morgannwg  
University Health Board,  
Learning Disability  
Residential Unit

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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 the learning disability service on 27 June 2016. Our team, for the inspection comprised of two HIW inspectors (inspection lead), a clinical peer reviewer.

HIW explored how the learning disability 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 service is a small residential unit providing care to for up to five patients with learning disabilities. There were five patients living there at the time of the inspection. All patients had a dual diagnosis of a learning disability and mental health condition(s). The unit forms part of learning disability services provided within the geographical area of Cwm Taf University Health Board, but the learning disability service is provided by Abertawe Bro Morgannwg University Health Board.

A unit manager, who is a registered nurse, is responsible for the day to day management of the unit. The manager is supported by a deputy and a team of staff, including registered nurses and nursing assistants.

### 3. Summary

Overall, we found evidence that the service provided person centred care that was safe and effective.

This is what we found the service did well:

- We saw positive interactions between staff and patients and we saw staff treating patients with kindness and respect
- Patients had very detailed care plans and risk assessments setting out the help and support they needed
- Patients were able to take part in a range of activities they liked to do
- We found effective leadership and management of the service
- There was a committed staff team who appeared to have a good understanding of the patients' care needs.

This is what we recommend the service could improve:

- Repairs and maintenance around the unit must be completed in a timely way
- Patients should be further supported with weight and diabetes management, including dietician input into the patient food menus
- Discussions staff have with patients about their care and treatment should be recorded
- Staff should be supported to attend specific training to help support their professional development and further support the needs of patients. Managers should be supported in their roles with mentoring/supervision
- Arrangements in place for emergencies should be reviewed
- Progress should continue with the arrangements for improving the system for audit.

## 4. Findings

### *Quality of patient experience*

**Patients were helped to stay healthy and staff helped them take part in activities they liked to do. We recommended improvements were made to the meal menus for patients to assist in weight management. We saw that patients were treated respectfully and with kindness. Patients' care plans were detailed and person centred.**

**There was no formal system in place to obtain the views of patients and their families. Work was being done by the health board to improve this.**

The inspection team sought patients' views with regard to the care and treatment provided at the learning disability service through face to face conversations with patients and/or their carers.

### **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, patients at the unit were helped to stay healthy and take part in activities according to their needs and wishes to promote their wellbeing. We saw that patients had care plans that set out in detail the help they required to look after their own health.

Several patients at the unit were overweight or obese and one patient had borderline type II diabetes, meaning that they would need to manage their weight and sugar intake. Staff said they were aware of this and had taken steps to encourage patients to be more active. Staff also told us that earlier in the year they had worked with patients to revise the meal menu with the aim of providing healthier meal options. We noticed that the meal/food menu was not nutritionally balanced and included high amounts of sugar and we recommended the service seek advice from a dietician. We also advised that there should be a greater variety of food choices on a rotational basis and further exercise activities to be offered.

### ***Improvement needed***

***The health board should ensure that patients are further supported with weight and diabetes management by providing a variety of healthy meal options for patients to choose, with input from a dietician and further support with exercise.***

Staff told us that patients at the unit were registered with a GP and were helped to see a dentist and optician according to their needs. We looked at a sample of three patients' care plans and saw that patients had been helped to go to an annual health check<sup>1</sup> with their GP. We were also able to confirm that patients were helped to see the dentist and optician according to their needs. However, staff explained that the patient's GP would only review and prescribe for their physical health needs, not their learning disabilities and mental health needs, which was left to a consultant associated with the unit. This means that patients care is disjointed and staff told us that communication between the GP and consultant involved was poor.

### ***Improvement needed***

***The health board should investigate the GP arrangements in place to ensure that patients can have all of their healthcare needs met.***

Nursing staff told us that they helped patients to make use of the facilities at the unit and in the local area. Patients also told us that they were helped and supported by staff to enjoy activities to promote their wellbeing. These included visiting the beach, the cinema, bowling and swimming. We noticed that trips outside of the unit did not take place at weekends and staff told us this was because patients preferred to avoid crowds and busy areas. However, we suggested that staff could be more creative about offering activities on the weekend which avoided this issue.

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<sup>1</sup> The Welsh annual health check for adults with learning disabilities was specifically introduced in Wales in April 2006 to promote early detection and treatment of health problems in people with learning disabilities.

## **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)*

We saw that patients were treated with dignity, respect and compassion. We also found that staff respected patients' right to privacy. We observed staff listening to patient requests and answered them appropriately.

All patients had their own bedrooms, which were personalised with their own belongings. One patient was waiting to have their room re-decorated and we saw that new soft furnishings had been bought. Patients were able to lock their bedroom doors at their own request. The unit also had a private garden and a quiet lounge that patients could use.

We saw that staff had a friendly, yet professional, approach towards patients and treated them with respect and kindness. Staff had a good understanding of the patients' individual likes and dislikes. All patients appeared well cared for and were supported with their preferences in personal grooming, such as buying toiletries and attending hair appointments in the community. We found staff respecting patients' privacy when supporting them with personal care.

We saw nursing staff managing patients' behaviours to promote the safety and wellbeing of other patients, staff and visitors to the unit.

## **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 saw that patients' needs were being met in the unit by the staff team.

We looked at the care plans for patients. These showed that members of the multi disciplinary health care team had been involved in the patients' care and treatment. There was regular multi disciplinary team (MDT) meetings which patients and their families were encouraged to attend. These monitor patients' care plans so that any problems can be identified early on and care planned to address these.

Patients we spoke to told us they liked living there and that staff helped them as needed. Staff appeared to have a good understanding of the patients' individual care needs. All of the patients had been living at the unit for many years and appeared settled there. Staff told us that one of the youngest patients had the potential to work towards moving on to a more independent environment sometime in future. Staff told us that future care needs are discussed at MDT meetings, but we noticed there were no future plans in place for patients and we advised staff to develop this.

We found that the health board and local authority had not agreed the funding of the continuing care for one of the patients at the unit. Staff told us this has been an on-going dispute and we saw this had resulted in a delay to the patient's review. It's imperative that this is agreed as soon as possible so that the care provided to the patient concerned is not delayed.

***Improvement needed***

***The health board should ensure that any funding disputes regarding continuing care are resolved as quickly as possible, to minimise the impact on patient 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)*

Each patient had their own written care plan. We looked at a sample of care plans which were very detailed and had been reviewed regularly. The care plans described in detail what patients could do for themselves and what help and support they needed from staff. We found that staff had done their best to involve patients when planning their care, but we noticed that this had not been recorded by staff.

***Improvement needed***

***The health board should ensure that any discussions with patients about their treatment and care are recorded.***

Patients had care and treatment plans as required under law (The Mental Health (Wales) Measure 2010)<sup>2</sup>. We saw these had been reviewed and were up-to-date.

Staff engaged with patients effectively and this was evident in the care that was provided and planned for and reflected in patient's care plans. We noted this as an area of good practice.

*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)*

Care and treatment for patients at the unit were provided in ways to ensure their human rights were upheld.

We saw staff respecting patients' privacy and allowing them choice in their daily routines. Staff told us that patients were helped to keep in contact with their families. Where patients' choices were restricted we saw that the reasons for this had been written in their individual care plans. We found that all patients had advocates in place who are involved in decisions around their care.

The care records we saw also showed that where restrictions were in place, Deprivation of Liberty Safeguards<sup>3</sup> (DoLS) authorisations had been obtained in accordance with the DoLS arrangements.

We saw that one patient had been detained under the Mental Health Act for many years but had been recently removed. Therefore, the unit had made an urgent application for DoLS, leaving the patient in a legally vulnerable position until the DoLS is in place. At the time of inspection, this urgent DoLS application had not been acted upon by the supervisory body in a timely way.

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<sup>2</sup> The Mental Health (Wales) Measure 2010 is a law made by the Welsh Government which will help people with mental health problems in four different ways.

<http://gov.wales/topics/health/nhswales/mental-health-services/measure/?lang=en>

<sup>3</sup> The Deprivation of Liberty Safeguards is a framework of safeguards for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

***Improvement needed***

***The health board must ensure that the need for the patient's urgent DoLS application to be actioned is escalated without delay.***

From speaking with staff and looking at the care plans, staff appeared to have a good understanding of the DoLS arrangements. The patient's best interests were documented in their notes. However, as previously mentioned, discussions with patients around their care and treatment, including DoLS were not recorded and we recommended staff to do this. Staff training records showed that the majority of staff were up-to-date with their training on the Mental Capacity Act and DoLS. However, two members of staff needed to complete update training.

***Improvement needed***

***The health board must ensure that all members of staff have up-to-date training in Mental Capacity Act and DoLS.***

*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)*

Staff told us that patients were encouraged to raise any concerns and feedback about their care at multi disciplinary team meetings. Patients told us that they were aware of this and gave us examples of what they wanted to discuss at the next meeting, which was being held that week. Staff also described informal and ad hoc ways of receiving feedback from patients and their relatives on their experiences of the care provided. However, there was no formal system in place at the unit to obtain feedback from patients and their families. We were told that the health board were looking to introduce a more formal way to regularly obtain feedback from patients and their families.

***Improvement needed***

***The health board should progress with plans to introduce a suitable system to obtain feedback that can be used by people using the service.***

## *Delivery of safe and effective care*

**Overall, we found that safe and effective care was provided to patients. All patients had up-to-date and detailed care plans and risk assessments to make sure patients were safe and protected from avoidable harm. Medication was managed safely at the unit. We also saw good use of positive behavioural support plans to manage behaviour that other people may find challenging.**

**We found there were a number of improvements needed to the environment and arrangements to make sure repairs were completed without a delay.**

### **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)*

Overall, we found that patients' health, safety and welfare were protected. We did, however, find that improvement was needed to make sure repairs within the unit were completed without delay.

In looking at the maintenance records and environmental audits, we found it often took a long time to get things repaired and re-decorated, in a number of cases this has been several years. This included cleaning of light fittings and vents, replacing curtains and fittings, repair re-decorations and attention to the bathrooms. We noticed that the unit had a pleasant garden area which patients made use of, but we noticed that it was in need of some general garden maintenance.

We also identified an issue of heating in the patient's bedrooms, with some rooms being uncomfortably hot and others cold. Staff told us that this was a long standing issue at the property. However, we were concerned about the impact this was having on the comfort and welfare of patients, particularly as one patient has heat sensitive epilepsy. We informed senior managers of this and they told us they were looking at ways to improve this, both at the unit, and across the other learning disability services within the health board.

***Improvement needed***

***The health board must take immediate action to complete outstanding repairs and maintenance work at the unit. In addition, any future work must be completed in a timely manner.***

***The health board must ensure that patient's comfort and welfare is protected, specifically the temperature in patient's bedrooms should be addressed.***

The unit was visibly secure against unauthorised access and staff were vigilant to ensure the patients' safety was maintained. Areas were free from visible trip hazards. Staff told us that risks to patient safety were assessed and that action was taken to reduce these risks as far as possible. We also saw that detailed risk assessments had been done within the care plans we looked at.

Audits to identify potential ligature points were not being conducted regularly. This will strengthen the existing system of audit and risk assessments to help ensure patients are safe.

***Improvement needed***

***The health board should make arrangements to ensure audits to identify potential ligature points are conducted regularly.***

Staff described some of their ideas for making things better for patients including repainting patient bedrooms in a colour of their choice, furniture replacements and obtaining suitable bariatric furniture to meet patient needs. We also saw that the signage around the unit was poor, with many temporary paper signs in use. Senior managers told us that the health board were looking at ways of gaining extra funding for improvements to learning disability services. The health board should give consideration to working with the staff team to agree on what work can be done at the unit.

***Improvement needed***

***The health board should work with the staff team and agree on what improvement work can be practicably done at the unit.***

We saw that staff had access to resuscitation equipment in the event of a patient emergency (collapse). We saw that this equipment was new and there were arrangements in place to check this was safe for use.

We discussed the arrangements for staff and patient safety on night shifts and senior staff told us that they had personal call alarms available if needed, but these were not routinely worn. Staff also told us that due to the medication

room door, if a member of staff was in the medication room, it was difficult to hear if another staff member needed assistance in an emergency. We recommended a review of all emergency arrangements and precautions take place.

***Improvement needed***

***The health board should review and consider the arrangements that need to be in place to ensure that staff are able to alert others in the case of an emergency.***

The unit manager also told us that a fire safety audit needed to be completed at the unit as the last audit was conducted several years ago.

***Improvement needed***

***The health board must ensure that all appropriate measures and regular checks are in place to protect staff and patients from the risk of fire.***

Overall, we found the unit was visibly clean and tidy. Staff told us that there was no housekeeper or cleaner employed and the cleaning was done by staff, alongside their other duties. We advised that the unit would benefit from a regular professional deep clean to assist with cleanliness and infection control. We discussed this with senior managers and we were told the health board had plans to review the cleaning arrangements within learning disability services, including the possibility of introducing a housekeeper.

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

We found that patients at the unit were helped to eat and drink and make healthy food choices. As previously mentioned, we recommended some improvements to the meal menu available to patients to improve nutritional balance. We also advised that the variety of meal options should be increased as currently the same meals were rotated on a two week basis.

We saw that one patient needed assistance with eating and drinking and we saw that there was an appropriate assessment and plan in place. We identified that staff would benefit from attending training in assisted eating, to support patients further. We discussed this with senior managers and advised that staff are supported to attend this training. We have made recommendations regarding staff training in the quality of management and leadership section of this report.

Staff explained that patients were supported by staff to go shopping and prepare meals. We also found staff helping and encouraging patients at mealtimes as needed. A kitchen was available at the unit that patients could use with the support of staff.

*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 found that people's medication was managed safely at the unit in accordance with the health board's policy. The medicines management at the unit was supported by a pharmacist who reviewed stock and prescriptions. We found that there was two bottles of medication (mefanemic acid) for one patient which had different expiry dates. We advised that the older bottle should be removed to ensure there is no confusion for staff. The unit manager assured us this would be actioned.

A designated room was used for storing medication used at the unit. We saw that this was locked when not being used to prevent people, who were not allowed to, from entering. Medicines were stored in locked cupboards for safety. There were no controlled drugs at the unit.

Staff told us they helped patients understand their medicines and health conditions and provided easy read information where appropriate. We saw that the unit had 'pen picture' information on each patient, including how each patient preferred to have their medication administered. We noted this as an area of good practice.

Staff told us that patients' medicines were reviewed regularly to make sure it was still needed. There was a system in place for monitoring anti psychotic medication. We also saw detailed plans and flowcharts to help staff give 'as required' (often called PRN) medication safely to patients when they needed it. We found that patient's pain was managed appropriately. Staff told us that pain management tools were not currently being used at the unit and we advised staff to consider this.

*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)*

Staff had access to information on what to do to protect the welfare and safety of patients at the unit and a flowchart was displayed in the staff room. Senior nursing staff showed a good knowledge of the process to follow should a safeguarding issue be identified. This was in keeping with the All Wales

Vulnerable Adult procedure. Staff were able to describe the specific vulnerabilities of patients and we saw this was reflected in their care plans. We were told that there were no safeguarding issues at the time of our inspection.

We saw training records that showed that staff were up-to-date with training on safeguarding adults.

### **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)*

We saw that patients at the unit had their own written care plans. These were detailed and showed that care was planned to make sure patients were safe and protected from avoidable harm.

We saw that positive behaviour support plans were being used and there was good use of engagement and de-escalation techniques in use at the unit. These help staff identify when patients need help to manage behaviour that other people may find challenging. Staff have a good understanding of the patients' needs and we saw them helping patients to be safe and reduce any anxiety they were showing. Staff were also aware of the need to closely monitor patients when their mental health deteriorated, to ensure patients are safe. Staff told us that a new psychologist had been appointed and would be assisting the unit with reviewing all behavioural assessment reports.

We discussed the different needs of patients with staff. One of the patients had epilepsy and regular seizures (although these were not severe). Staff told us that access to epilepsy specialists had been a challenge for the unit. The senior staff also told us they would benefit from further support and training around epilepsy, to better care for this patient. We advised that further training would be beneficial and also the use of the health board's epilepsy care pathway. We have made a recommendation regarding training for staff in the quality of management and leadership section of this report.

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

The communication needs of patients were recorded within their individual care plans. We were told that staff talked to patients to help them understand decisions about their care. We saw examples of easy read information provided in patient care plans.

Patients had different communication needs and we observed staff adapting their approach and effectively identifying what patients wanted.

A few staff members spoke Welsh and could communicate with patients in this language if required.

### **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)*

Overall, we found that record keeping was of a good standard and up-to-date. We also saw there was a handover and communication book in place to share information between staff members.

Records used at the unit were stored securely to prevent unauthorised people from reading them. As described earlier, each patient had their own care plan and the ones we saw were very detailed.

## *Quality of management and leadership*

**Overall, we found there is good management and leadership in place at this service. Staff told us they felt supported by the nursing management team and senior managers.**

### **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.*

A unit manager, who is a registered nurse, is responsible for the day to day management of the unit and is supported by a deputy. We saw strong and effective leadership being provided by the unit manager who we found led by example. We were pleased to see that both the unit manager and deputy were actively involved with patient care and appeared to have a good relationship with patients.

A team of senior managers was in place and the unit manager had a good knowledge of who to contact with work related queries and requests. We were told there was good communication between the unit management team and the senior managers.

Senior staff described suitable arrangements for reporting and investigating patient safety incidents. We found there was a good culture of sharing learning on the unit and we were told that learning from incidents that had happened at the unit was shared with the staff team. We also evidence where learning from a recent HIW inspection at another site had been shared with the staff team and improvements implemented.

We found that limited audits were completed at the unit. Senior managers told us that the health board were looking at how to improve audit arrangements where other areas of care would be reviewed and any improvements needed would be added to an action plan.

### ***Improvement needed***

***The health board should progress with the arrangements for improving the system for audit and ensure that where areas for improvement are identified, action is taken to address this and relevant learning shared with other services within the health board.***

We were told that regular staff meetings were held. These meetings provided an opportunity for discussion and to provide updates on issues affecting the service. Staff told us they felt able to report concerns where they felt care was unsafe and were confident that their concerns would be acted upon by managers.

### **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))*

There appeared to be enough staff working with the right skills to meet the needs of patients at the unit. Staff appeared to have a good understanding of the needs of the patients. The unit was also completing a weekly acuity return which advises the health board on the health status of the patients and implications this has for the number of staff needed on the unit. We noted this as an example of good practice.

There was a low turnover of staff at the unit and we were told that agency staff were not used, as the unit had enough staff members to cover shifts and sickness absences.

We invited staff to provide their views on working at the unit. We did this by speaking to staff and asking them to complete a HIW questionnaire. Staff told us they were happy in their roles at the unit and felt supported by their managers. Staff also told us that they would like to attend more training tailored to their work in looking after patients with learning disabilities and mental health conditions, including further training around epilepsy. The health board should make arrangements to support staff to attend more specific training.

### ***Improvement needed***

***The health board should support staff as far as possible to attend training that is specific to their work in looking after patients with learning disabilities and mental health conditions.***

We reviewed staff training records and the training matrix and identified that the records were not up to date. Staff told us that training data is sent and updated centrally. Therefore, the records kept on site did not provide an accurate reflection of the training completed by the staff. This system needs to be reviewed to ensure real-time information can be accessed by managers. We raised this concern with senior managers and were told this was an issue the health board will address.

***Improvement needed***

***The health board should progress with improvements to the arrangements and management systems for ensuring that staff are up-to-date with training.***

When asked about their view of the health board and their managers, staff told us that they felt supported and that team work was encouraged. As the unit manager was fairly new in post, we advised they would benefit from mentoring and supervision to assist with their professional development. We were told that the health board had plans to develop mentoring and support programmes for senior nursing staff in future.

***Improvement needed***

***The health board should progress with the development of support programmes to ensure that there are robust support arrangements in place for senior nursing staff and unit managers.***

Senior staff explained the process for staff supervision and arrangements for appraisals. We were told that informal discussions happened on a day to day basis to share relevant information and answer work related queries. On the day of inspection, we observed a shift handover meeting between the managers and staff and found this was conducted professionally and included details about the health and care needs of 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 the 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: 16017**

**Date of Inspection: 27 June 2016**

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
6	The health board should ensure that patients are further supported with weight and diabetes management by providing a variety of healthy meal options for patients to choice, with input from a dietician and further support with exercise.	Standard 1.1	Specific patients within the unit have been referred to the Delivery Unit's Dietetics and Nutritional service to assist the staff and patients within the unit with healthier meal planning and activity programs.  Three staff within the unit will be supported to complete a Nutritional Skills for Life accredited course which will benefit the unit	Unit Manager and Lead Manager for Residential Units	31s, Aug 2016
6	The health board should investigate the GP arrangements in place to ensure that patients can have all of	Standard 1.1 and 5.1	Review of current practices will take place in relation in house medical responsibilities for the patients and all their health needs. This will be	Medical Lead, Interim Director and	30th Sept 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	their healthcare needs met.		done in conjunction with primary care and clear outcomes shared with the unit.	Interim Assistant General Manager of Learning Disabilities	
8	The health board should ensure that any funding disputes regarding continuing care are resolved as quickly as possible, to minimise the impact on patient care.	Standard 5.1	Full MDT of the individuals care will be convened in relation to the CHC. The outcome of the process will be followed through by senior managers to assist the unit staff.	Unit Manager, Lead Manager for Residential Units and Interim Assistant General Manager	30th Sept 2016
8	The health board should ensure that any discussions with patients about their treatment and care are recorded.	Standard 3.5 and 6.1	Unit Manager to instruct all the named nurses to document the outcome of individual patients reviews in relation to their care plans within the notes.	Unit Manager	30th Aug 2016
9	The health board must ensure that the need for the patient's urgent DoLS application to be actioned is escalated without delay.	Standard 6.2	The Delivery Unit will work with the DoLS Supervisory Body to ensure that all urgent and standard DoLS applications are managed within	Interim Assistant General Manager	30th Sept 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			appropriate timescales.		
10	The health board must ensure that all members of staff have up-to-date training in Mental Capacity Act and DoLS..	Standard 6.2 and 7.1	Unit Manager will arrange for the two members of staff to undertake this specific training	Unit Manager	30th Sept 2016
10	The health board should progress with plans to introduce a suitable system to obtain feedback that can be used by people using the service.	Standard 6.3	Learning Disabilities have currently introduced the Health Boards "Friends and Families" patient /carer survey within the service which the unit is part of.  A review of this system will be taking place following a pilot in relation to making it more specific to the Learning Disabilities and Mental Health services.	Interim Lead Nurse and Lead Manager for Residential Units	31st Oct 2016
<b>Delivery of safe and effective care</b>					
12	The health board must take immediate action to complete outstanding repairs and maintenance work at the unit. In addition, any future work must be completed in a timely manner.  The health board must ensure that patient's comfort and welfare is	Standard 2.1	Develop an escalation plan for all maintenance requests and prioritise requests against appropriate budgets.  The heating systems within the unit will be reviewed by manager for estates	Interim Assistant General Manager  Interim Assistant General Manager	Completed  30 <sup>th</sup> Sept 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	protected, specifically the temperature in patient's bedrooms should be addressed.				
12	The health board should make arrangements to ensure audits to identify potential ligature points are conducted regularly.	Standard 2.1	The unit will complete an initial ligature risk assessment of the complete environment and then an annual review. This will take into consideration the level of risk identified from individual patients risk assessments who reside within the unit in relation to self harm.	Unit Manager and Lead Manager for Residential Units	30th Sept 2016
12	The health board should work with the staff team and agree on what improvement work can be practicably done at the unit.	Standard 2.1	Meeting arranged for the 11th Aug with Estates Management and the full redecoration of the unit will be prioritised then.  Permanent signage within the unit will be purchased to prevent the use paper signage.	Interim Assistant General Responsible Manager	30th Sept 2016
13	The health board should review and consider the arrangements that need to be in place to ensure that staff are able to alert others in the case of an emergency.	Standard 2.1	Review of appropriate personal alarms will take place and a protocol around staff usage of these will be put in place.	Unit Manager and Lead Manager for Residential Units	30th Sept 2016
13	The health board must ensure that all	Standard	Health Boards Fire Officer to attend	Unit	30th Sept

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	appropriate measures and regular checks are in place to protect staff and patients from the risk of fire.	2.1	the unit and advise on what needs to be put in place	Manager and Lead Manager for Residential Units	2016
<b>Quality of management and leadership</b>					
17	The health board should progress with the arrangements for improving the system for audit and ensure that where areas for improvement are identified, action is taken to address this and relevant learning shared with other services within the health board.	Governance , Leadership and accountability	To complete 15 step challenge audits in all Units.  Review the audits and complete an action plan from the findings.  Circulate the visual audit cycle to all unit managers.  To develop with the Governance	Interim Lead Nurse and Lead Manager for Residential Units  Interim Lead Nurse and Lead Manager for Residential Units  Interim Lead Nurse  Interim	Completed on the 29th July 2016  30th September 2016  Completed  1st

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			team a system for the collation, monitoring and reporting of all audits completed by the Unit managers.	Assistant General Manager and Delivery Unit Governance Lead.	December 2016
18	The health board should support staff as far as possible to attend training that is specific to their work in looking after patients with learning disabilities and mental health conditions.	Standard 7.1	Will collate information from individual staff PaDRs (appraisals) to identify what specific training they feel is required and a program will then be developed.  Epilepsy training to be arranged for the unit.	Unit Manager, Interim Lead Nurse and Lead Manager for Residential Units	31st Oct
19	The health board should progress with improvements to the arrangements and management systems for ensuring that staff are up-to-date with training.	Standard 7.1	Learning Disabilities have developed a weekly data collection for all Statutory Training records for all the units. This is uploaded onto the Health Boards systems and is shared with individual unit managers for their units.	Interim Assistant General Manager	completed
19	The health board should progress with the development of support programmes to ensure that there are	Governance , Leadership and	Individual development plan to be completed for the Unit Manager as part of her PaDR process to assist	Lead Manager for Residential	31Oct 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	robust support arrangements in place for senior nursing staff and unit managers.	accountability Standard 7.1	with her role and career development.	Units	

**Service representative:**

**Name (print): Dermot Nolan**

**Title: Interim Assistant General Manager**

**Date: 29/072016**