

Learning Disability Inspection (unannounced)

**Abertawe Bro Morgannwg
University Health Board,
Learning Disability
Residential Unit 16014**

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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 5 July 2016. Our team, for the inspection comprised of two HIW inspectors (inspection lead) and 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 for up to five patients with learning disabilities. There were four patients living there at the time of the inspection. The unit forms part of learning disability services provided within the geographical area of Cardiff and Vale 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 observed 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
- 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.
- Arrangements for professional, deep cleaning to take place on a regular basis with appropriate products
- Discussions staff have with patients about their care and treatment should be recorded
- The staff compliment needs to be considered in relation to the acuity of the patient group

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 found that patients were treated with dignity and kindness. Patients' care plans were detailed and person centred. We observed good interactions between staff and patients.

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

An independent advocacy service needs to be implemented for those patients without family support or engagement, to ensure their rights are upheld.

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 family and friends.

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)

Patients were helped at the unit to stay healthy and take part in activities to promote their wellbeing. All the patients were registered with a GP (General Practitioner) and were supported to go to an annual health check¹ with their GP.

Our review of patient notes highlighted that one health passport was in place. One health passport missing from a patient notes had not arrived with them

¹ 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.

from their previous unit. All patients need to have an up to date health passport in place and it is essential that staff ensure that all patients have one.

Improvement needed

The health board should ensure that all patients have an up to date health passport in place.

Patients were well supported to manage their health. Staff would support and arrange routine appointments to dentists, chiropodists, out-patients and opticians. Staff weighed patients regularly and dietician input had been sought to ensure patients had appropriate diets. We identified detailed health related activity reflected in patient care plans.

Patient's had their own bedrooms that they could access throughout the day. There were lounges in the unit where patients could spend quiet time away from others if they wished to do so. The unit had a private garden that patients could freely access.

Patients were able to access the facilities at the unit and in the local area and when required staff would provide assistance. Patients we spoke to confirmed that they were helped by staff and that they enjoyed going to the community for social activities.

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 observed that patients at the unit were treated with dignity and respect by the staff working there.

We saw staff treating patients with respect, care and understanding. Many of the patients had been at the unit for a considerable period of time and staff appeared to have a good understanding of their individual likes and dislikes.

All patients had their own bedrooms and we observed varying degrees of personalisation within the rooms. We found staff respecting patients' privacy as far as possible and observed staff knocking doors and asking patients if it was okay to go into their bedrooms before doing so.

One bedroom provided en-suite facilities while others had access to shared bathrooms, toilets and showers. Patients were helped with their personal hygiene according to their needs and all patients appeared well cared for.

The unit had a private garden and patients had access to a lounge, conservatory and quiet lounge.

We saw 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 two patients. These showed that members of the multi disciplinary health care team had been involved in the patients' care and treatment. We saw evidence of specialist behaviour team input and primary nurse arrangements were in place.

We identified that a patient's transition to this unit was incomplete because the care and treatment plan and health passport were not available following the transfer. It is essential that all information relating to patients is obtained to ensure continuous care.

Improvement needed

The health board should ensure that patients transferring to their services have all the necessary information and documents that will enable continuous care and treatment.

All of the patients had been living at the unit for many years and appeared settled there. Patients were very much engaged in the community and during our visit we observed service users spending considerable time away from the unit, in the community. We observed staff providing discreet and timely care to the patients and had a good understanding of their individual care needs.

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)

All but one patient at the unit had their own written care and treatment plan as required under The Mental Health (Wales) Measure 2010² legislation.

We looked at a sample of care plans which were very detailed, evidencing the strengths and potential of the patients. The care plans were reviewed regularly and 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 there was no evidence recorded in the notes when a patient did not understand or disagreed with their plan. In addition, we were unable to find in the plans we reviewed evidence of advocacy involvement.

Improvement needed

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

The health board should ensure that patients have access to advocacy services to support patients.

As mentioned under the Timely Care section, one patient had transferred to this unit and their file was missing their care and treatment plan. This issue was discussed at the time of our visit and staff assured us that this anomaly would be rectified as a priority.

There were up to date risk assessments in place for all patients which were individualised to ensure their safety.

Staff actively involved patients in their care and about daily decisions such as meals and activities. We saw patients being independent throughout the inspection. We also staff were very supportive and assisting patients when required based on their individual care needs.

² 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>

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 patient choices were restricted we saw that the reasons for this had been written in their individual care plans. We were unable to evidence any advocacy involvement in the two sets of notes we reviewed.

The care records we saw also showed that where restrictions were in place, Deprivation of Liberty Safeguards³ (DoLS) authorisations had been obtained in accordance with the DoLS arrangements. We saw that one patient had been waiting many months to have their DoLS application updated. It is essential that the DoLS application is followed up to confirm the outcome to ensure the patient is not put in a legally vulnerable position.

Improvement needed

The health board must ensure that the need for the urgent DoLS application to be actioned is escalated.

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. Staff training records showed that all staff had up to date training on the Mental Capacity Act and the majority were compliant regarding their DoLS training. There were four staff listed on the training matrix as expired in relation to their DoLS training. It is recommended that the training is reviewed and plans put in place for all staff to be fully compliant with their mandatory training.

³ 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.

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 of the informal and ad hoc ways of receiving feedback from patients and their relatives regarding 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.

Staff explained that the team had good relationships with patients' families and carers and felt confident that they would raise any concerns or worries about their relatives with the staff team. We were told that feedback from patients and their families was generally on an informal basis.

Following other visits to similar settings within the health board we are reassured that the health board are 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 patients received safe and effective care. We found that staff considered the health, safety and welfare of patients as a priority.

We found there were a number of improvements needed to the environment, specifically regarding repairs and cleaning. These improvements will enhance the liveable environment for both patients and staff.

Medication was managed safely at the unit and there were audits being carried out to ensure that safe prescribing and delivery of patient medicines was appropriate.

We saw detailed care plans which were person-centred and also saw good use of positive behavioural support plans to manage behaviour that other people may find challenging.

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 and general maintenance within the unit were completed without delay.

Although the environment was generally pleasant, there were areas that were sparse and we identified needs in terms of repairs and cleaning. One bedroom had a missing window sill, which was exposing some brick work. The bathrooms, specifically the showers within them were grubby. Walls and plug-holes were stained and marked.

One bedroom had an overpowering smell of urine. Staff told us that they had cleaned the room and despite the window open for the air to circulate, the smell was very strong and carried into the corridor. Discussions with staff highlighted that they did not have access to suitable products to rid the unit of this type of odour. It is recommended that a regular deep clean of the unit is provided by external contractors to ensure the unit is cleaned appropriately with the correct cleaning products to maintain a clean and liveable environment for both patients and staff.

Improvement needed

The health board must make arrangements for professional, deep cleaning to take place on a regular basis to ensure the unit is a liveable environment for both patients and staff.

Other environmental issues we identified which need attention included the visible trip hazard within the garden. A paved corner highlighted uneven slabs and these need to be replaced to ensure patients do not fall when in this area. Within the laundry room, the switch to turn the fan on was taped to the off position. Staff told us that when the fan was put on it blows the light.

Improvement needed

The health board must make urgent arrangements to complete outstanding repairs and maintenance work at the unit. In addition, any future work must be completed in a timely manner.

We observed very poor parking at the unit. Staff assured us that the narrow entrance to the unit was wide enough should an emergency vehicle need access. Parking space for staff and visitors was limited, however, there were areas near the unit that could accommodate visitor parking.

The unit was visibly secure against unauthorised access and staff were vigilant to ensure the patients' safety was maintained. Areas within the unit 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 which would help ensure patients are safe.

Improvement Needed

The health board must undertake regular ligature point audits and appropriate mitigating actions to ensure that the environment is safe for patients.

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.

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. There was good evidence in the care plans of patients likes and dislikes for nutrition.

There was a four weekly menu in place and was displayed in the staff office. At the time of our visit, June's menu was still displayed. There was no July menu available.

Access to a dietician was available and they had been consulted for a patient requiring a gluten free diet. A menu specific to the patient's dietary requirements was also displayed in the office. In addition, gluten free food items were readily available in the kitchen and staff had good knowledge of this patient's diet.

Discussions with staff highlighted that the menus were a framework for patient meals. The staff had good knowledge of all the patient's likes and dislikes, therefore prepared meals according to their preferred tastes. This approach staff told us ensured that patients ate their food and there was less waste as a result.

We observed a lunchtime and found staff helping and encouraging patients as needed. Staff observations were discreet, particularly for those patients with swallowing issues. Drinks and snacks could be obtained as and when required and the kitchen was available that patients could use with the 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 every three months. This review did not correspond with other units within the same health board who were receiving visits every four weeks.

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.

Patient care plans contained detailed information about the rationale for particular medication use, which was reflected in the drug charts. Medicines were regularly reviewed at handover and multi disciplinary team (MDT)

meetings to ensure they continued to be appropriate, including the use of anti psychotics/sedation medication.

Medicine charts were also checked at every handover. The second check of prescribing chart recordings and entries at handover meeting was noted as good practice.

Records for prescribing 'as required' medication (often called PRN) were considered during the inspection, showing that medication was clearly prescribed and usage was considered to be appropriate. There were protocols in place for all patients who receive PRN medication which we considered good practice.

There was no evidence in place to help patients understand what medicines they take and any effects these may have.

Improvement needed

The health board must make sure that notes are made and recorded in patient care plans to evidence their understanding regarding medicines taken and any effects they may have.

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)

Both nursing staff and management of the unit displayed a good knowledge of the safeguarding process, should a safeguarding issue be identified. This was in keeping with the All Wales Vulnerable Adult procedure. We were told that there were no safeguarding issues at the time of our inspection.

We saw training records that showed all staff were up to date regarding training on safeguarding adults and the majority of staff were up to date regarding safeguarding children.

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 very detailed and showed that care was planned to make sure patients were safe and protected from avoidable harm. The care plans reviewed were person-centred and individual risk assessments were in place.

We saw that Positive Behavioural Support (PBS) plans and Psychology Behavioural Assessment reports were in place, which were detailed and person centred. These help staff identify when patients need help to manage behaviour that other people may find challenging.

We were told by staff that there was very little hands on restraint used at the unit. Diversion was used to anticipate patients going off baseline, which lends itself to a more dignified approach.

Staff appeared to have a good understanding of the patients' needs and we saw them helping patients to be safe.

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 saw a detailed communication plan for a patient that signs. The information in the care plan was a good reference for staff.

We were unable to locate in the patient notes we reviewed that patients had been consulted about their treatment and care and given the opportunity to discuss and agree options.

Improvement needed

The health board must ensure that patients are consulted about their care and treatment and given the opportunity to discuss and agree options. All outcomes need to be recorded.

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

We observed sufficient information available to meet individual language and communication needs, however the information was across six to eight files and this needs condensing to ensure the information can be accessed in a timely manner.

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)

Patient records at the unit were stored in a secure manner to prevent unauthorised individuals accessing them. The care plans were in paper format, there was no electronic record system in place. We also saw there was a handover book in place to share information between staff members.

Records within patient care plans were generally consistent and very detailed. As mentioned above, patient information was saved in between six to eight files and this needs condensing to ensure information can be accessed in a timely manner.

Improvement needed

The health board must review the number of care plan files each patient has to ensure staff can access information in a timely and accessible format.

The entries made in the patients care plans by staff had been signed and dated. However, the entries did not fully meet the criteria set out in the health boards 'Standards of Record Keeping'. The entries we observed did not have the name printed alongside the signature and there was no record of the time of entry.

Improvement needed

The health board must remind staff of their responsibilities regarding record keeping and ensure 'Standards for Record Keeping' is adhered too.

Whilst we saw detailed care plans there was incomplete information regarding patients being consulted about their care and treatment because it was not recorded in the notes.

Quality of management and leadership

We found that the responsibilities of the manager and deputy manger were being compromised due to them being regularly included within the staffing numbers to deliver care.

We saw there were suitable arrangements for reporting and investigating any patient safety incidents and there was a good culture of shared learning at the unit.

The staffing compliment needs to be considered in relation to the acuity of the patient group to ensure it is appropriate.

Staff discussions highlighted that they were happy in their roles and felt supported by management. The majority of staff were up to date with their training, however staff supervisions were not taking place on a regular basis.

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 nurse manager was responsible for the day to day management of the unit and was supported by a deputy. We were pleased to see that both the nurse manager and deputy were actively involved with patient care and appeared to have good relationships with the patients. However, a review of staff rotas and discussions with staff did highlight that the manager and deputy are routinely included within the staffing numbers. This situation was compromising their responsibilities as leaders because internal audits and staff supervisions were not being completed in a timely way.

Improvement needed

The health board must review the responsibilities of the manager and deputy manager to ensure their roles are not being compromised when included in the staffing numbers.

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.

There was evidence that a number of in-house audits take place, including the medicines chart which was checked at every handover, every day. Pharmacy visits to audit the drugs at the unit took place every three months. However, this timescale was not in keeping with other units who had visits every four weeks.

Improvement needed

The health board must review the frequency of pharmacy audits to ensure the timescales of the visits are in line with other settings within the health board and appropriate to the setting.

We were told that regular staff meetings were held. These meetings provided an opportunity for open 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))

Although there appeared to be enough staff working with the right skills to meet the needs of the patient group, the acuity needs of the patients must be considered in relation to the staff compliment. The unit operates on four staff during the day and two staff at night, regardless of increased observations and acuity levels.

Improvement needed

The health board must consider the staff compliment in relation to the acuity of the patient group to maintain an effective and safe service.

Staff appeared to have a good understanding of the needs of the patients and we observed food being prepared based on each of their likes and dislikes. Staff also had good knowledge of the patient's activity preferences and we observed patients participate in these.

There was a low turnover of staff at the unit and we were told that agency staff were not used. To cover shifts and sickness absences, staff from other units would be offered overtime shifts and we observed this during our visit. It was positive to note that student nurses had and were working at the unit on placements and that opportunities for permanent posts were available.

Staff told us that the recruitment process can take a long time and there had been waits of up to 13 weeks to fill some posts. Staff felt frustrated by these timescales and it is essential that the health board reviews the process to ensure timely recruitment.

Improvement needed

The health board must review recruitment processes to ensure appointments are timely to enable services to maintain a consistent provision.

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.

We looked at the training records and training matrix for all staff and identified that the majority of staff were compliant regarding their mandatory training. Those few staff who had expired training need to be reviewed and training arranged as soon as possible.

Improvement needed

The health board must review staff training, specifically for those with expired training and arrange for up to date training to be provided.

A list displayed in the office for staff to complete Positive Behaviour Support Awareness training showed that a number had not completed this. The last date entry was for May 2016. It is essential that staff complete the training necessary for them to do their jobs effectively and safely.

It was pleasing to note that all staff had a current appraisal in place and there was a system in place for recording and monitoring this information.

Staff supervisions were not taking place every four to six weeks as recommended at the unit. Staff told us that informal discussions take place but not formal, documented supervisions. Arrangements should be made to ensure that members of staff have formal supervision meetings with their manager with records kept to demonstrate the discussions.

Improvement needed

The health board must ensure all staff receive regular, documented supervisions.

On the day of inspection, we observed a shift handover meeting 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: 16014

Date of Inspection: 5 July 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The health board should ensure that all patients have an up to date health passport in place.	Standard 1.1	The one patient's passport is now in place.	Unit Manager	Completed
7	The health board should ensure that patients transferring to their services have all the necessary information and documents that will enable continuous care and treatment.	Standard 5.1	The one patients Care and Treatment Plan is now in place. The unit will ensure that all documentation is transferred with any new admissions.	Unit Manager	Completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
8	The health board should ensure that any discussions with patients about their treatment and care are recorded.	Standard 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, Lead Manager for Residential units	30 th Sept 2016
8	The health board should ensure that patients have access to advocacy services to support patients.	Standard 6.1	All units have been circulated details of available advocacy services and advise to ensure that these are accessed for all patients within their units where appropriate.	Interim Assistant General Manager	Completed
9	The health board must ensure that the need for the urgent DoLS application to be actioned is escalated.	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 appropriate timescales.	Interim Assistant General Manager	completed
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	Interim Lead Nurse and Lead Manager for Residential Units	31 st Oct 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			the Learning Disabilities and Mental Health services.		
Delivery of safe and effective care					
12	The health board must make arrangements for professional, deep cleaning to take place on a regular basis to ensure the unit is a liveable environment for both patients and staff.	Standard 2.1	<p>The service is exploring a long term catering/housekeeper model of provision for the unit with Hotel Services.</p> <p>The service is utilising capital estates monies to move this patient to a planned newly refurbished room with ensuite facilities to try to manage this situation more effectively.</p> <p>The unit has continued to liaise with infection control to ensure the appropriate cleaning substances are being used for this area.</p> <p>Request for costs for a deep clean of this area on a monthly basis have been requested from Hotel services</p>	<p>Interim Assistant General Manager</p> <p>Interim Assistant General Manager</p> <p>Interim Assistant General Manager</p> <p>Interim Assistant General</p>	<p>1st Sept 2016</p> <p>Nov 2016</p> <p>Completed</p> <p>1st Sept 2016</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
				Manager	
12	The health board must make urgent arrangements to complete outstanding repairs and maintenance work at the unit. In addition, any future work must be completed in a timely manner	Standard 2.1	Develop an escalation plan for all maintenance requests and prioritise requests against appropriate budgets.	Interim Assistant General Manager	Completed
12	The health board must undertake regular ligature point audits and appropriate mitigating actions to ensure that the environment is safe for patients.	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 indentified from individual patients risk assessments who reside within the unit in relation to self harm.	Unit Manager and Lead Manager for Residential Units	30 th Sept 2016.
14	The health board must make sure that notes are made and recorded in patient care plans to evidence their understanding regarding medicines	Standard 2.6	The unit will investigate with pharmacy patient's information in relation to medication that would be appropriate for the patient group to have an understanding of their	Unit Manager, Lead Manager for Residential	30 th Sept 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	taken and any effects they may have.		medication.	Units	
15	The health board must ensure that patients are consulted about their care and treatment and given the opportunity to discuss and agree options. All outcomes need to be recorded.	Standard 3.2	<p>Unit Manager to instruct all the named nurses to document the outcome of individual patient's discussions/reviews in relation to their ongoing care plans within the notes.</p> <p>Staff will need to record within the notes if patients were unable to participate in this and demonstrate what efforts have been made to assist them in this.</p>	Unit Manager, Lead Manager for Residential units	30 th Sept 2016
16	The health board must review the number of care plan files each patient has to ensure staff can access information in a timely and accessible format.	Standard 3.5	<ul style="list-style-type: none"> 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 	Lead Manager for Residential Interim Clinical Lead Nurse	31 st Oct 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>reviews to be included within the care plans and evaluations sheets.</p> <ul style="list-style-type: none"> • Sample file to be developed and shared with all inpatients units within Learning Disabilities to ensure consistency within the service. 		
16	The health board must remind staff of their responsibilities regarding record keeping and ensure 'Standards for Record Keeping' is adhered too.	Standard 3.5	Unit manager will ensure that all nurses within the unit are aware of the standards in relation to signing, printing and dating all entries in their patient's notes.	Unit Manager	30 th Aug 2016
Quality of management and leadership					
17	The health board must review the responsibilities of the manager and deputy manager to ensure their roles are not being compromised when included in the staffing numbers.	Governance , Leadership and accountability	<ul style="list-style-type: none"> • Discussions ongoing with the Health Boards Bank Manager and Nursing agencies to block book temporary staff while we await the start of the permanently employed staff 	Lead Manager for Residential Units	30 th Oct 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>for the unit.</p> <ul style="list-style-type: none"> The service is also awaiting the commencement of newly appointed qualified nurses into the service which will assist with the overall cover across the units. 		
18	The health board must review the frequency of pharmacy audits to ensure the timescales of the visits are in line with other settings within the health board and appropriate to the setting.	Governance , Leadership and accountability	<p>The pharmacy provision for this unit has been recently transferred to ABMU Health Board and this unit will be managed in line with the other residential units within our service. Pharmacy currently provides 6-8 week reviews in the residential units and 2 week reviews within the Assessment and Treatment Units at standard.</p> <p>Apart from this the service now has a designed pharmacist for mental Health and Learning Disabilities that they can contact at POW when required outside of these visits.</p>	Interim Assistant General Manager	completed
18	The health board must consider the staff compliment in relation to the	Standard 7.1	The acuity of the patients within the unit is monitored by the unit manager and the Lead manager for	Unit Manager, Lead	completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	acuity of the patient group to maintain an effective and safe service.		Residential units currently and with any new admissions or changes in the current patient's presentation. Any required increases in staffing are discussed between both and can be approved when the clinical need identifies this.	Manager for Residential units	
19	The health board must review recruitment processes to ensure appointments are timely to enable services to maintain a consistent provision.	Standard 7.1	The service is part of the All Wales Recruitment service provide by Shared Services and the Health Board will continue to work with them in relation to any ongoing delays in the recruitment process	Interim Assistant General Manager	completed
19	The health board must review staff training, specifically for those with expired training and arrange for up to date training to be provided	Standard 7.1	Unit manage will arrange the relevant training for those staff that have expired.	Unit Manager	30 th Oct 2016
19	The health board must ensure all staff receive regular, documented supervisions.	Standard 7.1	Lead Manager for the Residential Unit will organise supervision with unit manager and confirm the cascade arrangements for supervisions for all staff. Supervision processes to be recorded locally and audited	Lead Manager for Residential Units Unit Manager	30 th Sept 2016 30 th Nov

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			annually as part of the service audit cycle.		2016

Service representative:

Name (print): Dermot Nolan

Title: Interim Assistant General Manager

Date: 4/8/16