

Learning Disability Inspection (unannounced)

**Abertawe Bro Morgannwg
University Health Board,
Laurels and Briary
Specialist Residential
Service**

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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 Laurels and Briary specialist (learning disabilities) residential service on 14 June 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead) 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 Laurels and Briary provide 24 hour care, treatment and support for people with complex needs and forms part of learning disability services operated and managed by Abertawe University Health Board. The residential facility, which takes the form of two bungalows, was developed following the closure of Ely Hospital and is one of nine such services available within Cardiff.

The service provides care, treatment and support to a maximum of eight people. The service also aims to provide respite care to one person at any given time. At the time of our inspection, five females and two males were living at the premises. There was no-one in receipt of respite services.

The service employs a staff team which includes a manager and a deputy manager (both of whom are registered nurses), 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 patients' changing, identified needs.

All patients are registered with local GPs.

3. Summary

It was evident that staff working at the service placed a considerable emphasis on ensuring that patients' (and their families) experience of care and support was positive.

Overall, we also found that the health, safety and welfare of the patients were a priority. This is because we were able to confirm that there were suitable arrangements in place to provide a good quality, safe service. However, it was acknowledged that wider issues such as staffing levels, maintenance of the care environment and staff engagement (with senior health board managers) were often beyond their control.

This is what we found the service did well:

- We found that staff adopted the use of best practice (health board and professional) guidelines in relation to the planning of patients' care and treatment
- The staff team were found to be compassionate, motivated and respectful toward patients, and each other
- Patients were encouraged and supported to participate in a range of social and leisure activities in accordance with their wishes and abilities

This is what the service needs to improve:

- The health board is advised of the need to provide HIW with details of how it would ensure that there is always enough staff in place to work at the service at the right time to meet patients' needs
- The health board is required to provide HIW with details of the action taken to ensure that it is compliant with the Smoke Free Premises legislation and the Standards
- The health board is advised of the need to inform HIW of the initial and on-going action to be taken to ensure that patients receive care in the most appropriate environment and in accordance with their needs, wishes and preferences
- The health board is required to inform HIW of the action taken to actively promote a healthy and safe workplace and the health and well-being of patients and staff

Please see Appendix A of this report for information about other aspects of service provision at the Laurels and Briary identified for improvement.

4. Findings

Quality of the patient experience

Overall, we were able to confirm that staff placed a considerable emphasis on providing person centred care to patients living at the Laurels and Briary.

The inspection team attempted to seek patients' views with regard to the care and treatment provided at the service through face to face conversations, as far as possible.

However, due to patients' varied and complex difficulties with verbal communication, our view of their day to day experience was also drawn from what was written in care and treatment plans, observations we made during the time we spent at the service and conversations held with staff members about the way in which they supported individuals.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage 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)

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 individuals' records 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.

During a tour of the service premises, it became evident that a conservatory area was being used to enable patients to smoke. As a result, the smell of smoke was present in the adjoining conservatory and in the dining area of one of the bungalows. This contravened the Smoke Free Premises (Wales) legislation 2007 as well as the Health and Care Standards and had the potential to have a negative effect on the health and well-being of patients and staff who do not smoke.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that it is compliant with the Smoke Free Premises legislation and the Standards.

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 found that people were being looked after by a team of compassionate, motivated staff who were respectful toward patients and each other.

We were able to confirm that patients' modesty and privacy were protected at times when they were being supported with aspects of their personal care. This is because we saw that staff placed a portable screen at various points in the main corridor when patients were being transported from their own room to the toilet or bathing area. We also saw staff knocking on patients' doors prior to entering their bedrooms.

Patients' rooms were nicely decorated and contained many items that had been chosen by them and/or their families.

We observed many instances whereby staff sat alongside patients to assist them to eat and drink or to listen to them and hold conversations about their day.

Conversations with staff revealed the efforts made to ensure that the delivery of continence care was appropriate, prompt and discreet. We also saw a number of patients' care plans where it was clear that patients were encouraged to undertake as much of their personal care as possible.

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 all areas occupied by patients. We also saw that staff responded very promptly to individuals at times when they called out, or appeared to be anxious.

We were told that multi-disciplinary meetings (where patients needs were assessed and reviewed), had not taken place for some time. We were assured however, that such important discussions were due to resume in the very near future (8 July 2016).

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 seven available) patients' records in depth and found that they contained comprehensive and easy to follow care plans. Such records also provided us with examples of good care co-ordination between staff working within the service and a wider group of health care professionals. This meant that relevant people were involved in planning patients' current and future care. We also spoke with staff and found that they were very knowledgeable about the needs of individuals in their care.

Overall, patients had access to the right equipment to help meet their identified needs. However, we did find that there had been a significant delay in securing a new/specialist chair for one individual; the chair having undergone temporary repair and was difficult for staff to manoeuvre safely. We further found that the patient was uncomfortable when using the current chair, as they could not sit in the correct position.

Conversations with staff also revealed that one of the patients' beds currently in use remained faulty (specifically, the bed did not hold its position when elevated which created difficulties for staff and the patient concerned during manual handling procedures) although requests had been made for it to be repaired.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that all patients are provided with appropriate equipment in a timely way to meet their identified needs.

Patients' files held very useful information about their key wishes and preferences as well as important information about their physical and mental health (such information is known as a 'hospital passport' and can be transported with patients when they are admitted to hospital for acute care or treatment to assist staff to understand their needs). All patients' passports however should ideally be updated annually to make sure that the information

relates to their current needs, as some had not been renewed for a little over twelve months.

Conversations with the unit manager highlighted the emphasis placed on encouraging people to participate in social activities in accordance with their wishes and abilities. For example, 'community music Wales' sessions took place on Friday afternoons; an activity which we were told was unique to this service and very much appreciated by patients. Ex-patients were also enabled to attend if they wished.

We were also made aware of the arrangements in hand to support patients on a day trip in the near future and a range of other social activities/event that patients were enabled to enjoy. Additionally, patients had access to a pleasant, level outside space when the weather permitted (although one of the exits from the bungalows was unsuitable for people with mobility difficulties).

Conversations held with staff and senior managers revealed that more than one patient living at the service required alternative accommodation in response to their presenting needs. However, in each case, agreement had not been reached either in respect of the Continuing NHS Healthcare funding required or suitable living arrangements (such as supported housing or a care home). These matters had the potential to have a negative effect on the health and well-being of the patients concerned. It is therefore imperative that agreement is reached between the health board and local authorities identified, so that care provided to patients is more suited to them and not delayed any further.

Improvement needed

The health board is required to inform HIW of the initial and on-going action to be taken to ensure that patients receive care in the most appropriate environment and in accordance with their needs, wishes and preferences.

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

We found that care and treatment was provided with a view to ensuring patient's rights were upheld. This is because patients' records clearly showed

that there was Deprivation of Liberty Safeguards¹ authorisations in place; the correct process having been followed. There was also an established system for requesting renewal of safeguards authorisations, in accordance with individuals' presenting needs. (There is further reference to this matter under the Health and Care Standard 2.7).

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)

Discussions with the unit manager confirmed that the service circulated questionnaires to patients and their families on an annual basis as a means of obtaining their views wherever possible. The last survey was completed during November 2015 and resulted in the receipt of a number of positive comments.

Staff also described how they made every effort to get to know the individuals in their care (as well as their families), in order to work with them to improve services on an ongoing basis and to deal with any concerns they may have. We were informed that the service had not received any formal complaints in the past twelve months.

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.

Delivery of safe and effective care

We found that the staff team made every effort to provide patients with good quality, safe and timely care. We also found that staff regarded the health, safety and welfare of patients as a priority.

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)

The Laurels and Briary had received a visit from the fire service during February 2016, as a result of which, the health board was required to take action in relation to a number of environmental issues. We were however provided with the completed action plan prepared by the health board and found that a number of issues had already been addressed. We were also informed that the required building work and provision of additional fire doors and fire exits was about to begin.

We saw that the flooring located at the exit from one of the conservatories was in need of repair and constituted a trip hazard and the ground/paving immediately outside the conservatory door was uneven and at such an angle that it prevented people with mobility difficulties to access the garden safely.

Staff did not have access to an area where they could store their belongings securely or to spend time to relax during their break periods. In addition, there was no dedicated visitors' room where patients and their families could spend time together, or where families could speak with staff about confidential matters (and the manager's and administrative offices respectively were very cramped and cluttered).

Improvement needed

The health board is required to inform HIW of the action taken to actively promote a healthy and safe workplace and the health and well-being of patients and staff.

We saw that staff had access to emergency equipment for use in the event of a patient collapse. However, the dates applied to packaging did not make clear, whether the equipment was ready for use. Additionally, we were made aware that a number of staff had not received recent training in relation to cardio-pulmonary resuscitation (CPR). Staff had though received specific training on

the use of suction equipment. The issue of staff training is explored further within the section of this report entitled Quality of Management and Leadership.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that staff have access to appropriate resuscitation equipment for use in the event of a patient emergency (collapse).

We examined a sample of patient risk assessments and found that all were written with an emphasis on providing person centred care.

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

We saw that staff were very calm and encouraging when supporting patients to eat and drink. We also saw that patients (who were able to eat and drink independently) had access to a varied menu each day. In addition, we saw some examples of detailed patient nutrition plans.

Appropriate arrangements were also in place to provide patients with artificial nutritional support in accordance with their needs.

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 looked at patients' medication charts and were able to confirm that they received their prescribed medication in a timely way. We also saw that there was a well established system in place for staff to record the use of 'as and when needed' forms of medication together with its frequency and effectiveness.

Patients' pain levels were assessed, monitored and evaluated through the use of an appropriate, recognised assessment tool.

Staff were provided with detailed information sheets about prescribed patient medication in use. Such information sheets were kept alongside patient medication charts in order to assist/remind staff of the use of the medication and its possible side effects.

Conversations with staff revealed that they completed a nightly drug audit as a means of ensuring the correct administration and storage of prescribed medicines.

Discussions with the unit manager indicated that the service received a monthly support/review visit from a pharmacist employed by the health board. A doctor visited the service daily to consider/revise patients' medication as needed.

However, we identified that the medicines room was unlocked on our arrival and at other times during our visit. This was brought to the attention of the unit manager to prevent access by unauthorised persons.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that the security and storage of medicines is sustained in accordance with local policy.

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 ready access to current All Wales guidance about the Protection of Vulnerable Adults (PoVA). In addition, we were informed that no PoVA cases had arisen as a result of service provision in the past three years.

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 (DoLS). However, whilst the staff team had submitted three DoLS applications for consideration during May 2016, the team had been informed that there would be a significant delay in the completion of the required best interest's assessment. This matter remained unresolved at the time of our inspection.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that it is compliant with the Mental Capacity Act 2005.

We saw that patients had access to independent advocacy at times when there were no family members/representatives available to support them, regarding decisions about their care.

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 found that patients were safe and protected from avoidable harm through appropriate care and support in accordance with best practice guidelines, the details of which were clearly recorded in individuals' records.

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 largely achieved through communicating with patients' families, representatives and other health and social care professionals.

Conversations with staff and scrutiny of patient records confirmed that restraint was never used at times of dealing with patient's behaviour that some people may find challenging. Rather, diversion techniques were used or patients were provided with space until such time that the situation resolved.

Record keeping

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

We found that record keeping was of a very high standard and in accordance with the health board's and Nursing and Midwifery Council (NMC) guidelines. Staff were commended for this at the inspection as it meant that all members of the team had access to a comprehensive guide as to how to meet the current and future needs of patients in their care.

We saw that the filing cabinets (which contained patient notes in one of the two bungalows) were unlocked. The unit manager was however able to provide us with evidence of the order that had been placed to obtain keys, as a means of ensuring that patients' confidential information is held securely.

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. 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), we advised the service of the need for a review of service provision and staffing to ensure the health, safety and wellbeing of patients and staff.

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 that the manager and staff team at the service were passionate, committed and person centred in their values base and their approach to delivering care and support to patients. We further found that staff were very clear about their roles and responsibilities and told us they generally felt well supported on a day to day basis.

Discussions held with members of the staff team and the manager also demonstrated that they were aware of service issues which required improvement and had a clear commitment to addressing these. This was in order to raise the standard of care and support to patients. However, it was acknowledged that wider issues such as staffing levels, maintenance of the care environment and staff engagement (with senior health board managers) were often beyond their control.

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. We were also made aware that the health board had begun the process of establishing a Joint Commissioning Board for Mental Health and Learning Disabilities. This was with a view to proposing new models of care and service configurations and early intervention approaches for people with learning disabilities. The Joint Commissioning Board would also be responsible for identifying the reallocation of existing NHS resources with the aim of delivering the best quality, experience and outcome for individuals and their families.

We were provided with a copy of a health board environmental audit (completed during December 2015/January 2016) and a spot check visit

undertaken by a senior manager during February 2016. The outcome of the former audit was *'the majority of standards met and the concerns are quite small'*. However, some of the issues for improvement highlighted during that environmental audit have yet to be resolved. This matter is discussed more fully in the section of this report entitled 'The delivery of safe and effective care.'

We found that collaboration and information exchange 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.

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 unforeseen staff sickness and registered nurse vacancies. Consequently, the staff team were frequently called upon to undertake overtime duties which had the potential to have a negative effect on their health and well-being.

Discussions with senior managers revealed that the health board had already taken some action to fill the registered nurse vacancies in the future months. This was to be achieved by recruiting newly qualified staff and encouraging two experienced nurses (who had recently retired) to return to work at the service on a 'job-share' basis. In the interim, we were told that discussions were underway regarding the use of the wider health board nurse 'bank' to ensure that there were enough staff available to care for patients.

Improvement needed

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

During the course of this inspection, we gave staff the opportunity to complete a HIW questionnaire. Seven questionnaires were returned. A summary of staff responses is shown below:

'We work well as a team'

'The staff work hard as a team to provide a high standard of care for the patients. Lack of funding and faulty equipment can be a hindrance'

'I would welcome any further training relevant to my position'

Completed HIW staff questionnaires further showed that there was an emphasis on staff training, on providing good quality care to patients and that there was generally a culture of openness within the health board that enabled staff to identify and solve any problems.

A student nurse who spoke with us also stated that the staff team had supported her in a very positive way throughout her placement which had helped her to learn a great deal during the time she had spent at the service.

Discussions with the unit manager served to highlight the content of the staff mandatory training programme. However, we were informed that health board training completion/compliance data often differed from that which was held by the service. More specifically, staff were undertaking more training than that which was being recorded centrally. As a result we were unable to see clear evidence of staff training to date. In addition, we found that some staff had not received recent training with regard to cardio-pulmonary resuscitation (CPR) and the use of emergency equipment.

Improvement needed

The health board is required to describe how it will ensure that staff receive relevant training on an ongoing basis, so that they are able to deliver safe and effective care.

We were able to confirm that approximately 80 per cent of staff had received an annual appraisal of their work. However, this meant that 20 per cent of the workforce (including the unit manager) had not had the opportunity to discuss the effectiveness of any training completed and determine what further key skills were required to assist them 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.

Conversations with staff however did reveal that they were able to discuss any concerns they may have about delivering services to patients with the manager, on a day to day, informal basis.

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 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: Laurels and Briary specialist NHS residential service

Date of Inspection: 14 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
5	The health board is required to provide HIW with written evidence that all patients have received their annual GP health check.	1.1	GP health checks have been completed for the patients within the unit on the 19 th and 28 th July and the final two are booked for 5 th Aug 2016.	Unit Manager and Lead Managers for Residential Units	Completed
6	The health board is required to provide HIW with details of the action taken to ensure that it is compliant with the Smoke Free Premises legislation (2007) and the Standards.	1.1	The service reviewing the current smoking arrangements and placing the smoking facilities for patients outside of the unit in a cover area which will ensure that others patients are not affected by smoking.	Lead Manager for Residential Units and Interim General Manager	31 st Oct 2016
7	The health board is required to inform	6.1	The individual patient's bed has now	Unit Manager	Completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	HIW of the action taken to ensure that all patients are provided with appropriate equipment in a timely way to meet their identified needs.		been repaired and a process for escalation of outstanding estates issues has been put in place.	and Interim Assistant General Manager	
8	The health board is required to inform HIW of the initial and on-going action to be taken to ensure that patients receive care in the most appropriate environment and in accordance with their needs, wishes and preferences.	6.1	Meeting has been held with Cardiff and Vale Commissioners on the 18 th July 2016 to discuss the issue of care management and CHC reviews. Action plan being developed within the unit with plans to arrange and complete a full CHC review of all patients to establish their current needs in relation to future placement.	Unit Manager and Lead Manager for Residential Units	30 th Nov 2016
Delivery of safe and effective care					
10	The health board is required to inform HIW of the action taken to actively promote a healthy and safe workplace and the health and well-being of patients and staff.	2.1	The area in relation to the conservatory and the outside ramp is currently being reviewed by the capital estates manager to be included in the current building works that have commenced within the unit. Once the work to relocate the smoking room from the	Interim Assistant General Manager Lead Manager for	30 th Aug 2016 31 st Oct 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			conservatory area these areas can be utilised for patient and staff areas for visiting and breaks.	Residential Units and Interim General Manager	
11	The health board is required to inform HIW of the action taken to ensure that staff have access to appropriate resuscitation equipment for use in the event of a patient emergency (collapse).	2.1	Meeting has been held with the Health Boards Resuscitation trainer on the 21 st July 2016 to establish what is required for all units within the service. Details of the agreed specification for equipment have been sent to all unit managers to put in place.	Unit Manager and Lead Manager for Residential Units	30 th Aug 2016
12	The health board is required to inform HIW of the action taken to ensure that the security and storage of medicines is sustained in accordance with local policy.	2.6	Unit Manager has informed all staff that the treatment room needs to be locked at all times to ensure appropriate storage of medication.	Unit Manager	Completed
12	The health board is required to inform HIW of the action taken to ensure that	2.7	The service has will continue to liaise with the Statutory Authority in	Lead Manager for	30 th Aug 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	it is compliant with the Mental Capacity Act 2005.		relation to completion of DoLs application in a time.	Residential Units and Interim Assistant General Manager	
Quality of management and leadership					
15	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.	Governance , leadership and accountability	To complete 15 step challenge audits in all Units. Review the audits and complete an action plan from the findings.	Interim Lead Nurse and Lead Manager for Residential Units Interim Lead Nurse and Lead Manager for Residential Units	30 th Aug 2016 30 th September 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>Circulate the visual audit cycle to all unit managers.</p> <p>To develop with the Governance team a system for the collation, monitoring and reporting of all audits completed by the Unit managers.</p>	<p>Interim Lead Nurse</p> <p>Interim Assistant General Manager and Delivery Unit Governance Lead.</p>	<p>Completed</p> <p>1st December 2016</p>
16	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	<p>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 for the unit.</p> <p>One staff nurse awaiting transfer from another unit in the service.</p> <p>Some community nurses from within our service have also started to work within the unit via the bank.</p>	Unit Manager and Lead Manager for Residential Units	30 th Sept 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
16	The health board is required to describe how it will ensure that staff receive relevant training on an ongoing basis, so that they are able to deliver safe and effective care.	7.1	<p>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.</p> <p>Basic Life Support to be arranged for all staff within the unit which will comply with what has been agreed following a recent meeting with the Health Board Resuscitation Trainer.</p>	<p>Interim Assistant General Manager</p> <p>Unit Manager</p>	<p>Completed</p> <p>30th Sept 2016</p>
17	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.	7.1	<p>Date booked for the unit manager to have his PaDR completed (25th Aug 2016)</p> <p>Arrangement to being made for the remaining 20% of staff to have their PaDR's completed.</p>	<p>Lead Manager for Residential Units</p> <p>Unit Manger</p>	<p>20th Aug 2016</p> <p>31st Oct 2016</p>

Service representative:

Name (print): Dermot Nolan

Title: Interim Assistant General Manager

Date: 1/8/16