

**Learning Disability
Inspection (unannounced)
Betsi Cadwaladr University
Health Board,
Assessment and
Treatment Unit, Foelas**

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In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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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 Foelas Assessment and Treatment Unit, Bryn Y Neuadd Hospital, Llanfairfechan, North Wales on 22 and 23 June 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead) and a clinical peer reviewer.

HIW explored how Foelas 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

Foelas Assessment and Treatment Unit forms part of learning disability services provided within the geographical area known as Betsi Cadwaladr University Health Board (BCUHB).

Foelas is an assessment and treatment unit for people with learning disabilities and who also have complex physical health care needs. The unit provides care for up to eight patients.

The staff team includes a unit nurse manager and a deputy (both registered nurses), registered nurses, healthcare support workers and housekeeping staff. At the time of our inspection student nurses were also working on the unit (on training placements) as part of their training. The team works closely with other members of the multi-disciplinary team involved in patients' care.

The service sits within the Mental Health and Learning Disability Division of BCUHB.

3. Summary

Overall, we found evidence that the service provided patient centred care that was safe and effective. Patients appeared well cared for and were helped by a staff team who appeared to have a good understanding of their individual care needs.

This is what we found the service did well:

- We saw staff treating patients with respect and kindness.
- Patients had detailed care records setting out the help and support they needed.
- Patients' medicines were handled safely by staff responsible for them.
- We found effective leadership provided by the unit nurse manager who led by example.

This is what we recommend the service could improve:

- The arrangements for checking emergency (resuscitation) equipment need to be revisited so that the health board is assured that staff are aware of what equipment needs to be available.
- Staff need to be supported to attend update training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) to ensure their knowledge remains up to date

4. Findings

Quality of patient experience

We saw that the staff team treated patients with respect and kindness. Patients' care plans were detailed and person centred, and these had been reviewed regularly. Patients were helped by a staff team who appeared to have a good understanding of their individual care needs.

Arrangements were in place for patients and their families to provide feedback and the health board should ensure this continues.

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)

Staff at the unit worked with other healthcare professionals to help patients stay healthy.

Senior nursing staff told us that patients could be seen by a local GP for general health related conditions. During the week of our inspection a newly set up weekly GP clinic had commenced. This supported the current arrangements previously in place for patients to see a GP. Patients would be able to receive annual health checks¹ at this weekly clinic. Senior nursing staff also confirmed that patients were helped to see a dentist and optician according to their needs. We saw that patients had care records that set out in detail the help they required to look after their health needs.

We saw that patients were helped to spend time away from the unit to take part in activities to promote their wellbeing.

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.

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 staff were treating patients with respect and kindness. We also found staff protecting patients' privacy and dignity.

We saw that staff had a friendly, yet professional, approach towards patients and treated them with respect and kindness. Staff appeared to have a good understanding of the patients' individual likes and dislikes and we saw staff helping them according to their assessed needs. All patients appeared well cared for.

All patients had their own bedrooms for privacy. Some patients had been able to display their own things such as photographs and ornaments. Where we were told this was not possible, a satisfactory explanation was provided by staff.

We saw doors to bath/shower rooms and toilets were closed when staff were helping patients with personal care. This helped to protect patients' privacy and dignity.

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' care needs were being met in a timely manner by the staff team. We also found that patients' care records had been reviewed regularly by those healthcare professionals involved in their care.

We looked at the care records for two patients. These showed that patients had care coordinators and that relevant members of the multi disciplinary health care team had been involved in the patients' care and treatment. We saw evidence of monthly multi disciplinary team (MDT) meetings. Patients' care records are reviewed at these meetings to ensure that care is planned to meet patients' ongoing care needs.

Staff appeared to have a good understanding of the patients' 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)

The care records we saw were detailed and had been reviewed regularly. However separate care and treatment plans, required by law, did not show whether staff had made efforts to agree them with patients.

We looked at a sample of two care records and saw that they described in detail what patients could do for themselves and what help and support they needed from staff. We also saw that individual risk assessments had been completed to help keep patients safe. These were also detailed and up to date.

Patients had care and treatment plans as required under law (The Mental Health (Wales) Measure 2010)². We saw these had been reviewed and were up to date. Staff had not recorded whether efforts had been made to explain patients' care and treatment plans to them and whether they agreed with the plans. Staff responsible for care and treatment plans must record the efforts made to explain these to patients, whether they have agreed them and if not the reason why, together with comments around this.

Improvement Needed

The health board must ensure that staff record the efforts made to explain patients' care and treatment plans to them, whether they have agreed them and if not the reason why.

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)

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>

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

We saw staff respecting patients' privacy and allowing them choice in their daily routines. Where patients' choices were restricted we saw that the reasons for this had been written in their individual care records. Where restrictions were in place, Deprivation of Liberty Safeguards³ (DoLS) authorisations had been obtained in accordance with the DoLS arrangements. We saw that these were up to date.

Staff training records showed that over 50 percent of staff needed to attend update training on the Mental Capacity Act 2005 and DoLS. Senior staff confirmed action was being taken to ensure staff received update training.

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

There were arrangements in place for patients and their families to provide feedback on their experiences of using the service. The health board should ensure that these arrangements continue.

Senior staff explained that the unit was applying for Accreditation for Acute Inpatient Mental Health Services – Learning Disabilities⁴ (AIMS - LD). As part of this process, the unit was inviting patients and their families to provide feedback on the service provided. This was by means of a questionnaire. An easy read version was being used for patients who have difficulty reading or difficulty

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.

⁴ AIMS-LD is an initiative of the College Centre for Quality Improvement
<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/whygetaccredited/aims-ld.aspx>

understanding words. Senior staff explained that patients would be supported so that they could provide their views.

Senior staff told us that this would be ongoing as part of the accreditation review process. The health board should ensure that arrangements for obtaining regular patient feedback are continued.

In addition senior staff informed us that patients were encouraged to take part in MDT meetings, with support from staff, their families and/or advocates as appropriate.

Information on how to raise a concern (complaint) was displayed in the reception area of the unit. Whilst easy read versions were available on request, the health board should make sure that these are readily available for patients using the service. Senior staff described the process for responding to complaints and this was in accordance with *Putting Things Right*, the arrangements for managing concerns about NHS care and treatment in Wales.

Delivery of safe and effective care

Overall we found that patients received safe and effective care. We did identify some improvement was needed around checking emergency (resuscitation) equipment.

Safe care

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

We found that patients' health, safety and welfare were protected.

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 records we looked at.

An audit to identify potential ligature points had been conducted in May 2015 with recommendations made. There was, however, no information readily available to describe what follow up work had been done. Senior managers provided an assurance that the health board had acted upon the recommendations made.

Improvement needed

The health board must provide HIW with details of the action taken as a result of the findings of the ligature audit conducted in May 2015.

We were told that all staff were expected to attend cardiopulmonary resuscitation (CPR) training. We saw that some staff required update CPR training and senior staff assured us that this had already been booked for those staff who required it.

We saw that staff had access to resuscitation equipment in the event of a patient emergency (collapse). We saw that checks had been done regularly with a view to making sure the equipment was safe to use. Whilst records had been kept of the checks, these did not clearly identify all the equipment that should be available. We were not, therefore, assured that the emergency equipment was complete. In addition we found that some airways were out of date. We informed senior managers of our findings and they provided an assurance that they had contacted the relevant person in the health board for

further advice on the matter. We were also assured that replacement airways had been ordered.

Improvement Needed

The health board should assure itself that staff are fully aware of what emergency equipment must be checked and available at all times.

The unit had a 'hypo box'⁵ which was partially stocked. Senior staff explained that staff would order replacement stock as and when needed. We recommended that the system for checking these boxes and for when replacement stock must be ordered be confirmed to ensure the health board's policy was being adhered to. This is to ensure that sufficient supplies are always available should they be needed in the event of a patient presenting with a diabetic emergency.

Improvement Needed

The health board should assure itself that staff are adhering to the health board's policy for checking and managing 'hypo boxes'.

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 depending on their individual needs.

Within the sample of care records we saw that staff had written information about the help patients needed with eating and drinking. These also included details of any special diets patients needed.

We saw staff supporting patients to eat and drink and were told that snacks and drinks were available throughout the day.

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

⁵ A 'hypo box' contains guidance and treatment to manage patients presenting with severe hypoglycaemia (low blood glucose).

We found that patients' medication was managed safely at the unit.

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 a locked trolley and locked cupboards for safety. A lockable fridge was available should this be needed. There were no Controlled Drugs being stored at the unit at the time of our inspection. We saw that regular checks of Controlled Drugs had been done previously however, to make sure they were being managed properly. Senior staff explained that information about medicines given to patients was shared at each handover between staff. This was to promote patient safety.

We saw individual plans which showed staff the support patients needed to take their medicines. Staff told us that patients' medicines were reviewed weekly by unit staff to decide whether any should be changed or stopped.

Staff at the unit used a recognised pain assessment tool for use with patients who are unable to tell staff about their pain. We considered this to be noteworthy practise.

We also saw an easy reference guide on the medicines used at the unit for healthcare staff and students to use. This provided information on the types of drugs used, what they were used for and their side effects. Staff confirmed they found this useful.

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.

The unit staff showed a good knowledge of the process to follow should an adult 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 most staff were up to date with training on safeguarding adults. The health board should make arrangements to support those staff who were not up to date to attend suitable training.

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 records. 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 again these were detailed. These help staff identify when patients need help to manage behaviour that other people may find challenging. Staff appeared to have a good understanding of the patients' needs. During our inspection we saw an example of staff effectively managing a situation involving a patient displaying anxiety. Staff supported the patient in a sensitive and discreet way to maintain the patient's safety and that of others on the unit.

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

We found that staff had made efforts to meet individual's communication needs.

The communication needs of patients were recorded within their individual care records. We saw staff spending time talking and listening to patients to help them understand decisions about their care.

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

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)

Records used at the unit were stored securely to prevent unauthorised people from reading them.

A copy of the health board's record keeping guidelines was kept with each set of patient's care records we saw. This showed staff what the health board

expected when completing records. The care records we saw were detailed and up to date. Integrated care records were being used on the unit. This meant that all information relating to a patient's care was kept together in one file rather than separate files. This should ensure good communication between staff involved in a patient's care as all relevant information was available in one place.

Not all record entries made by healthcare support workers had been countersigned by the registered nurses. A countersignature by the registered nurse responsible for the patient's care forms part of the health board's record keeping guidelines and clinical standards. The health board should, therefore remind staff of the need to adhere to record keeping guidelines.

Patients at the unit had very complex healthcare needs and their care record files tended to be very full as a result. The unit nurse manager had recognised this and had developed a useful index to standardise the notes content and to help staff find information more easily.

Quality of management and leadership

There was a management structure in place to support the operation of the service. We found that much work was being done to develop and continually improve the mental health and learning disability services provided by the health board.

We saw strong leadership at the unit. Patients were cared for by a friendly and committed staff team who appeared to have a good understanding of the needs of the patients.

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 saw strong and effective leadership being provided by the unit nurse manager who we found led by example.

A nurse manager was responsible for the day to day management of the unit supported by a team of registered nurses, healthcare support workers and housekeeping staff. Close and effective working relationships with other members of the multidisciplinary team were described and demonstrated.

A team of senior managers was in place and the unit nurse manager had a good knowledge of who to contact with work related queries and requests.

The unit nurse manager described suitable arrangements for reporting and investigating patient safety incidents. We were told that learning from incidents that had happened at the unit was shared with the staff team.

During our inspection, we met with senior hospital managers. It was evident from our discussions at the meeting that much work was being done by the health board with a view to develop and continually improve its mental health and learning disability services. This involved the health board working with local authorities and third sector organisations to identify the future care needs of the local population. A series of meetings and a staff event were planned to take the work forward.

Senior managers described arrangements for reporting service related issues to the health board as part of the overall governance process. These arrangements aimed to identify relevant patient safety and quality issues so that

appropriate action could be taken where necessary to maintain the safety and wellbeing of patients using services.

During our feedback meeting at the end of the inspection, senior managers and staff were receptive to our comments. They clearly demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Staff and resources

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

We invited staff to provide their views on working at the unit. We did this by asking them to complete a HIW questionnaire. We also spoke to staff more generally on an ad-hoc basis.

There appeared to be enough staff working with the right skills to meet the needs of patients at the unit. Responses within some questionnaires, however, indicated that staff felt more were needed for them to do their jobs properly. All staff felt satisfied with the quality of care they provided to patients.

Staff who completed and returned a questionnaire told us that they had attended training relevant to their role. We identified that some staff needed to attend update training on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to meet the health board's training standards. Senior staff confirmed action was being taken to ensure staff received update training.

Improvement needed

The health board should make arrangements to support staff to attend update training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The majority of staff confirmed that their training helped them in their day to day work. Some staff told us they would like to attend other training. This included training on Makaton⁶ and autism. The health board should explore this further and support staff to attend training identified.

⁶ Makaton is a method of communication using signs and symbols and is often used as a communication process for those with learning difficulties.

When asked about their view of the health board and their managers, most staff told us that they felt supported and that team work was encouraged.

The unit nurse manager explained the process for staff supervision and confirmed that the aim was to have meetings every six to eight weeks. We were told that informal discussions happened on a day to day basis to share relevant information and answer work related queries. We were told that staff had an annual appraisal of their work and records we saw confirmed this. Staff who completed and returned a questionnaire also confirmed this.

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: Foelas Assessment and Treatment Unit

Date of Inspection: 22 and 23 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
7	The health board must ensure that staff record the efforts made to explain patients' care and treatment plans to them, whether they have agreed them and if not the reason why.	Standard 6.1	Where patients are assessed as having capacity to understand their Care and Treatment plan, staff explain the plan and the patient is requested to sign and date it. The Care and Treatment plan is then placed into the clinical notes. Where patients are assessed as not having capacity to understand their Care and Treatment plan the standard 'Capacity Assessment' form is completed which details the	Modern Matron Modern Matron	Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			efforts made to explain the Care and Treatment plan. If no attempt has been made, staff have been instructed to document why this is the case.		
Delivery of safe and effective care					
10	The health board must provide HIW with details of the action taken as a result of the findings of the ligature audit conducted in May 2015	Standard 2.1	Following the TACP (architects) anti-ligature audits undertaken in May 2015, mitigating risk assessments are in place. These areas. The risk assessments are updated as patient's presentation changes or as new admissions come onto the ward.	Modern Matron	Complete
11	The health board should assure itself that staff are fully aware of what emergency equipment must be checked and available at all times.	Standard 2.1	Discussions have taken place with the BCU Resuscitation Officer who has confirmed the list of items that should be available in the resuscitation bag. In accordance with that list, equipment is checked and recorded on a daily basis.	Modern Matron/BCU Resuscitation officer	Complete
11	The health board should assure itself that staff are adhering to the health	Standard 2.1	The Health Board does not have an agreed policy for checking and	Modern Matron	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	board's policy for checking and managing 'hypo boxes'.		managing 'hypo boxes'. However, the ward manager has developed a 'Hypo Box Daily Check Sheet' which has been implemented.		
Quality of management and leadership					
16	The health board should make arrangements to support staff to attend update training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.	Standard 7.1	Training data for MCA/DoLS is as follows: Total staff – 17 Training in date – 10 Training dates booked - 7	Modern Matron	

Service representative:

Name (print): Jenifer French

Title: Director of Nursing, Mental Health and Learning Disabilities

Date: 31 August 2016