

Quality Check Summary

Llwyneryr Unit

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llwyneryr Unit as part of its programme of assurance work. The unit provides care for up to seven patients with learning disabilities. The unit forms part of the learning disability services provided by Swansea Bay University Health Board.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the Unit Manager and the Lead Nurse for Learning Disability Services on 19 May 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that the environment is safe and suitable for the needs of patients at this time? What changes, if any, have been made as a result of COVID-19 to the following:
 - Physical environment
 - Routines, visiting arrangements and contact with loved ones
 - Behaviour management
 - Patient access to community/leave, activities and social networks (including formal leave where the Mental Health Act applies)?
- How is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- How are you ensuring that there are sufficient numbers of appropriately trained staff to meet patients' needs, with access to wider health and care professionals where needed?
- Considering the impact of COVID-19, how are you discharging your duty of care against the Mental Health Act and DOLS legislation, and how are patients' rights being safeguarded?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and use of restraint and seclusion. We also questioned the setting on the changes they have made to make sure patients continue to receive the care and treatment according to their needs.

The following positive evidence was received:

Staff confirmed that a number of changes had been made to the environment in response to the pandemic. This included use of virtual multi-disciplinary team meetings (MDT), assessments and therapeutic input wherever possible to reduce the number of visitors to the unit. However, it was positive to note that a number of face to face specialist assessments had restarted. Staff told us that this had been of benefit to both staff and patients.

We found that visiting had been restricted to prevent the transmission of COVID-19. We were told that this had made it difficult for some patients to maintain usual contact with families during this time. Use of virtual visiting had helped some patients to maintain contact, however, staff told us that some patients had found this difficult. Staff were able to describe inventive ways in which they worked with relatives to help patients maintain meaningful contact with friends and family.

Staff told us that leave restrictions and a reduction in community trips had caused all patients to struggle due to the changes to their routines. It was positive to note that staff had maintained activities as far as possible. This included use of a vehicle and access to outdoor spaces for exercise. We were also told that staff had worked hard to engage with patients on the unit and that there had been generous community donations to help provide a range of activities.

We found that MDT meetings had continued throughout the pandemic on a virtual basis. It was positive to note that relatives are included in these meetings. Staff noted that MDT meetings would happen more frequently if required, which helps to demonstrate that the care and treatment needs of patients are reviewed in a timely manner.

We confirmed that patients received a physical health check upon admission to the unit and that all patients had received, or were due to imminently receive, this check. This ensures that the overall health and well-being needs of patients are being met.

We found that a health and safety and an anti-ligature risk assessment had been recently completed. The unit manager told us that the unit is undergoing an anti-ligature refurbishment and that any patients at risk would be individually risk assessed and subject to an increased level of observations.

The unit provides assessment and treatment for adults who are admitted with acute needs and, as such, patients can sometimes display challenging behaviours. Staff told us that a positive behaviour support (PBS) model is followed and confirmed that the methods used to manage these behaviours are part of each patient's individual care or PBS plan. We were told that relatives and advocates are involved in these discussions.

Staff told us that they placed emphasis on using least restrictive practices. We reviewed ten of the most recent monthly incident summaries and found that the durations of interventions were kept to a minimum. Staff described how other methods of verbal de-escalation were used to try and avoid the need for interventions.

No areas for improvement were identified

Infection prevention and control (IPC)

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

The unit manager described how staff are kept up-to-date with the latest infection prevention and control (IPC) information, which included sharing information by email and through printed documents. The unit manager recognised the need to provide a refresher for those staff who had been away from work, for example when self-isolating.

Staff told us that areas, such as social distancing and personal protective equipment (PPE) usage, had been difficult for some patients. However, staff confirmed how they had overcome these challenges. This included moving tables and chairs and reminding each patient to sit on a sofa each. We were told that staff had individual discussions with patients and provided them easy read materials on COVID-19.

We found that a twice-weekly IPC survey had been completed by the unit manager in response to COVID-19. This helps the health board to identify any areas that that may require improvements. The unit manager told us that there had been close working with the IPC nurse and that there had been several visits to the unit to ensure that IPC standards are met.

Staff were complimentary about the way in which housekeeping staff had maintained the cleanliness of the environment throughout the pandemic. Staff told us that additional cleaning is undertaken by night staff and at regular intervals throughout the day.

We confirmed that training in how to correctly don and doff PPE had been provided and that online COVID-19 awareness courses had been undertaken by all staff. It was positive to note that the unit had organised additional training specific for learning disability staff in response to the pandemic. This included areas such as hand washing techniques and the use of oxygen.

Staff emphasised a cautious approach to any patients who displayed potential COVID-19 symptoms and told us that testing of these patients took place whenever there was a concern. It was positive to note that there had been no COVID-19 outbreaks on the unit at the time of the quality check taking place.

We confirmed that regular COVID-19 testing of staff was being undertaken and that all staff had received their vaccination.

No areas for improvement were identified

Governance

As part of this standard, HIW considered how the setting ensures there are sufficient numbers of appropriately trained staff to meet patients' needs, with access to wider learning disability professionals where needed. We also questioned the setting about how, in light of the impact of COVID-19, they are continuing to discharge their duty of care against the Mental Health Act and safeguarding patients' rights.

The following positive evidence was received:

The unit manager was complimentary about the way in which the whole team had worked to support patients throughout the pandemic.

We found that there were agreed staffing levels across the service and that staff were aware of the procedure to follow should any staffing concerns need to be escalated. We noted that staff sickness and vacancies were low on the unit.

We were provided with the mandatory training statistics and found a good level of overall compliance. The unit manager told us that the deputy manager had promoted the importance of and had supported staff in accessing training throughout the pandemic.

We confirmed that one patient who was subject to Deprivation of Liberty Safeguards (DoLS)¹ had received a timely assessment that was in date. We also confirmed that patients who were detained under the Mental Health Act had tribunal hearings scheduled, with access to appropriate advocacy services. This helps to ensure that the rights of patients are protected, and that care and treatment is delivered in the best interests of that individual.

We found that the unit had made two recent safeguarding referrals. We found that appropriate safeguarding processes had been followed, which included evidence of liaison with the health board safeguarding team and the local authority. On further scrutiny of these incidents, we found that appropriate learning and action plans had been created.

The following area for improvement was identified:

¹ The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

The aim of an assessment and treatment unit is to provide treatment on a short term basis for patients with a learning disability. Staff provided us with an update in relation to patients who were soon due to be discharged, but were awaiting accommodation that will best meet their needs. However, we found that one patient had been admitted in December 2019. Staff explained that the discharge of this patient had been delayed due to complex needs and the need to find suitable accommodation.

Whilst we were assured that safe care is being provided, the health board must provide HIW with updates in relation to the discharge progress of patients who have been admitted for lengths of stay beyond the purpose of an assessment and treatment unit.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Improvement plan

Setting: Llwyneryr Unit

Date of activity: 19 May 2021

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must provide HIW with updates in relation to the discharge progress of patients who have been admitted for lengths of stay beyond the purpose of an assessment and treatment unit.	Health and Care Standards, 5.1			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name:

Date: