

## **Learning Disability Inspection (unannounced)**

Betsi Cadwaladr University  
Health Board,

Learning Disability  
Assessment and Treatment  
Unit. (16130)

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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 an assessment and treatment unit within Betsi Cadwaladr University Health Board (BCUHB) on 25 May 2016. Our team, for the inspection comprised of a HIW inspection manager (inspection lead) and one peer reviewer with a specialist Learning Disability professional qualification.

HIW explored how the unit 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 assessment and treatment unit forms part of learning disability services provided within the geographical area known as Betsi Cadwaladr University Health Board (BCUHB)

The unit is situated within a larger setting for learning disabilities and mental health and can offer mixed gender care for up to 10 patients. This was reduced to eight during the inspection because two rooms were not fit for purpose. There were three male patients on the unit at the time of inspection.

The assessment and treatment unit consists of nine individual bedrooms with ensuite facilities and one self contained flat. This was reduced to seven rooms and one self contained flat during the inspection because two rooms were not fit for purpose.

The staff team includes a manager who is a registered nurse, two deputy managers (also registered nurses), registered learning disability nurses and health care support workers. The visiting multidisciplinary team included three psychiatric consultants, a psychiatric doctor, G.P, psychologist, occupational therapist, and speech and language therapist (SALT).

The assessment and learning disability service sits within the Learning Disabilities Directorate of BCUHB. The Learning Disabilities Directorate sits within the Mental Health and Learning Disabilities Division of the health board.

## Summary

HIW explored how the assessment and treatment unit within BCUHB met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that staff provided compassionate and timely care, although documentation systems were out of date. The environment was dated and required remedial work to provide a fit for purpose building. Staffing levels were good and this had a positive effect on activities and managerial duties. Although there was clear supportive management, there was a lack of innovative leadership.

This is what we found the service did well:

- Patients we saw looked happy and conveyed that they felt safe and supported
- Staff enjoyed their work and felt supported to undertake their roles
- There were good relationships between the service and other primary health care providers such as, GPs, practice nurses, dentists, and opticians.
- The detailed and timely recording of patient assessments and care plans.

This is what we recommend the practice could improve:

- The environment, facilities and the premises
- The planning of service provision needs to be in line with current best practice
- There needs to be independent advocacy arrangements in place
- The menu needs to be revised to include a choice and variety of nutritious meals.

### 3. Findings

#### *Quality of patient experience*

**Patients conveyed to us that staff were supportive, considerate and made them feel safe. We also observed that staff delivered care in a respectful, patient manner and understood the needs of the individual patients in their care. We saw that patients were empowered and encouraged to manage health and personal needs with appropriate support and intervention. Patient's relatives told us the standards of care were excellent with very evident improvements in their relatives' wellbeing.**

#### **Staying healthy**

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)*

Overall we found that patients were supported to take responsibility for their own health where possible and appropriate. The service worked well with partnership agencies to protect and improve the well-being of the patients in their care.

We saw that, where possible, patients were encouraged to maintain contact with their regular GPs. However there was an arrangement which had commenced the week of the inspection, whereby a local GP practice visited weekly to deal with any routine issues. This included any short term conditions or illnesses that patients registered elsewhere may have. Patients could also receive annual health checks during these weekly visits.

The manager told us that all patients either continued visiting their regular dentists or were encouraged to visit the local dentist for dental treatment. Patients also attended local optometry services for regular eye checks.

#### **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 read clear, individualised care plans for assisting with personal hygiene / dressing and saw that there were en-suite rooms to each bedroom which meant that patients could maintain their privacy and dignity.

We asked permission to look at patients' bedrooms and saw that although the rooms were quite bare they had been personalised with photographs and personal items.

We visited the self contained flat which had been furnished for the safety of a previous patient. This was no longer in use and staff told us that they were waiting for the estates department to return the flat to its original condition so that identified patients who required more independence could be moved in as part of their rehabilitation process. We were assured that this was part of the on going estates department plan of work.

### **Timely Access**

*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 (Timely Care)*

We were told that patients were often successfully discharged into the community. We saw that there was one patient currently on the unit who had plans for discharge to the community and the transition arrangements were well documented with good family involvement.

There were care co-ordinators to oversee any transition into the community and to ensure timely care with ancillary health staff teams such as; occupational therapy, speech and language therapy or physiotherapy. We saw evidence of preparation for ward staff to visit the community placement at least twice a week for the first few weeks and arrangements were in place for the placement staff from the community to work on the ward for two weeks. This is a good example of seamless care.

### **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 - (Effective Care)*

We looked at two patients' files and saw an at a glance 'circle of support' chart in the front of each one. This highlighted all people involved with the patient such as; staff on site, community staff and relatives. This meant that it was easy to identify all persons involved in each individual's care. The files also contained integrated notes which meant that all professionals' records of events were stored together. This offers a holistic approach to individual care. These are examples of noteworthy practice.

We saw extensive well documented care plans to ensure care was timely and planned to maximise prevention of deterioration of patients' physical and mental wellbeing. Despite there being a "good record keeping" sheet at the front of each file we saw that;

- Initial assessments were not dated or signed
- Charts and weekly reports were not dated
- Assessments were out of date
- Positive Behaviour Support plans needed up dating or were not present
- Capacity and best interest documents were in the care files but not in date order and therefore difficult to locate the current / most recent document.
- There were no patient Passports<sup>1</sup> included in the files should there be the need for admission to a general hospital

We also spoke with the manager regarding the storage of records within the individual patient care files. This was because they were very difficult to navigate and records were not stored with the most current at the top. This made accessing current information time consuming and confusing.

### ***Improvement needed***

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<sup>1</sup> The passport is set out in an accessible manner using a traffic light coded system. The first pages (in red) cover the things you must know about the person. This is followed by yellow pages addressing issues that are important to the person. And, finally, the green pages cover their likes and dislikes. This provides a good overview of the whole individual.

***The manager needs to undertake an audit of patient files to ensure all information is up to date and easily accessible.***

### **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 in depth at two patients' records and saw evidence that patients' care plans were discussed with them. Patients and relatives confirmed this.

With regard to people's choices in maintaining independence we were assured that these were considered fully, and patients' liberty was not unduly restricted. However the health board continued to offer day services on the site of the setting. This is not currently seen as good practice, because patients are encouraged to build relationships with the community, in preparation for discharge and independent living. We discussed this with staff, who told us that, where possible, when patients were due for discharge, part of the planning was to engage with the community nearer to their place of home.

At the time of inspection one patient was subject to Deprivation of Liberty Safeguards<sup>2</sup> with relevant recommendations. These had been updated appropriately. Two patients were subject to section 3 of the Mental Health Act<sup>3</sup>. All patients had been on the unit for between seven and eighteen months, which is unusual for an assessment and treatment unit, however we were

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<sup>2</sup> Deprivation of Liberty Safeguards: The Mental Capacity Act 2005 includes the Deprivation of Liberty Safeguards (DoLS) – a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests.

<sup>3</sup> The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

assured that patients were receiving appropriate, individualised care and treatment.

Outdoor space was limited, in terms of attached to the unit but there were large grounds which were utilised for escorted walks. Patients should be able to access a pleasant outside area independently, which could help with managing behaviours and promoting independence.

*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 were told, and saw in the documentation that families were encouraged to visit and to be involved in the decisions and lives of their relatives. We spoke with one relative who expressed great satisfaction with the care offered at the unit.

There were no visits from independent advocacy groups to ensure patients' wishes were being considered and their rights upheld. We did see contacts for Independent Mental Capacity Advocate (IMCA) and Independent Mental Health Advocate (IMHA) support.

### ***Improvement needed***

***The health board needs to consider their obligations to ensure that independent advocacy services are provided regularly to patients.***

*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)*

We were told that Patient Experience Leaflets were available at the main entrance and that additional information was normally available in the quiet room (this had been taken down temporarily due to a patient's condition). There was also the 'patients stay story' where individuals could voice their likes and dislikes regarding their care. However, we did not see evidence of patient /

relative involvement in shaping future service, such as patient /relative satisfaction questionnaires. The manager told us that there were plans to adapt and use the questionnaires from the AIMS tools.<sup>4</sup> Additionally we did not hear of patient participation groups which could influence any new services within the learning disability and mental health directorate.

***Improvement needed***

***The health board must ensure that patient and their relatives are included in shaping future services.***

We did not see the use of pictograms to explain patients' rights or to guide patients on how to raise a concern. We asked the manager with regards to how complaints were managed and she explained that in the first instance it would be dealt with at a local level and recorded as a Datix<sup>5</sup> incident. If it could not be resolved it would be escalated to the health board complaint team. There were no leaflets or posters visible to inform patients or their relatives how to raise a concern or make a formal complaint. We were told that information leaflets were currently being developed in easy read format.

***Improvement needed***

***The health board needs to ensure patients are offered information in a way in which they can understand and that their views and opinions are listened to when shaping future services.***

***The service need to display the written procedure for making a complaint in line with the "Putting Things Right" requirements.***

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<sup>4</sup> The Accreditation for In patient Mental health Services (AIMS) process is a set of tools to produce improvements that make a meaningful difference to all those that either provide or receive care in acute psychiatric wards.

<sup>5</sup> DATIX software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

## *Delivery of safe and effective care*

**Overall we found that patients received safe and effective care. We did identify some improvement was needed around documentation and medicine management. The environment, in places, was no longer fit for purpose and some areas needed urgent attention.**

### **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 saw in the care plans that individual risk assessments were undertaken and where possible plans to mitigate any untoward risks were in place. However as discussed on page 7 (Standard 3.5), there are areas which require attention.

Although there were records of identified points of ligature and the associated risk assessments; we saw that one assessment referred to another unit in another health board. This was highlighted to the manager immediately and senior management informed us of the remedial action that had been taken the following day. These risk assessments were evaluated by staff to ensure a safe environment for patients and to limit the risk of self harm. We saw evidence of monthly audits, of which, ligature points was one.

We were told that the estates department had been reviewing the buildings and facilities with a view to making improvements. However we saw that the environment remained in a poor condition and was in need of a great deal of maintenance and refurbishment to make it safer and more dignified for patients. We found:

- Two rooms had the doorways boarded to prevent entry (these were subsequently formally de-commissioned during discussions with the senior management team)
- There were large holes in the wall in the communal living room, some of which had been covered with squares of wood, which were unsightly
- The walls were made of plaster board and not fit for purpose in an unit caring for patients with sometimes quite challenging behaviour
- Carpets were worn in places

- The acoustics in the dining area made listening / hearing what was being said very difficult. This could exacerbate challenging behaviour or cause frustration for a patient with communication difficulties.
- The layout of the building was not fit for purpose i.e. it was difficult to care for patients according to need. This meant that new admissions, who could be acutely unwell, would be in the same vicinity as a patient who was on a rehabilitation programme in preparation for discharge. Due to similar reasons the unit could only admit four patients during the time of the inspection because of the different needs of patients.
- There were some items of furniture which were not fit for purpose such as a Welsh dresser which had planks of wood nailed to parts because it was broken.

Despite these issues we saw specialist dining furniture which were weighted but visually modern. This maintained a safe environment whilst remaining comfortable and homely.

***Improvement needed***

***The health board needs to ensure that the remedial work to improve patient facilities is undertaken within an acceptable timescale.***

*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 in the patients' records individual nutritional assessments which outlined any identified needs such as diabetes or swallowing difficulties.

We spoke with patients and staff who told us that the provision of meals was poor, saying there was very little choice or variety and that food portions were small. This was confirmed when we looked at the menu (which had not been changed for over a year) and observed the meal for that evening. There needs to be a choice and variety of healthy food on the menu which is changed periodically. We saw that patients also had their own cupboards with a personal choice of snacks and drinks.

***Improvement needed***

***The service needs to provide a choice and variety of nutritious meals in quantities which meet the needs of the patients.***

*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 inspected the medication storage room and observed nursing practice on administration of medicines. Both were satisfactory. Documentation was in line with the All Wales Medicine Management system and had in the most part, been completed accurately. We did see that one topical cream had been prescribed as oral medication and staff had been signing that it had been given. We were assured that it had been applied topically to the affected area and not ingested. This had been corrected during our inspection. Medication was reviewed weekly in the ward rounds and monthly in MDT meetings. There was an electronic system for ordering routine medication, with a system in place to scan emergency prescriptions directly to the pharmacy. This ensured there was no delay in administering medication. We saw evidence of audits from the health board pharmacist to ensure safe practice.

*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)*

There were no safeguarding issues at the time of our inspection. We discussed the process with the manager and were satisfied that local contacts and guidelines were understood should the need arise to refer a potentially vulnerable person.

### **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)*

There was an extensive personalised problem solving approach to planning care, with detailed actions noted. We also saw detailed behaviour monitoring forms which recorded, analysed and monitored changes in behaviour. The unit was accredited with the Accreditation for In patient Mental health Service (AIMS) which is a recognised model for guiding patient care. This was due for renewal in January 2017.

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

We saw bilingual (Welsh /English) signage on doors and we heard staff speaking in Welsh with patients. The manager told us that fifty per cent of her workforce was Welsh speaking. Should a patient require support in any other language staff would use the language line or request an interpreter.

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## *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 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 effective leadership being provided by the unit nurse manager who we found led by example. The manager adopted an open, inclusive, approachable management style. There were clear lines of responsibility and staff understood their own accountability.

There were two deputy managers employed, who the manager said were reliable, capable and competent. This is good support for the manager and an example of forward planning for future succession planning.

The nurse manager was responsible for the day to day management of the unit supported by two deputy manager and 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 manager told us that there were monthly management meetings where information was cascaded from senior management and any lessons learned were shared. This information was then shared with staff of all grades during staff meetings which were also held monthly. Discussion with staff indicated that the downward flow of information / communication was not always as timely and effective as it could be.

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 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.

The unit was more than adequately staffed with the right skills to meet the needs of patients at the unit. 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. The manager and the deputy had also arranged monthly bespoke training, in line with staff requests, (delivered by specialists within the health board) for identified areas of practice such as, substance abuse and psychosis. We learned that there was some e-learning for staff, but access was proving to be difficult due to poor internet connection. This had already been identified by senior staff and plans to review systems were in place.

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.

## 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 assessment and treatment unit will be addressed, including timescales.

The actions 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.

## 4. 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 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: Assessment and treatment unit BCUHB**

**Date of Inspection: 22 and 23 June 2016**

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
Page 7	The manager needs to undertake an audit of patient files to ensure all information is up to date and easily accessible.	3.5	The Ward Manager has completed an audit of patient files and information has been updated where required and an index has been designed to enhance accessibility.	Ward Manager	Complete
Page 9	The health board needs to consider their obligations to ensure that independent advocacy services are provided regularly to patients.	6.2	All patients are referred to Advocacy Services on admission. Where a patient already has an independent advocate, the advocate will follow that patient through the service.	Modern Matron	Complete
Page 10	The health board must ensure that	6.3	<ul style="list-style-type: none"><li>A series of consultation events</li></ul>	LD Service	August

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	patient and their relatives are included in shaping future services.		<p>and experience groups are being scheduled over the next 12 months.</p> <ul style="list-style-type: none"> <li>• Patient Participation Experience groups have been progressing to ensure patients and relatives are included in shaping future service.</li> <li>• The Wards continue to use AIMS Accreditation/Patient Feedback Questionnaire.</li> </ul>	<p>Managers</p> <p>Modern Matron</p> <p>Modern Matron</p>	<p>2017</p> <p>Complete</p> <p>Complete</p>
Page 10	<p>The health board needs to ensure patients are offered information in a way in which they can understand and that their views and opinions are listened to when shaping future services.</p> <p>The service need to display the written procedure for making a complaint in line with the “Putting</p>	<p>6.1</p> <p>6.3</p>	<p>Patient leaflets are available in easy read formats. “Books Beyond Words are used to assist with information. A DVD is available pre-admission to assist understanding. Patient stories are used to gain feedback and are shared, with consent, at clinical governance meetings. Putting Things Right Leaflets in easy read</p>	<p>Service Manager</p>	<p>Complete</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	Things Right” requirements.		format are visibly displayed on wards.  Patients have the option of taking part in DVD’s on discharge to convey their experience and inform future services, in conjunction with the Therapeutic Support Services (previously Day Services). A Service User Group is also held weekly.	Modern Matron	Complete
<b>Delivery of safe and effective care</b>					
Page 12	The health board needs to ensure that the remedial work to improve patient facilities is undertaken within an acceptable timescale.	2.1	A list of all outstanding estates work is part of the Divisional ‘Estates Improvement Plan’. A date of end October 2016 has been agreed for the completion of the remedial work identified in the report.	Service Manager  Divisional Estates Lead	October 2016
Page 12	The service needs to provide a choice and variety of nutritious meals in quantities which meet the needs of the patients.	2.5	Meeting scheduled 19.08.16 with the Head of Hotel services to discuss options for improving catering provision for this patient	Modern Matron	August 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			group.		
<b>Quality of management and leadership</b>					
	.No improvement needed.				

**Service representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....