

Learning Disability Inspection (unannounced)

Hywel Dda University
Health Board, NHS
residential service
(Ref 16031)

Inspection date: 14 June 2016

Publication date: 15 September 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

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

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	6
	Quality of patient experience	6
	Delivery of safe and effective care	11
	Quality of management and leadership	17
5.	Next steps	20
6.	Methodology.....	21
	Appendix A	23

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, patient, 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 unannounced inspection to an NHS Learning Disability service within Hywel Dda University Health Board on 14 June 2016. Our team for this inspection comprised of an HIW inspection manager (inspection lead), an HIW assistant inspection manager and a clinical peer reviewer.

HIW explored how this service met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of learning disability services are unannounced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients, their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

The service inspected forms part of learning disability services provided within the geographical area served by Hywel Dda University Health Board

It is a residential service for people with learning disabilities, specialising in the care of people with behaviours that are complex and challenging.

The setting has five beds. There were four patients living there at the time of the inspection.

The service employs a staff team which includes a unit manager who is a registered nurse (a recent addition to the team) and health care support workers.

The service falls under the Mental Health and Learning Disabilities Directorate within Hywel Dda University Health Board.

3. Summary

Overall, we found evidence that there were attempts to provide patients at this unit with individualised care and a range of activities with a social model of care as the ethos. However, this was being achieved to varying degrees and whilst we acknowledge that there has been improvement over recent months, a focus on continuing to improve variety and access to activities should remain.

Daily routines were somewhat rigid and the flexibility of these needs to be improved so that people are given sufficient opportunities and support to make choices about when to do things day to day.

We found that there had been limited input from multidisciplinary team members and as a result we were not confident that patients were receiving the most appropriate, up to date care for their needs.

We have concluded that the service was delivering a reasonable standard of care in some areas. There were other areas where standards needed to be improved.

This is what we found the service did well:

- We identified that most of the staff we saw were attempting to provide care in a kind and dignified manner
- We found that the Band 6 unit leader was working hard to introduce more variety into the activities and opportunities that patients were being offered day to day.

This is what we recommend the service could improve:

- The management of epilepsy rescue medication
- The skill mix of staff employed to meet the needs of the patients
- A need for multidisciplinary input on a regular, agreed basis, not ad hoc as at present
- Cleaning schedules and responsibilities need to be reviewed to ensure that health care support staff time is being used appropriately
- Introducing more flexibility into the routines around mealtimes so that individual needs can be respected

- Ensuring that the privacy and dignity of patients is protected at all times, particularly during the provision of personal care
- A review of the menu to ensure that it is sufficiently filling and nutritious
- All DoLS paperwork should be held in a safe location accessible to staff as appropriate
- Increasing the use of communication aids
- Introduce a mechanism for supporting patients to provide regular feedback on the service
- Ensure sufficient support for the band 6 unit leader in supervising and leading the staff team.

4. Findings

Quality of patient experience

Overall, we found evidence that there were attempts to provide patients at this unit with individualised care and a range of activities with a social model of care as the ethos.

Daily routines were somewhat rigid and the flexibility of these needs to be improved so that people are given sufficient opportunities and support to make choices about when to do things day to day.

As the inspection visit was unannounced, there were no family members or carers (outside of the staff team) available to speak to us. Some of the patients were going out to the community for all or part of the day and so we had limited opportunities to meet them and in the short time we did have available, their communication needs made it difficult for us to seek their views of the service.

The inspection team's conclusions about the quality of patient experience are therefore drawn from the evidence we found in care and treatment plans, observations we made during the time we spent at the unit and conversations held with staff members about the way in which they support 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 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)

We looked at patient notes and found that there were varying levels of detail recorded within them. We saw evidence that patients were having annual health checks with a GP which helps to ensure that physical health needs are monitored on an ongoing basis.

We found that there was limited input from multidisciplinary team members and no evidence of any input from social workers whose role was to oversee the package of care being delivered to each individual. There was a lack of evidence of joined up working between health and social care and the needs of the individuals were therefore not being considered by all appropriate health and care professionals.

Improvement needed

The health board must ensure that the needs of individuals are reviewed and considered by the entire multi disciplinary team, key to this will be social care staff in addition to health board staff. This is with the aim of ensuring support plans are created in the most appropriate way.

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)

The patient group being cared for in this unit had varying levels of verbal communication which meant that they often needed to use communication aids to help them express themselves and enhance their understanding. In general there was a lack of aids visible or in use around the unit. One example of this is that patients may be able to communicate more easily with pictograms to help navigate around the building and to help with their overall expression and understanding. We did not see the use of any particular aids during our time at the service. Whilst the staff we saw were very kind and considerate in the way they spoke to the patients, there seemed to be an acceptance that there would be limited two-way communication between patients and staff. With an increased use of appropriate aids, communication may potentially be improved. There was no evidence that this had been explored.

Improvement needed

Review the use of communication aids at the unit. Ensure that all opportunities to maximise understanding and expression, using appropriate aids, are taken.

Increase the knowledge and competence of staff in the use of communication aids and support strategies.

We witnessed an occasion when a staff member provided personal care to a patient, having first propped the door of the bathroom open which meant that the patient was in full view of anyone walking past. We brought this to the attention of the unit manager immediately and the door was closed. However, this practice was concerning as it did not respect patient dignity and privacy. Whilst we saw this on one occasion only, the health board must ensure that this is not accepted practice and that it does not indicate a poor culture amongst staff.

Improvement needed

Staff must be reminded of the need to protect the privacy and dignity of patients at all times.

Patient bedrooms were individualised and appeared clean and tidy. There was some clinical furniture, such as electric beds but this was appropriate to individual needs and overall, individual spaces were homely with domestic type furniture and clear efforts by staff to make rooms attractive.

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 the staff team at the unit were noticeably kind and considerate towards the patients. We found limited evidence to demonstrate that they were actively encouraging the development of independent living skills. There were no active plans in place to look for any other placements for these individuals and the unit was being viewed as their long term home. The ongoing needs of patients should be reviewed with a view to establishing that this is the most appropriate setting for their needs in the longer term.

Improvement needed

The health board must review the appropriateness of the setting and ensure that patients are being supported with activities which are maximising their potential to be placed in more homely services.

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)

There was some rigidity around daily routines. For example, mealtimes and snack times were set firmly for each day. We were made aware that some individual behaviours were being managed through the use of fixed meal and snack times but this approach was being universally applied to all patients. Meal and snack time flexibility must be reviewed so that all

individual needs and preferences are respected by the way in which this support is delivered. By applying meal time restrictions to all patients, the service was not providing individualised support.

Improvement needed

The health board should review the routines and culture at this service. Individual restrictions should not be applied to all patients and current routines must be reviewed against individual preferences and needs.

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)

There were patients at the unit who had restrictions in place, under both the Deprivation of Liberty Safeguards (DoLS) and under the Mental Health Act. The particular restrictions in place were documented to differing degrees within their respective care plans. However, the unit did not have all relevant paperwork to hand and could not show us evidence of the up to date authorisations for all patients, although they gave us verbal assurance that these documents were available. These are important, legal documents, which are intended to safeguard the patients and set out their needs. It is therefore crucial that these documents are accessible to unit staff, who should be familiar with their contents.

Improvement needed

All documentation In respect of any restrictions placed on patients under the Mental Health Act or Deprivation of Liberty Safeguards (DoLS), should be made available to unit staff so that all restrictions are clearly explained and can be easily understood.

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)

Patients were supported to maintain as close contact with their families as possible.

The unit does not have a recognised system for seeking patient and relative feedback. There should be consideration of suitable forms of communication and aids so that patients are enabled to communicate how they feel about various aspects of the service.

Improvement needed

The health board should give consideration to implementing a system for seeking feedback from those involved in receiving care from them.

Delivery of safe and effective care

We found that there had been limited input from multidisciplinary team members and as a result we were not confident that patients were receiving the most appropriate, up to date care for their needs.

Overall, we have concluded that the service was delivering a reasonable standard of care in some areas. There were other areas where standards needed to be improved. In particular, the management of emergency / rescue medication and availability of emergency equipment needed to be addressed.

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)

For the past twelve months, there has been a Band 6 qualified nurse in charge of the unit, however up until this point; the unit has been staffed entirely by support worker staff. Although highly experienced and knowledgeable, these individuals are not registered with a professional body. We noted during this inspection that there were some very complex care needs requiring some quite specific interventions that the support workers had, as the only grade of staff, taken responsibility for.

Whilst the patients generally have health needs which are stable, some require support which is complex and for which the support workers have had additional training. This included the administration of medication via a PEG feeding tube¹. Whilst we found that support staff had received the relevant additional training to make them competent to deliver this level of care, we did not see evidence of any specialist nurse input to help with the ongoing management or maintenance of this. We also could not see detailed care plans supporting the safe maintenance of this.

¹ Percutaneous endoscopic gastrostomy (PEG) feeding tubes are used to take food, fluid and medicines directly into the stomach when oral intake is not possible.

Improvement needed

In light of the limited oversight from specialists, the health board should review procedures to ensure that PEG feeding is being done in line with latest best practice.

We found that there was no emergency equipment (for patient collapse) available on site. We discussed this with senior managers who told us they had sought advice from experts in this respect and had been assured that they did not need to have any equipment available at the unit. We are concerned that this presents increased risks to the patients, who in the event of a collapse or other emergency not covered by rescue medication, may face a delay in getting the initial treatment they need.

Improvement needed

The health board should reconsider the availability of emergency equipment at the unit, determining whether the current arrangement has considered all risks appropriately.

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

There was evidence that patients were being given some support to access the kitchen to help with the preparation of meals. This was in accordance with support plans to maximise choice and independence.

In general, the foods on offer did not appear to be well balanced and the lunch on offer during our visit comprised of protein and carbohydrates but no fruit or vegetables. It was a light meal option and we noted that within a short time one patient was requesting snacks. There was a rolling menu with summer and winter differences, however overall this lacked variety and indicated that insufficient fruit and vegetables are offered each day. We recommend that this is reviewed against latest guidelines and with consideration of individual health needs and preferences. As far as possible, staff should also ensure that patients are supported to make an informed choice about their diet, helping them to understand the risks of overeating and choosing unhealthy options over healthy options.

Improvement needed

The menu choices should be reviewed to ensure they are balanced, filling and nutritious with sufficient fruit and vegetables to meet current expert guidance and best practice.

Patients should also be actively supported and helped to have as much involvement as possible in all stages of meal preparation from shopping to cooking and to make decisions which are as informed as possible about their food choices.

We also noted that the kitchen appeared to be cluttered and grubby in places and would benefit from a thorough clean. Food preparation areas however, were tidy and appeared to be kept clean. We noted that the support workers had the main responsibility for cleaning the unit, which considering the scope of their other responsibilities may not always be the most appropriate use of their skills.

Improvement needed

The kitchen would benefit from a deep clean and future cleaning schedules should ensure that this area is kept as clean and tidy as possible.

Improvement needed

Review the cleaning schedule and responsibilities for cleaning at the unit.

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

We looked at the arrangements for the storage and handling of medications and found that the systems in place appeared to be satisfactory. The medication was stored in a locked cupboard within a locked room which is also used as a staff sleep in room (for a second member of staff during each night shift) and is the access for the staff bathroom. The health board may wish to consider whether this is the most appropriate location for clinical storage.

We noted that some patients had epilepsy which requires the use of rescue medication in the event of a sudden onset of symptoms. However, we noted that not all staff had received training to enable them to administer this medication. We did not find any evidence that there had been any situations whereby the rescue medication to control an epileptic fit had been required but due to a lack of suitably trained staff could not be given, but there is a risk that this could be the case. The health board acknowledged this but did not provide any specific detail of how they planned to address this shortfall in essential staff skills.

Improvement needed

The health board should review the competency of staff to administer rescue medication for epileptic seizures and ensure that the rota is designed to take account of staff who can and cannot administer this.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)

There were policies in place for safeguarding. Staff had received training in this and in positive behaviour management (PBM) with the aim of providing the safest possible care to manage challenging behaviours.

Staffing ratio's appeared to take account of the number of staff needed on each shift to support the patients adequately and safely, however all staff apart from the unit leader were of the same grade / level. On the day of our inspection we were told by staff that there was nobody in charge. The lack of a system for ensuring appropriate leadership and accountability on each shift may cause issues for staff in taking appropriate decisions and directing the care overall. A designated leader is key to ensuring that there is accountability for implementing all appropriate safeguards and ensuring that expected standards are being adhered to on all shifts.

Improvement needed

Ensure that shift leaders are properly designated and the roles and responsibilities clearly set out so that there is a lead for each shift who can hold the accountability for the care and support given, escalating situations should this be necessary.

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)

Some of the patients in the unit had physical health needs associated with their condition and also with the ageing process. Patients appeared to be well cared for and we concluded that their long term care needs appeared to be managed effectively as we found no evidence of any particular physical deterioration. However, within care plans and in

discussions with staff, it was evident that there was limited care planning and involvement of specialist staff to help with review and future planning of treatment. For example, we found that there was an awareness of the need to provide pressure area care to avoid the development of pressure sores but the staff had not had support or guidance to help them develop the appropriate strategies for providing pressure area care. They are to be commended on the interventions they had put in place which had been done largely by drawing on their own knowledge and initiative. We recommend that each individual's needs are reviewed to ensure that appropriate and necessary care plans and risk assessments are in place. We found that there was an absence of some, particularly in relation to supporting with physical needs.

Improvement needed

The health board should ensure that staff can access (and ensure they receive) specialist expertise to support them in care planning and the direct provision of support to the patients in the unit.

We noted that there had been a lack of regular multidisciplinary meetings. Whilst staff were able to tell us about input from occupational therapy and told us that they found this very helpful, it was only ad hoc and not on an established basis which would enable the regular holistic review that patients in this setting need. We acknowledge that at times this may have been down to resource availability but this must be addressed to ensure that patients are receiving the best care possible.

Improvement needed

Multidisciplinary reviews must be held at regular, agreed intervals to ensure that patients have the appropriate input into their support plans and future care planning. The health board must ensure that patients for whom they provide specialist learning disability care are given this input into their support planning and treatment, ensuring that they explore all available options for securing the expert resource necessary for holistic care planning.

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

Patients at this unit had various levels of communication needs. We saw some pictorial charts in use with one patient but we did not see any other communication aids in use. In general, we noted that the unit was bare

and there were few pictures or pictorial signs used to help get around the unit. We did not see particular evidence to indicate that supporting communication needs was high priority. We also noted that there was limited input from speech and language therapy.

Improvement needed

Review the communication support offered to patients and ensure that opportunities are taken to maximise their understanding and contribution through the use of appropriate aids and strategies.

Record keeping

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

Patient care records were held in paper form and some were also available electronically. The standard of recording was acceptable. We noted that there was a variety of detail and a lack of consistency of standard. In some instances patient records were detailed and in others there was a lack of detail and information, despite some of the care needs being similar. The patient records would benefit from review to ensure that styles are consistent and that good practice seen in some documents is shared and used as a template for other records. Records did not always provide the opportunity for evaluation of the care and treatment and some lacked detail which would enable any unfamiliar member of staff to be able to provide patients with the level of support they needed in specific circumstances.

Improvement needed

Review the patient records to ensure that care plans are clear and detailed in all cases so that there is a good basis upon which to provide care and evaluate interventions that are given.

Quality of management and leadership

The health board had attempted to improve the leadership and management at this unit by introducing a band 6 qualified nurse to manage the service. However, the needs of the patients are complex and may become more complex in line with the ageing process. We were not confident that there had been any consideration of this, nor that the skill mix had been accurately assessed or designed to meet the needs of the patient. We found evidence that senior management were attempting to support the band 6 in the unit leader role.

Overall at a wider health board level, we found that the senior management team have a significant area and number of services to cover. We could not be confident that the senior structure has sufficient resilience and resource to tackle the improvements that are need to this service.

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.

The learning disability directorate covers services across three counties with a significant amount of miles in between some of the services. We were not confident that this arrangement and spread of staff was sufficient to meet the needs within these services which are complex and demanding. We also noted that there are a limited number of learning disability trained nurses and staff amongst senior management, plus a lack of key multidisciplinary support staff which makes this a challenging area to work in with regards to accessing specialist knowledge.

Unit staff told us that a number of changes at senior management level over the previous years have caused some uncertainties and lack of clarity about the direction of services in future.

The structure chart indicated that senior management were attempting to put structures in place in a bid to address governance and leadership shortfalls but the feedback we had from staff at the unit suggested that as yet the unit itself was not realising these benefits.

Improvement needed

Ensure that staff at the unit are appropriately involved in future development and design of the service.

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 could not be confident that the design of the service had been reviewed to take account of the changing needs of the patients being cared for there. The model for the service involved a reliance on senior support worker staff (not registered with a professional body) with one qualified nurse to oversee the service. However, there was a distinct lack of leadership and accountability on the day we inspected as support staff very clearly told us that there was nobody in charge. A lack of leadership and governance on site can lead to poor practice going unchallenged and best practice / new developments not being applied. Whilst the qualified member of staff appeared to be making a strong impact and effort at establishing clear leadership, this is a challenging task amongst a staff team who have not been used to this oversight. The health board should review the needs of the patients, the needs of the staff team and establish whether one qualified staff member is sufficient to direct the complexity of the care being provided and lead the service at the same time.

Improvement needed

Review the design of the service against the current and potential future needs of the patients and the skill mix of staff.

Access to training in some areas seemed to be limited and there seemed to be limited peer support and evidence that staff were accessing any professional links to help with their personal development and professional competence. There was an absence of supervision and appraisals; however the band 6 unit leader told us that this was being introduced imminently.

Improvement needed

The Health Board should review staff training at the unit, identifying any gaps and ensuring that staff can access the training and development they need.

Improvement needed

Ensure that the band 6 unit leader is supported in introducing an effective system for regular supervision and appraisals of staff.

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, measurable, 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

Health Board: Hywel Dda University Health Board

Date of Inspection: 14 June 2016

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6.	The health board must ensure that the needs of individuals are reviewed and considered by the entire multi disciplinary team, key to this will be social care staff in addition to professionals whose expertise are in healthcare. This is with the aim of ensuring support plans are created in the most appropriate way.				
7.	Review the use of communication aids at the unit. Ensure that all				

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
	<p>opportunities to maximise understanding and expression, using appropriate aids, are taken.</p> <p>Increase the knowledge and competence of staff in the use of communication aids and support strategies.</p>				
8.	Staff must be reminded of the need to protect the privacy and dignity of patients at all times.				
8.	<u>The health board must review the appropriateness of the setting and ensure that patients are being supported with activities which are maximising their potential to be placed in more homely services.</u>				
9.	<u>The health board should review the routines and culture at this service. Individual restrictions should not be applied to all</u>				

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
	<u>patients and current routines must be reviewed against individual preferences and needs.</u>				
9.	<u>All documentation In respect of any restrictions placed on patients under the Mental Health Act or Deprivation of Liberty Safeguards (DoLS), should be clearly written, explain and refer to all restrictions clearly.</u>				
10.	The health board should give consideration to implementing a system for seeking feedback from those involved in receiving care from them.				
Delivery of safe and effective care					
12.	In light of the limited oversight from specialists, the health board should review procedures to ensure that				

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
	PEG feeding is being done in line with latest best practice.				
12.	The health board should reconsider the availability of emergency equipment at the unit, determining whether the current arrangement has considered all risks appropriately.	1.1 and 2.5			
12/13..	<p>The menu choices should be reviewed to ensure they are balanced, filling and nutritious with sufficient fruit and vegetables to meet current expert guidance and best practice.</p> <p>Patients should also be actively supported and helped to have as much involvement as possible in all stages of meal preparation from shopping to cooking and to make decisions which are as informed as possible about their food choices.</p>	3.1			

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
13.	The kitchen would benefit from a deep clean and future cleaning schedules should ensure that this area is kept as clean and tidy as possible.	3.2			
13.	Review the cleaning schedule and responsibilities for cleaning at the unit.	3.5			
14.	The health board should review the competency of staff to administer rescue medication for epileptic seizures and ensure that the rota is designed to take account of staff who can and cannot administer this.				
14.	<u>Ensure that shift leaders are properly designated and the roles and responsibilities clearly set out so that there is a lead for each shift who can hold the accountability for the care and support given, escalating situations should this</u>				

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
	<u>be necessary.</u>				
15.	<u>The health board should ensure that staff can access (and ensure they receive) specialist expertise to support them in care planning and the direct provision of support to the patients in the unit.</u>				
15.	<u>Multidisciplinary reviews must be held at regular, agreed intervals to ensure that patients have the appropriate input into their support plans and future care planning. The health board must ensure that patients for whom they provide specialist learning disability care are given this input into their support planning and treatment, ensuring that they explore all available options for securing the expert resource necessary for holistic care planning.</u>				

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
16.	<u>Review the communication support offered to patients and ensure that opportunities are taken to maximise their understanding and contribution through the use of appropriate aids and strategies.</u>				
16.	<u>Review the patient records to ensure that care plans are clear and detailed in all cases so that there is a good basis upon which to provide care and evaluate interventions that are given.</u>				
Quality of management and leadership					
18.	Ensure that staff at the unit are appropriately involved in future development and design of the service.	7.1			
18.	Review the design of the service				

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
	against the current and potential future needs of the patients and the skill mix of staff.				
18.	The Health Board should review staff training at the unit, identifying any gaps and ensuring that staff can access the training and development they need.				
18.	Ensure that the band 6 unit leader is supported in introducing an effective system for regular supervision and appraisals of staff.				

Service representative:

Name (print):

Title:

Date: