

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

Hywel Dda University  
Health Board,

Learning Disability  
Residential Unit

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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 to the learning disability service on 14 June 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), an HIW assistant inspection manager and a clinical peer reviewer.

HIW explored how the learning disability 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 is a small residential unit providing care to for up to five patients with learning disabilities. The unit forms part of learning disability services provided within the geographical area known as Hywel Dda University Health Board.

A unit manager, who is a registered nurse, is responsible for the day to day management of the unit. The manager is supported by a team of staff, including registered nurses and healthcare support workers.

### 3. Summary

Overall, we found evidence that the service provided person centred care that was safe and effective.

This is what we found the service did well:

- Patients were helped to stay healthy and take part in activities they liked to do both at the unit and within the local community.
- We saw staff treating patients with respect and kindness.
- Patients told us they enjoyed living at the unit and that staff helped them feel safe.
- All patients had a written care plan setting out the help and support they needed.
- Staff appeared to have a good understanding of the patients' care needs.

This is what we recommend the service could improve:

- Ensuring safeguards are in place for patients and members of staff for all forms of Positive Behaviour Management.
- The safeguarding process should provide members of staff with details of why referrals did not meet the threshold for investigation.
- The health board must ensure that all health passports are available in paper format in case of an emergency admission to general hospital.
- the capacity of the health board's mental health service should be undertaken to ensure that learning disability settings are not used to alleviate bed pressures within the mental health service.

## 4. Findings

### *Quality of the patient experience*

**All patients had their own care plan. There were good physical health checks and monitoring, however health passports were not available in paper format in case of an emergency admission to general hospital.**

**Patients were helped to take part in activities they liked to do and throughout the inspection we observed staff treating patients with respect and kindness.**

**We were informed that on occasions the learning disability unit may accommodate patients from mental health wards due to insufficient bed numbers. This is not appropriate practice.**

The inspection team sought patients' views with regard to the care and treatment provided at the residential unit through face to face conversations with patients.

### **Staying healthy**

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

Patients at the unit were helped to stay healthy and take part in activities to promote their wellbeing.

It was positive to note that a GP attended the unit weekly to review and monitor patient physical health needs. Senior nursing staff told us that patients at the unit were also registered with a GP and were helped to see a dentist and optician according to their needs. We looked at a sample of three patients' care plans and saw that all had received annual health checks<sup>1</sup> with their GP.

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<sup>1</sup> 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.

Patients had health passports in place in the event of admission to general hospital. However, not all patients had their most recent health passport available as a hard copy; it was updated electronically but not printed out, this is not appropriate for when it is required in the event of an emergency.

### ***Improvement Needed***

***The health board must ensure that all health passports are available in paper format in case of an emergency admission to general hospital.***

Patients had their own bedrooms that they could access throughout the day. There were also lounges in the unit where patients could spend quiet time away from other patients if they wished to do so. The unit had private garden areas that patients could freely access; one garden contained an allotment plot with a poly-tunnel. Patients were able to access the facilities at the unit and in the local area and when required staff would assist patients. Patients we spoke to confirmed that they were helped by staff and that they enjoyed going out into the community for social activities.

### **Dignified care**

*People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)*

We found that patients at the unit were treated with dignity and respect by the staff working there.

We saw staff treating patients with respect and kindness. Where the patients had been living at the unit for some time, staff appeared to have a good understanding of their individual likes and dislikes. For more recent admissions it was evident that staff would identify their preferences as soon as possible.

All patients had their own bedroom which were individualised to their tastes and interests. We found staff respecting patients' privacy as far as possible. We saw staff knocking doors and asking patients for permission to go into their bedrooms. Patients also told us that staff were respectful and kind to them.

Patients were helped with their personal hygiene according to their needs and all patients appeared well cared for.

Patients we spoke to told us that they felt safe. We saw nursing staff respectfully managing patients' behaviours in a dignified manner to promote the safety and well being of other patients and staff working at the unit.



## **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.*

We saw that patients' needs were being met in the unit by the staff team, however whilst one patient was ready to be discharged from the unit to a community placement the care team had not yet been able to identify a suitable placement that would cater for the patient's specific needs. The health board had identified the patient as a Delayed Transfer of Care and were pursuing suitable placements.

We looked at the care plans for two patients. These showed that members of the multi disciplinary health care team had been involved in the patients' care and treatment. We saw evidence of regular multi-disciplinary team (MDT) meetings. These monitor patients' care plans so that any problems can be identified early on and care planned to address these.

Patients were engaged in the community and spent periods of their time out of the unit. Whilst the patients we spoke to told us they liked living there a number wished to return back to living in the community. Staff appeared to have a good understanding of the patients' individual care needs and patients told us that the staff helped them as needed.

At the time of our inspection there was one patient who had been recently transferred to the learning disability unit from a mental health ward because there were insufficient bed numbers to accommodate that patient at the mental health ward. This was not an isolated case and was also the practice when we last inspected the unit in 2015. Whilst we were informed that the health board would consider which patient would be the most suitable to transfer from the mental health ward, moving patients to meet service capacity rather than patient need is not appropriate.

### ***Improvement Needed***

***The health board must review the capacity of the mental health service to ensure that learning disability settings are not used to alleviate bed pressures within the mental health service.***

## **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 saw that patients at the unit each had their own written care plan. These showed that their needs had been assessed, their care and treatment planned and that care had been provided by those involved in their care. Patients had care and treatment plans as required under The Mental Health (Wales) Measure 2010<sup>2</sup> legislation.

Patients were involved in their care planning and care plans reflected the patient needs, strengths and abilities. In particular there were very detailed Positive Behaviour Support (PBS) plans and patient Pen Pictures. There were very detailed physical health care assessments reflected in the care plans. Where required, epilepsy profiles were in place and completed.

Staff actively involved patients in their care and about daily decisions such as meals and activities. We observed patients being independent throughout the inspection and that staff were very supportive and assisted patients when required based on their individual care 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)*

We found that care and treatment for patients at the unit was provided in ways which ensured their human rights were upheld.

We saw staff respecting patients' privacy and allowing them choice in their daily routines. We were told that patients were helped to keep in contact with their families and friends. Where patients' choices were restricted we saw that the

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<sup>2</sup> 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>

reasons for this had been written in their individual care plans. The care records we saw also showed where restrictions were in place, with detention under the Mental Health Act.

*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 was no formal system in place at the unit to obtain feedback from patients and their families.

Senior staff described informal and ad hoc ways of receiving feedback from patients and their relatives on their experiences of the care provided. The health board should consider introducing a suitable system to obtain feedback that can be used by people using the learning disability service.

## *Delivery of safe and effective care*

Overall we found that safe and effective care was provided to patients. Improvements were needed to make sure repairs were completed.

Patients were supported to meet their nutritional and hydration needs with input from the health board's Dietetic department / or dietician and Speech and Language Therapy.

Whilst we were assured that the safeguarding process was being undertaken in accordance with the health board's policy, it was felt that members of staff were not receiving adequate feedback from the process.

We raised our concerns with regards to the practice referred to by members of staff as segregation. The health board was unable to provide a policy for this practice. It was of concern that this practice appears to be seclusion in all but name.

### **Safe care**

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

The unit was secure against unauthorised access and staff were vigilant to ensure the patients' safety was maintained. Areas were free from visible trip hazards. Staff told us that risks to patient safety were assessed and that action is taken to reduce these risks as far as possible. We also saw that risk assessments had been done within the care plans we looked at.

The environment was reasonably well maintained however, there were a number of areas that needed rectifying such as a broken window awaiting repair in the main area of the ward, and damaged cupboards in the kitchen and laundry room. Members of staff at the unit undertook ligature point audits and these were up-to-date at the time of our inspection.

### ***Improvement Needed***

***The health board must make suitable arrangements to complete outstanding repairs and maintenance work at the learning disability service. In addition any future work must be completed in a timely manner.***

There was resuscitation equipment maintained at the setting in the event of a patient emergency (collapse) and the unit also had a defibrillator.

*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. We saw detailed care plans setting out the help patients needed with eating and drinking. The unit had input from the health board's dietician and Speech and Language Therapy (SALT) team.

Staff explained that patients were supported by staff in choosing meals, shopping for ingredients and preparing meals. A kitchen was available at the unit that patients could use with the support of staff when required. Drinks, snacks and fruit were freely available at all times.

The unit had a pleasantly decorated dining room which appeared homely with patients eating their meals at a well presented laid table.

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

Overall, we found that people's medication was managed safely at the unit. We observed noteworthy practice with a GP attending the unit weekly (or more regular as required) to assess and monitor the physical health of patients.

A designated room was used for storing medication used at the unit. We saw that this was locked when not being used to prevent unauthorised access. Medicines were stored in locked cupboards as we would expect for safety.

The administration of medicine was recorded accurately in the Medicine Administration Records (MAR Charts) we reviewed.

*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 and the patients we spoke to told us staff helped them feel safe.

Senior nursing staff described the process staff would be expected to follow should they identify a safeguarding issue. This was in keeping with the All

Wales Vulnerable Adult procedure. Members of staff based at the unit and those that attend the unit as part of a wider remit gave examples of when they have applied Safeguarding procedures.

At the inspection feedback with senior health board members of staff, we raised some concerns we received from staff regarding what they described as inconsistencies with the safeguarding process within the health board. Some members of staff told us that they felt that some referrals would be reviewed whereas similar referrals would not meet the threshold for review.

Whilst we were assured that the safeguarding process was being undertaken following the health board's policy. It was felt that members of staff were not receiving adequate feedback for the reasons why referrals were not meeting the threshold and being looked in to further by the safeguarding team. It would benefit the safeguarding process if members of staff were provided with details why referrals did not meet the threshold for investigation.

### ***Improvement Needed***

***The health board must ensure that safeguarding procedures include sufficient feedback to the referring person as to the reasons why a safeguarding referral is not being looked in to.***

### **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 individualised person-centred care plans. These showed that care was planned to make sure patients were safe and protected from avoidable harm.

We were told that members of staff were expected to attend training arranged by the health board and training completion rates were high.

If patients needed their own space away from other patients, staff would encourage the use of bedrooms or quiet communal areas away from other patients on the unit.

We saw that Positive Behaviour Support plans were being used. 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 each individual patient's needs and we saw them helping patients to be safe and reduce any anxiety they were showing.

We raised our concerns with regards to the practice referred to by members of staff as segregation. When required, for the safety of patients and members of staff there was a plan in place to secure a number of adjoining rooms where a patient may be maintained away from other patients. It was clear that staff were undertaking steps to safeguard the patient by recording instances of segregation, along with the time of commencement, and length of time. Incidents of segregation would also be recorded on the health board's incident recording system.

However, during the inspection the health board were unable to provide a policy for this practice which they referred to as segregation. Without an appropriate policy surrounding this practice it lacks the safeguards that should be in place for patients and members of staff.

At the inspection feedback it was agreed by the health board that this practice would be reviewed and an appropriate policy developed to ensure that patients and members of staff are safeguarded.

### ***Improvement Needed***

***The health board must develop a policy to safeguard patients and staff when undertaking all actions to manage patient behaviours.***

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

The communication needs of patients were recorded within their individual care plans. We were told that staff talked to patients to help them understand decisions about their care. Depending on an individual patient's needs, we also noted that staff would use visual aids to assist with communication.

### **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. All patient records were electronic with paper files for ease of access.

Whilst we saw detailed care plans there was incomplete and inconsistent record keeping by staff, with some information not dated and some risk assessments were out-of-date.

***Improvement Needed***

***The health board must ensure that there is a process for ensuring that care documentation is kept up to date.***

***The health board must ensure that staff maintain a high level of professional standards when completing patient records.***



## *Quality of management and leadership*

**The Learning Disability Directorate has undergone changes to the management structure and senior management posts. The service covers a large geographical area which is difficult to serve from the current staff resources.**

**At the unit we saw a committed staff team who had a very good understating of the needs of the patients living at the unit. Staff told us they could talk to their managers about their work and confirmed that supervision and annual appraisals were being undertaken.**

### **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 in terms of 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 and has at times meant that decisions have been delayed. We were shown a copy of the management structure for the learning disability service and noted that it appeared to be very complex.

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. It is therefore not clear whether the structures are the right means of ensuring strong leadership and governance of a challenging unit with a challenging patient population.

### ***Improvement Needed***

***Ensure that the management structure is sufficient to support the needs of the service. Review the structure chart to ensure that members of staff at the setting understand who is in leadership roles within the learning disability directorate.***

### **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)*

A nurse manager was responsible for the day to day management of the unit supported by a team of qualified nurses and health care support workers. The unit was supported by a multidisciplinary team for the health board's learning disability service.

There appeared to be enough staff working with the right skills to meet the needs of patients at the unit. The unit did not use agency staff and there was a limited reliance on health board bank staff.

Through conversations with members of staff it was evident that they had a very good understanding of the needs of the patients. Staff were very flexible with their working patterns to enable patients to undertake community activities during the day, evening and weekends. Since our previous inspection the number of vacancies at the unit had decreased and this had created stability for the staff team and provided patients with consistent care.

It was positive to note that student nurses were working at the unit on placements; and we were told by a student that they enjoyed working at the unit with the staff and patient group.

We invited staff to provide their views on working at the unit. Staff told us that communication amongst the team was good and they felt that discussions could be held openly.

Staff had completed annual appraisals and they told us that they had opportunities to discuss issues related to their work with their manager. There were formalised supervision meetings undertaken at the unit with records being kept to demonstrate this process.

## 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 learning disability 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**

**Service: Residential Unit (Ref 16161)**

**Date of Inspection: 14 June 2016**

| Page Number                              | Improvement Needed  | Standard | Service Action  | Responsible Officer           | Timescale |
|--|---|----------|---|-------------------------------|-----------|
| <b>Quality of the patient experience</b> |   |          |   |                               |           |
| 6  | The health board must ensure that all health passports are available in paper format in case of an emergency admission to general hospital. | 1.1      | <b>Current Position</b><br>All clients have health passports however their most recent health passport was not available as a hard copy at the time of the Inspection |                               |           |
|  |   |          | <b>Actions to date</b><br>All health passports have been printed off and are held in the client files in the main office  | Head of Learning Disabilities | Complete  |

| Page Number | Improvement Needed   | Standard | Service Action  | Responsible Officer           | Timescale |
|-------------|--|----------|---|-------------------------------|-----------|
| 7           | The health board must review the capacity of the mental health service to ensure that learning disability settings are not used to alleviate bed pressures within the mental health service. | 5.1      | <b>Current Position</b><br>On 3 occasions during the last 3 months, patients without a learning disability had been transferred to Tudor House from Adult Mental Health wards. However, there may be occasions when there is no suitable alternative and the duration will be for the minimum period of time and appropriate clinical staff input will be considered on an individual patient basis |                               |           |
|             |  |          | <b>Actions to date</b><br>Write to service managers to minimise admissions of non-LD clients to Tudor with reference to Welsh Government guidance. This has also been circulated to on-call managers  | Head of Learning Disabilities | Complete  |
|             |  |          | <b>Actions Planned</b><br>Update admission criteria as part of the review of the existing Inpatient model   | Head of Learning Disabilities | 30/09/16  |

| Page Number                                | Improvement Needed  | Standard | Service Action   | Responsible Officer                              | Timescale            |
|--|---|----------|--|--|----------------------|
| <b>Delivery of safe and effective care</b> |   |          |  |  |                      |
| 10   | The health board must make suitable arrangements to complete outstanding repairs and maintenance work at the learning disability service. In addition any future work must be completed in a timely manner. | 2.1      | <b>Current Position</b><br>A broken window and damaged cupboards in the kitchen area were being addressed by the ward manager  |  |                      |
|  |   |          | <b>Actions to date</b><br>Damaged window in bedroom replaced   | Head of Learning Disabilities                    | Complete             |
|  |   |          | Bi-monthly meetings between Ward Manager, Service Manager and Estates department have been re-established to monitor and address ongoing maintenance and estates issues.   | Service Manager                                  | 1/08/16              |
|  |   |          | <b>Actions Planned</b><br><ul style="list-style-type: none"> <li>Review list of all outstanding repairs and action</li> <li>Escalate findings to Assistant Director of Estates / Assistant Director MH&amp;LD and agree a</li> </ul> | Service Manager<br>Head of Learning Disabilities | 28/09/16<br>28/09/16 |



| Page Number | Improvement Needed   | Standard | Service Action  | Responsible Officer           | Timescale |
|-------------|--|----------|---|-------------------------------|-----------|
|             |  |          | <p>programme of work</p> <ul style="list-style-type: none"> <li>Ward Manager to escalate to Service Manager any urgent maintenance issues outside of bi-monthly meetings where they are not being resolved in a timely manner</li> </ul>  | Ward Manager                  | 28/09/16  |
| 12          | The health board must ensure that safeguarding procedures include sufficient feedback to the referring person as to the reasons why a safeguarding referral is not being looked in to. | 2.7      | <p><b>Current Position</b></p> <p>A client referred to Carmarthenshire County Council safeguarding did not reach the threshold for further investigation</p>  |                               |           |
|             |  |          | <p><b>Actions to date</b></p> <p>Staff informed of the Safeguarding decision</p>  | Head of Learning Disabilities | Complete  |
|             |  |          | <p><b>Actions Planned</b></p> <p>Any registered practitioner who attends a safeguarding meeting on behalf of the team will be required to feedback the outcome and relevant information from the meeting, including reasons provided as to why thresholds for referral have not</p> | Head of Learning Disabilities | 31/08/16  |

| Page Number | Improvement Needed  | Standard | Service Action   | Responsible Officer                                   | Timescale                       |
|-------------|---|----------|--|---|---------------------------------|
|             |   |          | been met   |   |                                 |
| 13          | The health board must develop a policy to safeguard patients and staff when undertaking all actions to manage patient behaviours. | 3.1      | <p><b>Current Position</b></p> <p>There is a varying understanding of what constitutes segregation / seclusion in the unit</p> <p>Positive Behavioural Management (PBM) Lead Instructor works closely with staff in the education of least restrictive practices</p>   |   |                                 |
|             |   |          | <p><b>Actions to date</b></p> <p>Group of Professionals across disciplines have been identified to engage with a review of the Health Board Seclusion policy</p>   | Head of Nursing                                       | Complete                        |
|             |   |          | <p><b>Actions Planned</b></p> <ul style="list-style-type: none"> <li>Health Board Seclusion Policy is to be reviewed and updated in line with National and NICE Guidelines regarding Restrictive Practices</li> <li>Staff will be reminded of, and trained in the use of the current Seclusion Policy</li> </ul> | <p>Head of Nursing</p> <p>Professional lead Nurse</p> | <p>30/12/16</p> <p>30/09/16</p> |

| Page Number | Improvement Needed  | Standard | Service Action   | Responsible Officer                                     | Timescale |
|-------------|---|----------|--|---|-----------|
|             |   |          | <ul style="list-style-type: none"> <li>Link with local and National Learning Disability Networks to identify best practice and inform the revision of the Seclusion Policy</li> </ul>  | Professional Lead Nurse / Head of Learning Disabilities | 25/11/16  |
| 14          | The health board must ensure that there is a process for ensuring that care documentation is kept up to date. | 3.5      | <p><b>Current Position</b></p> <p>A combination of electronic and paper based records are kept on all clients. The introduction of an updated electronic record system (Care Partner) has identified the need to transfer paper based records into word documents which can then be uploaded into the electronic record. The MHLD Directorate has an established Audit process for CTP care plans.</p> |   |           |
|             |   |          | <p><b>Actions to date</b></p> <ul style="list-style-type: none"> <li>Review standards of records kept at the Unit</li> </ul>   | Ward Manager  | Complete  |

| Page Number | Improvement Needed   | Standard | Service Action  | Responsible Officer  | Timescale                                |
|-------------|--|----------|---|--|--|
|             |  |          | <b>Actions Planned</b> <ul style="list-style-type: none"> <li>• Ensure records reflect person centred approach to behaviour management plan, care plan and current goal setting</li> <li>• Set regular clinical liaison meeting between Consultant Psychiatrist, Speciality Doctor, GP and Tudor House staff</li> <li>• Ward Manager to address variable documentation skills with staff during individual supervision</li> </ul> | Consultant / Care co-ordinator<br><br>Consultant<br><br>Ward Manager | 07/11/16<br><br>10/08/16<br><br>10/08/16 |
| 14          | The health board must ensure that staff maintain a high level of professional standards when completing patient records. | 3.5      | <b>Current Position</b><br>All Qualified nursing staff have received training in Record Keeping within the last 12 months   |  |  |
|             |  |          | <b>Actions to date</b> <ul style="list-style-type: none"> <li>• Standards of records kept at the Unit have been reviewed and will continue to be on a regular basis</li> </ul>  | Ward Manager   | Complete                                 |

| Page Number | Improvement Needed  | Standard                                 | Service Action   | Responsible Officer     | Timescale |
|-------------|---|--|--|-------------------------|-----------|
|             |   |  | <p><b>Actions Planned</b></p> <p>To undertake repeat audit of clinical records in line with HB record keeping standards</p>  | Professional Lead Nurse | 30/09/16  |
|             | <b>Quality of management and leadership</b>   |  |  |                         |           |
| 16          | Ensure that the management structure is sufficient to support the needs of the service. Review the structure chart to ensure that members of staff at the setting understand who is in leadership roles within the learning disability directorate. | Governance leadership and accountability | <p><b>Current Position</b></p> <p>Band 7 Ward Manager supported by two Band 6 team leaders</p> <p>Regular supervision takes place with the Service Manager to ensure all concerns are escalated</p> <p>Ward Manager attends Multidisciplinary Reference Group monthly which is concerned with governance arrangements within the service. Ward Manager also attends the monthly Business Meeting (Dashboard)</p> <p>The Learning Disability service has an agreed operating model resulting from a revised service structure</p> |                         |           |

| Page Number | Improvement Needed | Standard | Service Action   | Responsible Officer   | Timescale                           |
|-------------|--------------------|----------|--|---|-------------------------------------|
|             |                    |          | <p><b>Actions to date</b></p> <ul style="list-style-type: none"> <li>Review undertaken of the management structure of the Learning Disabilities Service and communicated to all staff working within the service</li> <li>Review of the staffing skill mix at Tudor House completed</li> </ul>   | <p>Assistant Director MHLD / Head of Learning Disabilities</p> <p>Assistant Director MHLD / Head of / Learning Disabilities<br/>Head of Nursing</p> | <p>Complete</p> <p>Complete</p>     |
|             |                    |          | <p><b>Actions Planned</b></p> <ul style="list-style-type: none"> <li>Additional management support has been secured with effect from the 1<sup>st</sup> September to enhance governance arrangements for Team and Service managers</li> <li>Alternative structures to support the Service Manager in the day to day management of the</li> </ul> | <p>Assistant Director MHLD</p> <p>Assistant Director MHLD</p>   | <p>01/09/2016</p> <p>30/09/2016</p> |

| Page Number | Improvement Needed | Standard | Service Action  | Responsible Officer | Timescale |
|-------------|--------------------|----------|---|---------------------|-----------|
|             |                    |          | residential units within the service will increase the ability of the current Service Manager to focus in greater detail on the inpatient units |                     |           |

**Service representative:**

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

**Title:** .....

**Date:** .....