

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

**Aneurin Bevan University  
Health Board Learning  
Disability Residential Unit  
(Ref 16028)**

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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 20 June 2016. Our team, for the inspection comprised of two HIW inspection managers, (including one inspection lead), 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. At the time of inspection there were five patients living at the unit. The unit forms part of learning disability services provided within the geographical area known as Aneurin Bevan University Health Board.

The unit employs a staff team which includes a manager and deputy manager (both of whom are registered nurses) and a team of nurses and healthcare support workers. The manager and deputy manager hold management responsibility for this unit and one other residential learning disability unit located six miles away.

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

### 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.
- We saw staff treating patients with respect and kindness.
- Patients had very detailed care plans setting out the help and support they needed.
- Care plans were person centred.
- There was a committed staff team who appeared to have a good understanding of the patients' care needs.

This is what we recommend the service could improve:

- A formal system for obtaining patient and their families views on the care being provided needs to be implemented.
- Staff access to training and compliance with mandatory training.
- Repairs and maintenance around the unit must be completed in a timely way.
- Advice received from the Fire Service in respect of fire doors must be considered and acted upon.

HIW issued an immediate assurance letter in respect of this inspection in relation to:

- Refurbishment of the kitchen required urgent attention to ensure it was fit for purpose and repairs were to be timetabled as a priority.

Please see Appendix A of this report for information about other aspects of service provision that have been identified for improvement.

## 4. Findings

### *Quality of patient experience*

Overall, we found that patients were treated with dignity and kindness. Patients' care plans were very detailed and person centred. Patient bedrooms were highly personalised and staff demonstrated detailed knowledge of the patients they cared for.

There was no formal system being used to formally obtain the views of patients and families regarding the care being provided. The health board should consider introducing a process to allow feedback to be obtained.

An independent advocacy service needs to be implemented for those patients without family support or engagement, to ensure their rights are upheld.

### **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 according to their needs and wishes to promote their wellbeing.

We were told by nursing staff that all patients were registered with a GP and were helped to see a dentist and optician according to their individual needs. All patients had health passports in place. These were in need of updating to ensure that passports reflect current patient information and needs. The health board should consider how to ensure health passports are regularly reviewed and maintained.

We were told that all patients received their annual health check<sup>1</sup> with their GP in January 2016. A sample of three patient records confirmed this.

We saw that patients were supported to manage their own health. One patient had been in regular attendance at a community weight management group to maintain a healthy weight. The unit received professional input from other professionals in supporting patients' individual needs, including occupational therapists, a dietitian, psychology services and speech and language therapists.

Nursing staff explained that patients were encouraged and helped to follow a healthy lifestyle. We saw that patients had detailed care plans that set out in detail the help they required to look after their own health.

### **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 observed that staff interactions with patients were dignified, compassionate, respectful, personal and kind. Staff had a good understanding of the patients' individual likes and dislikes and we saw staff helping them according to their own assessed needs. All patients appeared well cared for.

We found that staff respected patients' right to privacy. We observed staff knocking on bedroom doors prior to entering.

All patients had their own bedroom, which were personalised with their own belongings. Bedrooms were decorated to a good standard and were clean and tidy. Through discussions with staff we learned that one patient had purchased their own bedroom furniture. HIW were unclear following discussions with both staff and senior management whether the purchase was out of necessity or patient choice. The health board agreed verbally during feedback that they would reconsider the purchase of furniture in relation to one patient, and clarify their policy for staff with regards to any future purchases.

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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.



Through discussions with staff and a review of patient care records, we saw that patients were encouraged to participate in personal care routines. Individual and personal grooming products were freely available for patients to use.

### **Timely care**

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1)*

We saw that patients' current needs were being met in the unit by the staff team. Patient care records evidenced that professionals from a range of services were being accessed to support individual needs. This included occupational therapy, speech and language therapists, a dietitian and psychology support.

### **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 found that care was well planned for on an individual basis, and recognised the need for multidisciplinary team support when necessary.

Each patient had their own written care plan. We looked at the care plans for three patients. These described in detail what patients could do for themselves and what help and support they needed from staff. The care plans we saw were detailed, person centred, individualised and well organised into sections. Information pointed to clear routines, preferences, task analyses and Positive Behaviour Support plans were in place for each patient. Each care plan had been reviewed regularly and updated accordingly.

We saw that patients were supported by staff to be involved in their own care planning, as far as each patient was able to contribute.

Routines were clearly defined into morning, afternoon and evening activities. Some patients had the opportunity to attend baking classes within the local

community. Other activities included meals out, walks and shopping. The health board may wish to consider a broader range of social opportunities for the patients. Consideration could also be given to adopting the Active Support<sup>2</sup> model's Participation Plans and Opportunity Plans as a means for enabling and empowering patients and also planning and measuring change.

Patients had Care and Treatment Plans as required under law (The Mental Health (Wales) Measure 2010)<sup>3</sup>. We saw these had been reviewed and were up to date.

We observed that patients had access to the right equipment within the unit to meet their needs and help them to be independent. The unit was equipped with appropriate hoists and the kitchen had an adapted table to encourage patient use.

*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)*

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

We observed staff respecting patients' privacy and allowing them choice in their daily routines.

Patient care records contained mental capacity assessments, best interest assessments and evidence of multidisciplinary working. Where patients lacked mental capacity, it was well documented within the records that a comprehensive assessment had been undertaken with the support of the wider multidisciplinary team.

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<sup>2</sup> Active Support is a model designed to empower and involve people who need support to be fully involved and participate in their lives.

<sup>3</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>

Where restrictions were in place, care plans showed that Deprivation of Liberty Safeguards (DoLS)<sup>4</sup> authorisations had been obtained in accordance with the DoLS arrangements. We saw that authorisations and appropriate documentation were up to date.

In four of the five patient records we saw that patients had contact with their families, and relatives were involved in discussions about care and support, health and wellbeing. It was evident that patients were helped to keep in contact with their families. One patient did not have contact with their family and we did not see evidence that an independent mental capacity advocate (IMCA) was involved in promoting their rights. The health board must ensure that arrangements are in place to allow patients to access an IMCA in accordance with the law (Mental Capacity Act 2005).

### ***Improvement Needed***

***The health board must ensure that patients without family support or engagement have access to an IMCA in accordance with the Mental Capacity Act 2005.***

*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 and 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.

Staff explained that the team had good relationships with patients' families and felt confident that they would raise any concerns or worries about their relatives with the staff team. We were told that feedback from patients and their families was generally on an informal basis.

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<sup>4</sup> The Deprivation of Liberty Safeguards is a framework of safeguards for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

We were told by senior management that the health board does have a system to capture feedback from both patients and families. This system was not being utilised during the time of HIW's inspection. The health board should consider how to introduce a suitable system to obtain feedback regarding the care being received, that can be used by people using the service and their families.

***Improvement Needed***

***The health board should introduce a suitable system for collecting feedback from patients and their families regarding the care being provided.***

## ***Delivery of safe and effective care***

**Overall we found that patients received safe and effective care. We found that staff considered the health, safety and welfare of patients as a priority.**

**Medicine audits were being carried out by external staff to the unit, to ensure that safe prescribing and delivery of patient medicines was appropriate.**

**Immediate action was required by the health board to address the kitchen of the unit, which was observed and considered to be in a poor and unacceptable condition. Suitable assurance was provided by the health board that measures were in place to address the concerns.**

**Improvements were needed to ensure that fire doors in the kitchen and lounge were used appropriately for the safety and well being of both patients and staff.**

**Action was required by the health board to ensure that appropriate levels of management have access to staff records, both electronic and paper, to ensure that staff are up to date with training and that management of the unit have access to staff contact details in cases of emergency.**

### **Safe care**

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

We found that patients' health, safety and welfare were protected. The environment was large and generally well presented. We did, however, raise concerns with regards to the kitchen which was in a poor and unacceptable condition. Kitchen doors and drawers were both missing and broken, presenting a risk to the patients and staff living within the unit. This resulted in kitchen equipment being both visible and easily accessible to the patients, with limited safety precautions allowing patients to easily access kitchen equipment. We were told that some patients would remove the equipment because it was so visible making the area cluttered and hazardous.

We were told that a recent risk assessment has been undertaken of the area and a recommendation has been made for a new kitchen including new

appliances. We were told that there is no timescale for this work to be undertaken. Immediate assurance was obtained from the health board that action has been taken to address the refurbishment of the kitchen as a matter of priority.

### ***Improvement Needed***

***We seek assurance from the health board that a timescale for completing the refurbishment of the kitchen will be identified as a priority within the setting and communicated to HIW.***

We found other minor issues with the environment which the health board should seek to resolve. This includes the up-keep of the corridors within the unit, and attention should be given to one of the shared patient lounge areas where decoration was bland. Consideration could be made to making the area more personal to the patients.

We observed that two fire doors in the dining room and kitchen were being kept open with wedges. A recent inspection by the Fire Service informed management at the unit that fire doors are required to remain closed. We were told by staff that the patients find it hard to move freely around the unit when the doors are closed due to them being heavy, thus restricting patient movements. The health board must ensure that consideration is given to advice of the Fire Service regarding the fire doors. The health board may wish to explore alternative fire doors, allowing patients free access within the unit whilst maintaining safety.

### ***Improvement Needed***

***The health board must consider the advice of the Fire Service in relation to the unit's fire doors to ensure that patient and staff safety is maintained in the event of a fire.***

The unit was visibly 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 was taken to reduce these risks as far as possible. We also saw that detailed risk assessments had been done within the care plans we looked at.

We saw that opened food had been labelled with dates. It was unclear to the inspection team whether the dates were when food had been opened, or the use by dates. The inspection team found packaged fruit in the fridge that had recently gone past its use by date. Audits had been carried out by staff of the fridge contents, however, we found that food had remained in the fridge whilst being out of date.

### ***Improvement Needed***

***The health board should clarify with staff the process for labelling opened food to ensure that patient safety is maintained and out of date food is disposed of.***

We were told that in the event of a patient emergency (collapse), the emergency services would be called to attend. At the time of HIW's inspection the health board were in the process of supplying all learning disability residential settings with resuscitation equipment, including this unit. On the day of our inspection, basic life support training was being delivered, with the intention of it being rolled out to all staff within the unit. Changes to the emergency equipment had been made as a result of recommendations following earlier HIW inspections in other learning disability residential settings within the health board. HIW recognised the pace of change within the health board in relation to emergency equipment and basic life support training for staff.

*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 and make healthy food choices. A four weekly menu was available to view during inspection. We were told that patients were able to substitute and make changes to the menu should they wish to.

Patients living at the unit had a wide range of nutritional and hydration needs, as a result dietitians and speech and language therapists were involved in the assessment of an appropriate and balanced diet for each patient.

*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 found that people's medication was stored and managed safely at the unit.

We observed a registered nurse giving patients their prescribed medication which was done in a safe manner in accordance with policy and guidance.

Medicines were stored safely in a small room within the main unit. The room was locked when not in use to prevent people, who were not allowed to, from entering. Medicines within the room were safely stored in a locked cupboard. There was a fridge in the room to store medicine, and temperature checks were

carried out daily. There were no controlled drugs being stored or used at the time of HIW's inspection.

Patient care plans contained detailed information about the rationale for particular medication use.

We were told that medicine audits are carried out by health board staff external to the unit to consider the process for medicine management is safe and appropriate.

Records for prescribing 'as required' medication (often called PRN) were considered during the inspection, showing that medication was clearly prescribed and usage was considered to be appropriate.

*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)*

Both nursing staff and management of the unit displayed a good knowledge of the safeguarding process, should a safeguarding issue be identified. This was in keeping with the All Wales Vulnerable Adult procedure. We were told that there were no safeguarding issues at the time of our inspection.

We were unable to access training records for staff within the unit during our inspection. Senior management were unable to confirm that all staff were up to date with training on safeguarding adults. Staff training is further explored within the management and leadership section of this report.

### **Effective care**

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)*

We saw that patients at the unit had their own written care plans. These were very detailed and showed that care was planned to make sure patients were safe and protected from avoidable harm.

We saw that Active Support, Positive Behaviour Support and Positive Behaviour Management plans were being used which were very detailed and person centred. These help staff identify when patients need help to manage behaviour that other people may find challenging. Staff appeared to have a



good understanding of the patients' needs and we saw them helping patients to be safe.

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

The care plan for each patient detailed their individual communication needs. We were told that staff talked to patients to help them understand decisions about their care.

We observed staff adapting their communication style with patients depending on their individual needs. One staff member described how for one patient they had used pictures, as a means of communicating, to help them understand changes to one element of their care plan.

### **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 records at the unit were stored in a secure manner to prevent unauthorised individuals accessing them.

Records within patient care plans were generally consistent, clearly laid out, organised and very detailed.

We were unable to access staff records during our inspection. We were told that staff records are stored securely within a locked cabinet. The manager of the unit was the only person with a key, and was not available on the day of HIW's inspection. The deputy manager did not have access to electronic staff records. We were told that information included staff training records, personnel information including emergency contact details for staff.

Senior managers told us that this was a procedural oversight and access to staff records, both electronic and paper files, would be given to the deputy manager as a matter of urgency.

### ***Improvement Needed***

***The health board should consider how access to staff records is accessible to both the manager and deputy manager of the unit whilst ensuring that the information is securely stored.***

## *Quality of management and leadership*

**Overall we found that there was effective management and leadership of the unit. We were told that senior management were implementing a programme of audit activities so that areas of care could be considered and improved where needed.**

**We saw that there was effective communication between the manager and deputy manager of the unit, who had managerial responsibilities for one other residential learning disability unit.**

**Senior management had reacted promptly to previous HIW inspections of residential learning disability settings ensuring that appropriate emergency equipment was available and staff had access to basic life support training.**

**We found that improvement was needed to ensure that staff had access to, and undertook appropriate training to ensure safe and effective delivery of care. Improvement was required to ensure that all staff had annual appraisals and access to regular supervision sessions.**

### **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.*

A nurse manager is responsible for the day to day management of the unit and is supported by a deputy manager. The two managers share managerial responsibility for two learning disability units within the health board. The deputy manager was on shift during our inspection and demonstrated strong and effective leadership.

We were told that effective communication across the two units is maintained by the use of a shared and printed calendar to ensure that staff have sight of where the managers will be at any time. We were told that the manager and deputy manager meet three times a week to enable effective communication and smooth running of the units.

Staff told us that they felt well supported by management and that they were both visible and approachable. It was clear that staff communicated effectively through a communication book, informally exchanging information and through

team meetings which were held approximately every six weeks. Minutes of the team meetings were distributed to those staff who were unable to attend.

Management and staff described the process for reporting and investigating patient safety incidents. We were told that feedback and learning would be provided to staff following any incident.

The deputy manager described that some audits are completed, and they were aware that senior managers had recently begun the process of implementing improvement activities, including additional audits to identify areas of improvement in the delivery of care.

### ***Improvement Needed***

***The health board should progress with the arrangements for improving the system for audit and ensure that where areas for improvement are identified, action is taken to address this and relevant learning shared with other services within the health board.***

Senior managers have told recent HIW inspection teams about the future plans of health board learning disability residential services. The health board's Mental Health and Learning Disabilities Partnership Board have been working with relevant local authorities during the past 18 months to explore, plan and deliver future service models which are best suited to the identified needs, preferences and wishes of individuals in receipt of learning disability residential services. This complex piece of work related to residential services across the geographical area covered by Aneurin Bevan University Health Board; involvement of service users, their families and representatives being planned to ensure their future involvement in making services even better.

### **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))*

There appeared to be enough staff working with the right skills to meet the needs of the patients at the unit. Staff were able to demonstrate a detailed understanding and knowledge of the patients living at the unit.

We were told by staff and management that formal supervision sessions were not being conducted. Senior management told us that they were in the process of strengthening their governance arrangements to ensure supervision sessions were held for all staff. The health board must ensure that staff have access to sufficient supervision to support them in their roles.

Staff told us that they had not received an appraisal of their work within the last 12 months. The health board should ensure that all staff receive an appraisal within the health boards agree timescales. The health board may wish to consider changes to the governance of the appraisal process to ensure that there is sufficient oversight by senior management.

***Improvement needed***

***The health board should ensure that all staff have access to sufficient supervision to support them in their roles.***

***The health board should ensure that staff receive an appraisal of their work within a defined timescale and consider how senior management has sufficient oversight of the process.***

We were unable to access staff training records during the course of HIWs inspection. The deputy manager told us that staff records were stored securely in a locked cupboard, with the key being held by the manager. As a result the deputy manager was unable to access information in relation to staff training records, personnel information and emergency contact details. The deputy manager was also unable to access these records electronically. We were told by senior management that this was a procedural oversight and would be addressed immediately.

The deputy manager and senior managers were unable to confirm whether all staff were fully compliant with mandatory training requirements.

Recent HIW inspections of the health boards residential learning disability services identified areas of improvement regarding staff access to, and compliance with mandatory training. The health board provided assurances that suitable arrangements were being put in place to ensure that staff completed mandatory training and were suitably skilled to carry out their roles. The health board may wish to consider implementing a process for ensuring that there is effective oversight of staff compliance with training.

***Improvement Needed***

***The health board should support staff as far as possible to attend training that is specific to their work.***

Staff told us they felt able to report concerns where they felt care was unsafe and were confident that their concerns would be acted upon by managers.

## 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 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, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within learning disability services.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.



## Appendix A

**Learning Disability Service: Improvement Plan**

**Service: Residential Unit (Ref 16028)**

**Date of Inspection: 20 June 2016**

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
9	The health board must ensure that patients without family support or engagement have access to an IMCA in accordance with the Mental Capacity Act 2005.	Standard 6.2			
9	The health board should introduce a suitable system for collecting feedback from patients and their families regarding the care being provided.	Standard 6.3			
<b>Delivery of safe and effective care</b>					
11	We seek assurance from the health	Standard 2.1			

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	board that a timescale for completing the refurbishment of the kitchen will be identified as a priority within the setting and communicated to HIW.				
11	The health board must consider the advice of the Fire Service in relation to the unit's fire doors to ensure that patient and staff safety is maintained in the event of a fire.	Standard 2.1			
12	The health board should clarify with the staff the process for labelling opened food to ensure that patient safety is maintained and out of date food is disposed of.	Standard 2.1			
14	The health board should consider how access to staff records is accessible to both the manager and deputy manager of the unit whilst ensuring that the information is securely stored.	Standard 3.5			
<b>Quality of management and leadership</b>					
17	The health board should progress	Governance,			

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	with the arrangements for improving the system for audit and ensure that where areas for improvement are identified, action is taken to address this and relevant learning shared with other services within the health board.	Leadership and accountability			
18	The health board should ensure that all staff have access to sufficient supervision to support them in their roles.	Standard 7.1			
18	The health board should ensure that staff receive an appraisal of their work within a defined timescale and consider how senior management has sufficient oversight of the process.	Standard 7.1			
18	The health board should support staff as far as possible to attend training that is specific to their work.	Standard 7.1			

**Service representative:**

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

**Title:** .....

**Date:** .....