

# **Learning Disability Inspection (unannounced) Betsi Cadwaladr University Health Board, Residential Unit, Tan y Coed**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Tan y Coed Residential Unit, Bryn Y Neuadd Hospital, Llanfairfechan, North Wales on 22 and 23 June 2016. Our team for the inspection comprised of an HIW inspection manager (inspection lead) and a clinical peer reviewer.

HIW explored how Tan y Coed 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

Tan y Coed Residential Unit forms part of learning disability services provided within the geographical area known as Betsi Cadwaladr University Health Board (BCUHB).

Tan y Coed is a residential unit for people with learning disabilities. The unit provides care for up to eleven patients. The unit is divided into a number of separate bungalows.

The staff team includes a unit nurse manager (who is a registered nurse), a deputy manager (also a registered nurse), registered nurses and healthcare support workers. Student nurses also work on the unit (on training placements) as part of their training.

The service sits within the Mental Health and Learning Disability Division of BCUHB.

### 3. Summary

Overall, we found evidence that the service provided patient centred care that was safe and effective. Patients appeared well cared for and were helped by a staff team who appeared to have a good understanding of their individual care needs.

This is what we found the service did well:

- We saw staff treating patients with respect and kindness.
- Patients had detailed care records setting out the help and support they needed.
- Patients' medicines were handled safely by staff responsible for them.

This is what we recommend the service could improve:

- Deprivation of Liberty Safeguards (DoLS) authorisations need to be reviewed in a timely manner to ensure the health board is compliant with law associated with DoLS.
- Improvement is needed to make some areas of the unit safe for staff, patients and visitors.
- The arrangements for checking emergency (resuscitation) equipment need to be revisited so that the health board is assured that staff are aware of what equipment needs to be available.
- Staff need to be supported to attend mandatory training to ensure their knowledge remains up to date.

## 4. Findings

### *Quality of patient experience*

**We saw that the staff team treated patients with respect and kindness. Patients' care records were detailed and person centred.**

**We identified improvement was needed around reviewing Deprivation of Liberty Safeguards authorisations. Improvement was also needed to ensure staff were aware of how patients and their families could provide feedback.**

### **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)*

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

Nursing staff told us that patients could be seen by a local GP for general health related conditions. During the week of our inspection a newly set up weekly GP clinic had commenced. This supported the current arrangements previously in place for patients to see a GP. Patients would be able to receive annual health checks<sup>1</sup> at this weekly clinic. Nursing staff also confirmed that patients were helped to see a dentist and optician according to their needs. We were also told that patients could see a chiropodist. We saw that patients had care records that set out in detail the help they required to look after their health needs.

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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.

We did see that one patient's hospital passport<sup>2</sup> was incomplete. A satisfactory explanation was not provided for this. We informed the nurse in charge so that the passport could be completed.

### ***Improvement Needed***

***The health board must ensure that patients' hospital passports are complete and up to date.***

We saw that patients were helped to spend time away from the unit to take part in activities to promote their wellbeing. Staff told us that patients were supported to go for walks, go swimming and go out for drives (as a passenger) around the local area. We were able to speak with one patient who told us she was happy at the unit and could do things she enjoyed.

### **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 saw staff were treating patients with respect and kindness. We also found staff were mindful of protecting patients' privacy and dignity.

We saw that staff had a friendly, yet professional, approach towards patients. Staff appeared to have a good understanding of the patients' individual likes and dislikes and we saw staff helping them according to their assessed needs. All the patients we saw appeared well cared for.

The unit could accommodate both male and female patients and the availability of separate bungalows allowed for patients of the same gender to live together. This provided an increased level of dignified care. In addition, patients had their own bedrooms for privacy. Some patients had been able to display their own things such as photographs and ornaments. Where we were told this was not possible, a satisfactory explanation was provided by staff.

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<sup>2</sup> A hospital passport contains important information about someone with a learning disability. It can be used by hospital staff when the person is admitted to hospital.



Some patients had their own en suite washing and toilet facilities that provided a greater level of privacy than communal bathrooms. We saw staff assisting a patient to the toilet and closing the door whilst it was in use. This helped to protect the patient's privacy and dignity.

### **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' care needs were being met in a timely manner by staff.

We looked at a sample of four care records. These showed that relevant members of the multi disciplinary health care team had been involved in the patients' care and treatment.

Staff we spoke to appeared to have a good understanding of the patients' individual care needs.

### **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)*

The care records we saw were detailed. These had been reviewed regularly. However separate care and treatment plans, required by law, did not show whether staff had made efforts to agree them with patients.

We looked at a sample of four care records and saw that they described in detail what patients could do for themselves and what help and support they needed from staff. We also saw that individual risk assessments had been completed to help keep patients safe. These were detailed and up to date.

Patients also had care and treatment plans as required under law (The Mental Health (Wales) Measure 2010)<sup>3</sup>. Whilst these were complete, staff had not recorded whether efforts had been made to explain these to patients and whether patients agreed with the plans. Staff responsible for completing care and treatment plans must record the efforts made to explain them to patients, whether patients have agreed them and if not the reason why, together with comments around this.

Information within one patient's plan indicated that it needed reviewing.

***Improvement Needed***

***The health board must ensure that staff record the efforts made to explain patients' care and treatment plans to them, whether they have agreed them and if not the reason why.***

***Improvement Needed***

***The health board must make suitable arrangements to ensure patients with care and treatment plans required under the Mental Health (Wales) Measure 2010 have their plans reviewed at least annually.***

*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 for patients at the unit was provided in ways to ensure their human rights were upheld.

We saw staff respecting patients' privacy and allowing them choice in their daily routines. Where patients' choices were restricted we saw that the reasons for this had been written in their individual care records. Where restrictions were in

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<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>

place, Deprivation of Liberty Safeguards<sup>4</sup> (DoLS) authorisations had been obtained in accordance with the DoLS arrangements. We saw, however, that some of these required reviewing. Staff confirmed that there had been delays in getting reviews. We discussed our findings with senior managers who were working to make improvements around reviewing DoLS authorisations.

### ***Improvement Needed***

#### ***The health board must make arrangements to ensure Deprivation of Liberty Safeguards authorisations are reviewed in a timely manner.***

It was not clear from staff training records we saw whether staff were up to date with Mental Capacity Act 2005 and DoLS training. The health board should explore this and make arrangements as appropriate to ensure staff are up to date with their training.

*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)*

Staff we spoke to described that feedback from patients and their families was obtained on an ad hoc basis.

Conversations with staff indicated that they were not aware of any formal arrangements that were in place for the health board to regularly seek feedback from patients and their families. Generally, comments from staff who returned completed HIW questionnaires also indicated they didn't know of any arrangements.

The health board should make staff aware of how people using the service can provide feedback on their experiences.

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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.

***Improvement Needed***

***The health board should make arrangements so that staff are aware of how patients and their families can provide feedback on their experiences of using the service.***

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

**Overall we found that patients received safe and effective care. We did identify some improvement was needed around making the external environment safe and checking emergency (resuscitation) equipment.**

### **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. Some improvement was needed to make the unit environment safe.

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 and reviewed.

Staff told us that the decking area around one of the bungalows became very slippery when wet. We were also told that wooden steps to the garden area were beginning to rot and were therefore not safe to use. Staff told us that this had been reported to the maintenance department and work was ongoing to make the decking and steps safe to use. Signs were displayed in one of the bungalows indicating that the roof was leaking. This was also confirmed by staff.

Staff told us that the fire alarm panel in one of the bungalows was displaying a fault. We were told this had been checked by maintenance staff and that no fault could be found. This meant that in the event of a real fire staff may interpret this as a 'false alarm' putting them and patients at risk of harm.

We informed senior managers of our findings and they gave a firm assurance that these issues would be addressed. Before the end of our inspection we were assured that the fire panel issue had been resolved. We were also told that resolving maintenance issues across the wider service was a high priority for the health board.

### ***Improvement Needed***

***The health board must make suitable arrangements to make the internal and external environment of the unit safe to use by patients, staff and visitors.***

Staff we spoke to were unaware of whether a ligature audit had been conducted. We saw that efforts had been made to make the internal environment safe to prevent harm associated with ligatures. The health board must, however, provide HIW with details of how it assesses and manages risk associated with ligature points at the unit.

***Improvement Needed***

***The health board must provide HIW with details of how it assesses and manages risk associated with ligature points at the unit.***

We were told that all staff were expected to attend cardiopulmonary resuscitation (CPR) training. Staff told us that there was difficulty in booking staff onto suitable CPR training. This was attributed to a lack of available places. We informed senior managers of this and they assured us that they were looking at ways to increase the number of training places. In the meantime, staff were being booked onto alternative, but less comprehensive training. The health board should progress with arrangements to secure suitable cardiopulmonary resuscitation training for staff and must provide HIW with an update on progress.

We saw that staff had access to resuscitation equipment in the event of a patient emergency (collapse). We saw that checks had been done regularly with a view to making sure the equipment was safe to use. Whilst records had been kept of the checks, these did not clearly identify all the equipment that should be available. We were not, therefore, assured that the emergency equipment was complete. We informed senior managers of our findings and they provided an assurance that they had contacted the relevant person in the health board for further advice on the matter.

***Improvement Needed***

***The health board should assure itself that staff are fully aware of what emergency equipment must be checked and available at all times.***

A ligature cutter was available to staff to use in an emergency but was not easily accessible. Senior managers had addressed this before the end of our inspection.

Whilst not affecting patient safety, some of the garden areas required tidying up and fence panels to be repaired. Senior managers told us they would look at ways to improve the garden areas.

*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 depending on their individual needs.

Within the sample of care records we saw that staff had written information about the help patients needed with eating and drinking. The records also included details of any special diets patients needed.

*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 patients' medication was managed safely at the unit.

Medicines were stored in locked cupboards for safety. A lockable fridge was available in one of the bungalows should this be needed. There were no Controlled Drugs (CDs) being stored at the unit at the time of our inspection. We saw that regular checks of Controlled Drugs had been done previously to make sure they were being managed properly. On one of the units the CD record book was not being stored securely. We informed staff of this so that it could be locked away to prevent unauthorised people seeing it.

We saw individual plans which showed staff the support patients needed to take their medicines. The records also showed that medicines were reviewed regularly to decide whether any should be changed or stopped. We saw a good example of an easy read leaflet that was used to help patients understand their medicine.

No pain assessment tool was in use. The health board should make arrangements to make staff aware of available pain assessment tools and ensure they are used where appropriate to assess and monitor patients' pain.

*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.

The unit staff showed a good knowledge of the local process to follow should an adult 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 saw training records that showed that a third of staff were up to date with training on safeguarding adults. The records showed that some staff had already been booked onto training. Arrangements should be made to ensure that all remaining staff who require training are supported to do so.

### **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 records. These were detailed and showed that care was planned to make sure patients were safe and protected from avoidable harm.

We saw that positive behaviour support plans were being used and again these were detailed. 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.

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

We found that staff had made efforts to meet individual's communication needs.

The communication needs of patients were recorded within their individual care records. We saw staff spending time talking and listening to patients to help them understand decisions about their care.

Patients had different communication needs and we observed staff adapting their approach and effectively identifying what patients wanted.

### **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)*

Care records used at the unit were stored securely to prevent unauthorised people from reading them.

The care records we saw were detailed and generally up to date. Not all record entries made by healthcare support workers had been countersigned by the registered nurses. A countersignature by the registered nurse responsible for the patient's care forms part of the health board's record keeping guidelines and clinical standards. The health board should, therefore remind staff of the need to adhere to record keeping guidelines.

## *Quality of management and leadership*

**There was a management structure in place to support the operation of the service. We found that much work was being done to develop and continually improve the mental health and learning disability services provided by the health board.**

**Patients were cared for by a friendly and committed staff team who appeared to have a good understanding of the needs of the patients.**

### **Governance, leadership and accountability**

*Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.*

A nurse manager was responsible for the day to day management of the unit supported by a deputy, team of registered nurses, healthcare support workers and housekeeping staff.

At the time of our inspection the unit nurse manager and the deputy were not available. A satisfactory reason was provided for this. Staff we spoke to were able to describe their roles and responsibilities. They described effective working relationships with unit colleagues and other members of the multidisciplinary team.

During our inspection, we met with senior hospital managers. It was evident from our discussions at the meeting that much work was being done by the health board with a view to develop and continually improve its mental health and learning disability services. This involved the health board working with local authorities and third sector organisations to identify the future care needs of the local population. A series of meetings and a staff event were planned to take the work forward.

Senior managers described arrangements for reporting service related issues to the health board as part of the overall governance process. These arrangements aimed to identify relevant patient safety and quality issues so that appropriate action could be taken where necessary to maintain the safety and wellbeing of patients using services.

During our feedback meeting at the end of the inspection, senior managers and staff were receptive to our comments. They clearly demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

## **Staff and resources**

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))*

We invited staff to provide their views on working at the unit. We did this by asking them to complete a HIW questionnaire. We also spoke to staff more generally on an ad-hoc basis.

At the time of our inspection, there appeared to be enough staff working with the right skills to meet the needs of patients at the unit. This was generally reflected in the HIW questionnaires that were returned. Responses within some questionnaires, however, indicated that staff felt more were needed sometimes for them to do their jobs properly. All staff felt satisfied with the quality of care they provided to patients.

Staff who completed and returned a questionnaire told us that they had attended training relevant to their role and that it had helped them do their job better. Throughout the report we have described that not all staff were up to date with training that the health board expected them to do. This included training on the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, cardiopulmonary resuscitation and safeguarding adults. For those staff who were not up to date with training, the health board should explore the reasons why and where needed support staff to attend training.

### ***Improvement Needed***

***The health board should explore the reasons why staff are not up to date with mandatory training and where needed support staff to attend this.***

***The health board must provide HIW with an update on progress in respect of the following training:***

- ***Mental Capacity Act 2005***
- ***Deprivation of Liberty Safeguards***
- ***Cardiopulmonary resuscitation (at a suitable level) and;***
- ***Safeguarding adults.***

When asked about their view of the health board and their managers, most staff told us that they felt supported and that team work was encouraged.

Staff who returned a completed questionnaire confirmed that they had an appraisal of their work in the last 12 months.

## 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, 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: Tan y Coed Residential Unit**

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

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
6	The health board must ensure that patients' hospital passports are complete and up to date.	Standard 1.1	At the time of the HIW visit, some patients' passports were complete but had not been transferred to the current file. This has now been completed. All patient passports are up to date.	Modern Matron	Complete
8	The health board must ensure that staff record the efforts made to explain patients' care and treatment plans to them, whether they have agreed them and if not the reason why.	Standard 6.1	Where patients are assessed as having capacity to understand their Care and Treatment plan, staff explain the plan and the patient is requested to sign and date it. The Care and Treatment plan is then placed into the clinical notes.	Modern Matron	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Where patients are assessed as not having capacity to understand their Care and Treatment plan the standard 'Capacity Assessment' form is completed which details the efforts made to explain the Care and Treatment plan. If no attempt has been made, staff have been instructed to document why this is the case.	Modern Matron	Complete
8	The health board must make suitable arrangements to ensure patients with care and treatment plans required under the Mental Health (Wales) Measure 2010 have their plans reviewed at least annually.	Standard 6.1	MDT meetings are held every 3 months routinely, but more frequently if required. The Care and Treatment Plan forms part of the MDT agenda and the care coordinator is held accountable for ensuring that it is updated at least annually.  Care plans are audited on a monthly basis as part of the quality and safety audits. Check completion of the CTP is now built into that audit.	Modern Matron  Modern Matron	Complete  Complete
9	The health board must make arrangements to ensure Deprivation of Liberty Safeguards authorisations	Standard 6.2	The Health Board have invested in training an additional Best Interest Assessor to focus on DoLS	DOLS Team Manager	Complete



Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	are reviewed in a timely manner.		applications from Learning Disability Services at Ysbyty Bryn y Neuadd. The Practitioner is a Learning Disability specialist and will commence post on the 1 September 2016.		
10	The health board should make arrangements so that staff are aware of how patients and their families can provide feedback on their experiences of using the service.	Standard 6.3	Tan y Coed are to commence using the AIMS LD questionnaires designed specifically for patients and their families. AIMS is an accreditation scheme through the Royal College of Psychiatrists to ensure quality services.  Unfortunately, some patients have little or no family contact. A copy of the questionnaire is included for information.	Modern Matron	Complete
<b>Delivery of safe and effective care</b>					
11	The health board must make suitable arrangements to make the internal and external environment of the unit safe to use by patients, staff and visitors.	Standard 2.1	At the time of the visit the estates department attended Tan y Coed and completed all but one outstanding estates tasks. The remaining task related to repairs to decking.	Operational Estates Manager (west)	

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Temporary repairs have been carried out –and an order has been raised with a contractor to replace all of the external decking – the composite materials are on order. The contractor has confirmed a September start date.		
12	The health board must provide HIW with details of how it assesses and manages risk associated with ligature points at the unit.	Standard 2.1	Following the TACP (architects) anti-ligature audits undertaken in May 2015, mitigating risk assessments are in place. These areas. The risk assessments are updated as patient’s presentation	Modern Matron	Completed
12	The health board should assure itself that staff are fully aware of what emergency equipment must be checked and available at all times.	Standard 2.1	Discussions have taken place with the BCU Resuscitation Officer who has confirmed the list of items that should be available in the resuscitation bag.  In accordance with that list, equipment is checked and recorded on a daily basis.	Modern Matron/BCU Resuscitation officer	Completed
<b>Quality of management and leadership</b>					
17	The health board should explore the reasons why staff are not up to date	Standard 7.1	Training data for MCA/DoLS is as follows:	Modern Matron	

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	<p>with mandatory training and where needed support staff to attend this.</p> <p>The health board must provide HIW with an update on progress in respect of the following training:</p> <ul style="list-style-type: none"> <li>• Mental Capacity Act 2005</li> <li>• Deprivation of Liberty Safeguards</li> <li>• Cardiopulmonary resuscitation (at a suitable level) and;</li> <li>• Safeguarding adults.</li> </ul>		<p>Total staff – 41</p> <p>Training in date – 7</p> <p>Training dates booked – 14</p> <p>Awaiting dates - 20</p> <p>Training data for CPR is as follows:</p> <p>Total staff – 14</p>		

### Service representative:

**Name (print):** Jenifer French

**Title:** Director of Nursing, Mental Health and Learning Disabilities

**Date:** 31 August 2016