

**Learning Disability
Inspection (unannounced)**
Abertawe Bro Morgannwg
University Health Board,
Assessment and Treatment
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 at an assessment and treatment unit operated and managed by Abertawe Bro Morgannwg University Health Board on the 27 June 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead) and a clinical peer reviewer.

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

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

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

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

2. Context

The assessment and treatment unit inspected forms part of a variety of learning disability services provided by Abertawe Bro-Morgannwg University Health Board (ABMU). Readers of this report may also wish to note that there are plans underway to merge the Health Board's Mental Health Directorate with Learning Disability Services as a means of providing integrated services for the future benefit of patients and their families.

The unit offers mixed gender accommodation, assessment, care and treatment for a maximum of eight individuals. At the time of our inspection, there were five male patients living at the unit; one additional person being absent as they were currently subject to a section of the Mental Health Act 1983-specifically section 17¹.

The staff team includes an acting manager who is a registered nurse, a deputy manager (also a registered nurse), a team of longstanding registered learning disability nurses and health care support workers. The above team is supported in providing care and treatment to patients by a range of visiting professionals.

All patients are registered with their usual GP, wherever possible.

¹ Section 17 (otherwise known as leave of absence) which forms part of the Mental Health Act 1983, entitles individuals to leave hospital or a unit for short periods and is regarded as an important part of a patient's treatment plan.

3. Summary

We found that staff provided patients with compassionate, effective and timely care. We also saw that patients' records overall, provided very detailed information about their needs, wishes, preferences and future care plans.

The care environment was however dated and required remedial work to provide patients and staff with a building that was 'fit for purpose'.

Staffing levels were good and this had a positive effect on the provision of social/leisure activities and managerial duties. In addition, many of the staff had worked at the assessment and treatment centre for many years which meant that patients were cared for by people who understood the nature of the service very well. We further found that staff worked together as an effective, cohesive team and were supported by a very experienced and motivated senior nurse manager.

This is what we found the service did well:

- The well established staff team were very knowledgeable about the patients in their care
- Staff were notably very understanding and compassionate in their approach to supporting patients
- The unit team adopted a pro-active approach to obtaining the views of patients and their families on the services provided

This is what we recommend the practice could improve:

- The health board is required to provide HIW with details of the action to be taken which will ensure that the assessment and treatment unit premises enable staff to observe patients unobtrusively, are made safe, are well maintained and fit for purpose
- Elements of medicines management needed to be improved (such as stock control and the security of keys)

4. Findings

Quality of the patient experience

We were able to confirm that the staff team placed a considerable emphasis on providing patient centred care. We were also able to confirm that those providing care were very clear about their responsibilities in relation to individuals' basic human rights (so that patients were enabled to make choices about their lives and current and future care needs, as far as possible).

The staff team were skilled, competent and evidently compassionate in their approach to supporting patients.

The inspection team tried to obtain patients' direct views with regard to the care and treatment they received at the assessment and treatment unit, through face to face conversations as far as possible.

However, due to patients' varied and complex communication difficulties, our view of their day to day experience was also drawn from what was written in care and treatment plans, observations we made during the time we spent at the service and conversations held with staff members about the way in which they supported individuals.

Staying healthy

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

We found that the staff team worked well with partnership agencies and other healthcare professionals to protect and improve the well-being of the patients in their care and we were given specific examples of how well this had worked to date.

Discussions with the acting manager demonstrated that, where possible, patients were encouraged and enabled to maintain contact with their regular GP's, especially as their stay at the unit ranged from days and weeks, to a maximum of six months. In addition, the service benefitted from a daily visit by a doctor employed by ABMU who would support and treat patients at such time that they presented with an acute illness.

We were informed that all patients were referred to a local dental service at the point of admission to the unit and were shown examples of the forms used for that purpose. Those arrangements were unique to this particular service. In the event that the dentist did not visit the unit to assess the patient within a week or two of their admission, the staff team had a process in place for contacting the dentist to arrange for the patient to be seen.

We saw records which confirmed that patients' weight was recorded regularly as a means of determining whether their food and fluid intake was satisfactory. We further saw that records contained clear information about patients' sight and/or/hearing difficulties as appropriate.

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)

Staff who spoke with us were very knowledgeable about each of the patients. They were also very kind and considerate toward patients and each other.

We discovered that patient meetings were held every two months and saw the written ground rules/principles which underpinned those meetings. Some examples of those are shown below:

- Respect each other
- Attack ideas not people
- Everyone's ideas are valued
- Enjoy

The records of such meetings (April and June 2016) were also seen to contain direct quotes from patients in receipt of services at that time. This showed that patients were encouraged to actively participate in the way which the service was run.

There was a quiet room available to patients and their families which could also be used for patients to speak with staff in a confidential way, if they wished. Conversations with staff also verified that patients were encouraged to ask staff if they would like to spend time alone in their own room. This particular issue was re-enforced during staff handover meetings as observed at this inspection.

We saw that patients were being supported and encouraged to hang their laundry on the line, and one patient was enjoying sweeping leaves in the garden, in accordance with their personal request to do that.

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 extensive, well documented plans that were intended to ensure that care was timely and delivered to maximise prevention or deterioration of patients' physical and mental wellbeing. We also explored the arrangements in place for successfully discharging patients into the community. As a result, we were informed that there were occasional delays in arranging for the timely return of patients to their previous home, or to alternative, suitable living arrangements.

We found that the unit had established the use of assessment treatment and outcome reports (ATORs) for all patients who were now admitted to, and subsequently discharged from, the unit; this approach having been developed over a three to four year period with significant input from managers of each of the assessment and treatment units operated and managed by ABMU. Specifically, the completion of ATORs assisted staff to work with patients to find what strategies worked best to improve outcomes for them in the short, medium and long term. In addition, time spent with patients enabled the team to identify the main 'triggers' that occurred in people's lives which often led to behaviours that challenged and the need for repeated admission to an assessment and treatment unit. The result of all of the above meant that patients were better supported in their local community and the number of multiple admissions to the unit had notably diminished.

We were able to confirm that full and active multi-disciplinary team (MDT) meetings took place regularly and patients were always invited to attend, so that they could be included in all decisions made about their care and treatment. One such meeting took place during this inspection; the patient having declined to attend and their wishes respected.

Having discussed each patient's admission to the unit and examined two patients' records in great detail, we found that all patient placements at the unit were appropriate at the time of this inspection.

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)

Scrutiny of patients' records and conversations with staff about patients' needs highlighted that people were supported to engage and participate in their care. We also found that staff ensured that sufficient time was available to support and encourage people to care for themselves as far as possible; taking account of individuals' requirements, strengths abilities and potential.

We saw that staff were sensitive to people's difficulties with verbal communication and saw that plans of care guided the team as to how they should support patients through the use of hand gestures, pictorial images and by actively listening to what they had to say.

During the course of the inspection we saw many instances whereby patients were supported to get help when they needed it.

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.(Standard 6.2 Peoples Rights)

We were told that there were flexible arrangements in place to enable family members to visit the unit and to be involved in the decisions and lives of their relatives. Staff also explained the arrangements in place to ensure that food options available to patients were in-keeping with their religious and other preferences.

Conversations with a senior nurse manager demonstrated how the service worked with other health and social care professionals to determine whether individual DoLS authorisations should be requested. Such multi-professional conversations were particularly useful at times when patients (who were considered to have the mental capacity to make decisions about their current and future care needs) were admitted to the unit on a voluntary basis.

In addition, to the above, staff who spoke with us had a very good understanding of the Mental Capacity Act and DoLS legislation. Two patients were subject to DoLS authorisations at the time of our inspection. We were made aware that there had been no delay in obtaining the required best interest

assessment and family members were the recognised representatives for each of the patients concerned.

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)

Conversations with staff and a senior nurse manager revealed that the service adopted a pro-active approach to obtaining patients' and family views of service provision at the unit.

We were shown examples of the questionnaire used by the service, and sent to patients and/or their families on discharge. The questionnaire known as the 'Friends and Family Test' (adapted for learning disability services) was seen to be very user friendly and contained pictorial images throughout. We also saw some of the completed questionnaires following the 2016 survey initiated by the service and were able to confirm that patients' views and comments were very positive.

Discussions with a senior nurse manager confirmed that no complaints/concerns had been brought to the attention of the service by a patient or a patient's relative/representative in the past twelve months.

Delivery of safe and effective care

It was evident that the staff team and senior nurse manager placed a strong focus on the provision of good quality safe and effective care to patients. This was achieved through excellent team working, very good record-keeping and a sustained emphasis on assessing, monitoring and meeting patients' needs as far as possible.

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)

Examination of two patients' records showed that individual risk assessments were completed at the point of admission and updated at regular intervals after that. The risk assessments then resulted in the completion of a care plan, as appropriate. However, we found some instances where risk assessments for mouth care and the prevention of pressure damage to skin had been largely completed, but no outcome recorded. We therefore spoke with staff and found that necessary steps were being taken on a day to day basis, but the recording of such interventions needed to be consistent.

Consideration of the physical environment within which patients received their care revealed the following issues:

- Each of the bathrooms at the unit required complete updating; and there were no shower facilities at the property. This matter had a potential negative impact on the dignity of patients in receipt of care
- Repairs completed at the property to flooring in a patient's bedroom were not of a high specification. For example, where a wardrobe had been moved, the flooring had been replaced on the opposite side of the room with a different type/colour of flooring. An electrical socket which had been moved in the same room was protruding from the wall. This was not in-keeping with the standards of work required within an assessment and treatment unit of this kind as it could cause injury to the patient occupying the area
- The paintwork at the base of a wall in a patient's bedroom was blistered which was indicative of damp
- The doors to patient's bedrooms need to be fitted with integrated blinds. This is because patients were being disturbed at night when

staff undertook required monitoring visits as they had no means of observing patients unobtrusively. This matter had been highlighted in the past twelve months by a team of inspectors who completed a mental health act monitoring visit, and since, by the local community health council

- We found a number of areas within the premises where woodwork and walls required repair
- A section of fence panel in one of the garden areas had only undergone primitive repair instead of being replaced
- The front door of the premises could not be opened by inspectors when the lock was released, so required attention
- The temperature of the building was controlled centrally (at the Princess of Wales Hospital, Bridgend). This meant that the staff team had no means of adjusting the temperature of the building for the benefit of patients at different times of the year

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken in a timely manner which will ensure that the assessment and treatment unit premises enable staff to observe patients unobtrusively, are made safe, well maintained and are fit for purpose.

The outdoor garden spaces had been improved in the weeks leading up to this inspection. Specifically, the borders had all been replanted, shrubs trimmed and the areas made welcoming for patients' use. In addition, the communal areas at the unit were notably spacious which offered patients extended personal space and staff with the opportunity to monitor patients in a discreet manner.

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' individual needs in respect of their intake of food and drink were assessed, monitored, recorded and addressed. We also found that patients were offered a choice of food and drink which was prepared safely by the housekeeper. Snacks and hot or cold drinks were also available to patients outside of mealtimes.

Meals were served in a dedicated dining area which was integral to a much larger communal space. Staff ate their meals with patients which provided the opportunity for socialisation and encouragement where 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 looked at two patients' medication charts in detail and were able to confirm that they received their prescribed medication in a timely way. We also saw that there was a well established system in place for staff to record the administration of 'as and when needed' forms of medication.

There was an appropriate, recognised assessment written tool available to staff to assess patients' level of pain. We were informed that although this was not used routinely, it would be used in accordance with patients' identified needs.

We saw that staff were provided with easy read guidance on a variety of issues associated with medicines management which reduced the likelihood of medication errors. We were also told that the unit was visited every two weeks by a pharmacist employed by the health board for the purposes of providing advice and monitoring the system and process in place with regard to the prescription, ordering, storage, administration and disposal of medicines. In addition, weekly in-house medicines 'clinics' were held by a Consultant Psychiatrist/other doctor to ensure that patients' prescribed medication remained appropriate.

However, the following aspects of medicines management required improvement:

- The arrangements in place to monitor the use of medication stock held specifically for use by other health board learning disabilities services nearby (at weekends or outside of normal working hours), needed to be strengthened. This was because the actual amount of tablets sent 'on loan' to other services was not completely clear. In addition, there appeared to be large quantities of medication held for this purpose; some never having been used
- We found that the medication keys were occasionally held in the manager's office when they were not in use. This was not in-keeping with the health board's policy for medicines management

Improvement needed

The health board is required to provide HIW with a description of the action taken to bring about compliance with legislation and professional guidance associated with medicines management.

There were suitable arrangements in place to check the first aid kit, emergency/resuscitation equipment and emergency oxygen supply on a weekly basis. This was in-keeping with current resuscitation UK guidelines. We were also able to confirm that registered nurses had received appropriate training in the use of such equipment.

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)

Conversations with staff confirmed that they had an understanding of the All Wales guidance about the Protection of Vulnerable Adults (PoVA). In addition, we were informed that no PoVA cases had arisen as a result of service provision in the past twelve months.

Examination of patients' care records further indicated that the staff team had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

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 found that patients were safe and protected from avoidable harm through appropriate care and support in accordance with best practice guidelines, the details of which were clearly recorded in individuals' records.

Staff also described the process in place for reporting and recording any untoward incidents that may occur during the delivery of patient care and support. There had been no serious untoward incidents at this service in the past twelve months.

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

We found that each of the patients in receipt of care at this inspection experienced difficulties with verbal and other forms of communication. Discussions with staff and consideration of the content of patients' records did

however demonstrate that special care was taken in communicating with each individual; advice being requested from other healthcare professionals when required.

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)

Scrutiny of the content of two patient's records showed that record keeping was of a high standard and in accordance with the health board's and Nursing and Midwifery Council (NMC) guidelines. This was with the exception of a small number of risk assessments as already mentioned earlier in this section of the report. Staff were commended for their record keeping overall however, as all members of the team had access to a detailed guide as to how to meet the current and future needs of patients in their care.

Quality of management and leadership

Staff working at the unit were very clear about the purpose of the service and what their responsibilities were on a daily basis. We were also able to confirm that there were a range of management processes and systems in place to ensure that patients received effective support from a service which can fully meet their needs.

Governance, leadership and accountability

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

We found that the acting manager, staff team and senior nurse manager associated with this service were passionate, committed and person centred in their values base and their approach to delivering care and support to patients. We also observed that the team worked together very well throughout the inspection. In addition, staff were very clear about the purpose of the service, their roles and responsibilities and told us they felt very well supported on a day to day basis.

Discussions held with members of the staff team and the manager also demonstrated that they were aware of service issues which required improvement and had a clear commitment to addressing these. This was in order to raise the standard of care and support for patients.

Conversations with senior managers revealed that there had been a significant change in management personnel within the health board's Learning Disability services in the past twelve months. We were also made aware that the health board had begun the process of establishing a Joint Commissioning Board for Mental Health and Learning Disabilities. This was with a view to proposing new models of care and service configurations and early intervention approaches for people with learning disabilities. The Joint Commissioning Board would also be responsible for identifying the reallocation of existing NHS resources with the aim of delivering the best quality, experience and outcome for individuals and their families.

We were able to confirm that the service completed regular audit activity associated with the content of patients' records to ensure that the delivery of care and support was appropriately assessed, planned, monitored and evaluated; the need for improvement being shared with staff, if needed.

Staff also completed regular hand hygiene audits as a means of adopting best practice in terms of infection prevention and control (IPC). A member of the staff team had the responsibility for taking the lead on IPC to ensure that professional and health board standards were maintained.

We saw a copy of the most recent two yearly audit of the service's practice learning environment undertaken by the University during June 2016. The outcome of the audit was very positive and endorsed the continued placement of student nurses at the service.

We were provided with a copy of the environmental audit completed at the assessment and treatment centre during December 2015/January 2016. This confirmed that the health board had already submitted a capital bid to complete significant work with regard to the service premises. The maintenance and improvement work identified within the audit therefore related specifically to urgent work required. HIW was able to confirm that all such work had been completed in a timely way.

The above matter has been discussed more fully in the section of this report entitled the *Delivery of safe and effective care*.

Patients could be confident that they are safe because the service is well led and managed. We found that collaboration and information exchange between senior nurse managers and the staff team was very positive, with due care and attention to the delivery of sustained good quality care and compliance with relevant current legislation and care standards.

Staff and resources

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

There was a housekeeper employed to work at the service which meant that registered nurses and health care support workers were able to concentrate on providing care and support to patients.

Conversations with the acting manager revealed that she had protected time to enable her to manage the service and also support the staff team as and when required.

We found that there had been a short term vacancy for one registered nurse which had been filled by a newly qualified registered nurse. The person in question took time to speak with us and provided many positive comments

about their previous placement at the assessment and treatment centre and the support they had received from the unit team whilst a student nurse.

There was one vacancy for a health care assistant at the time of inspection; measures already having been put in place to address that issue. We were further informed that the service never used agency nurses; preferring instead to offer additional working hours to established members of the team, at times of unforeseen staff sickness, as a means of ensuring continuity of care to patients.

We were provided with information about staff training received to date and found that there was a high level of compliance across the staff team. This meant that patients were in receipt of care from staff that were competent, confident and skilled.

We saw a copy of the induction pack made available to student nurses at the beginning of their placement at the service. The information was detailed and relevant to learning disability services.

We found that the arrangements in place regarding annual staff appraisal was good. An example of a completed staff annual appraisal was offered to inspectors by a member of the staff team. The content of the appraisal was very detailed, demonstrated effective two way discussion and showed that the efforts of the person concerned had been commended by the acting manager and support given to improve their knowledge and skills further in the future.

Discussions with staff revealed that they felt able and confident to approach staff in charge and the acting manager at any time with any concerns they may have about providing care and support to patients living at the unit.

Next steps

This inspection has resulted in the need for the learning disability service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at the assessment and treatment centre 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.

5. 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-HIW inspection reference 16012

Service: Learning Disabilities Assessment and Treatment Centre

Date of Inspection: 27 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
	No issues for improvement identified				
Delivery of safe and effective care					
11	The health board is required to provide HIW with details of the action taken/to be taken in a timely manner which will ensure that the assessment and treatment unit premises enable staff to observe patients unobtrusively, are made safe, well maintained and are fit for purpose.	2.1	This unit has been identified to upgrade the bathrooms and installed new doors on all bedrooms with vision panels as part of the additional capital monies allocated to the Learning Disabilities service (Capital estates team already costing the work at present).	Interim Assistant General Manager / Lead Manager for Assessment Units	1 st Dec 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>The other works identified have been reported to estates and will be actioned as part of general maintenance.</p> <p>Estates Department currently reviewing the concerns with the heating systems across the Learning Disabilities Residential and Assessment units and will awaiting the outcome of their review.</p>	<p>Interim Unit Manager / Lead Manager for Assessment Units</p> <p>Manager for Estates within Bridgend / Interim Assistant General Manager</p>	<p>30th Nov 2016</p> <p>30th Nov 2016</p>
13	The health board is required to provide HIW with a description of the action taken to bring about compliance with legislation and professional guidance associated with medicines management.	2.6	A review of the current medication stock levels and recording of transfers to other units will be completed with a view to only keeping stock on site that is appropriate and required.	Unit Manager/Lead Manager for Assessment Units and Lead Pharmacist	30 th Oct 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			All staff will be informed and updated about the nurse in charge of the shift to keep the drug keys on their person at all times in line with Health Board Policy	Interim Unit Manager / Lead Manager for Assessment units	30 th Sept 2016
Quality of management and leadership					
	No issues for improvement identified				

Service representative:

Name (print): Dermot Nolan

Title: Interim Assistant General Manager

Date: 5/9/16