Residential Learning Disability Services Follow-up Inspection Unannounced

Ref: 16024F: Hywel Dda University Health Board

Inspection date: 4 April 2017

Publication date: 1 August 2017

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Digital ISBN 978-1-4734-9900-3

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced follow-up inspection of setting 16024, a residential learning disability service within Hywel Dda University Health Board, on 4 April 2017.

Our team, for the inspection comprised of one HIW inspector, one clinical peer reviewer and one lay reviewer. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, although some improvements had been made we remained concerned that the service was not consistently safe and effective at all times.

We found evidence that the health board was not fully compliant with all Health and Care Standards in all areas, and that some of the recommendations from the original inspection remained outstanding.

This is what we found the service did well:

- Staff provided a caring and supportive environment for patients to live in
- Staff were very knowledgeable regarding the needs of the patients in their care
- The premises were clean and tidy with no malodours
- Staff training had improved
- There were some improvements in line management and support for staff at the service

- Fire safety had been addressed
- Medicine management had improved.

This is what we recommend the service could improve:

- Financial governance structures need improving
- IT access remains an issue
- More timely management support is required
- Recruitment processes need improvement
- Staff work mainly in isolation and there continues to be difficulties contacting senior management for routine and emergency advice
- Staff morale remains extremely poor.

For further details on the improvements identified during this inspection please see Appendix A.

3. What we found

Background of the service

HIW last inspected setting 16024 on 14 July 2016[1].

The key areas for improvement we identified included the following:

- Care plans and risk assessments were not accessible due to IT issues, therefore we could not be assured that service users' health, safety and welfare were protected
- The manager had been on long-term sick leave since and staff had been without direct management support during this period

[1] Learning Disability Inspection: Ref 16024 - October 2016

- Staffing levels had repeatedly been an issue. Often this meant that there were not enough staff to meet the needs of service users
- Improvements were needed regarding medicines management, including clear guidance being given to staff on administration of medication
- Fire protection arrangements were not adequate
- Staffing levels were compromising patient quality of life as daily and weekly activities to promote well-being could often not be supported.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

HIW remains concerned and continues to have meetings and conversations with representatives of Hywel Dda University Health Board regarding the improvements required to the provision of residential learning disability services across the health board.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We were able to confirm that some progress had been made in relation to staff training which undoubtedly improves the patient experience. However, progress regarding holistic assessments of patients' needs, care plans and electronic record keeping was slow.

What improvements we identified

Areas for improvement identified at the last inspection included the following:

- HIW sought immediate assurance that:
    - New care plans and risk assessments are put in place for all patients within the unit
    - Patient information is protected and there are sufficient back-up arrangements for electronic records

- Appropriate actions are being taken in relation to the accidental loss of personal data and breach of Data Protection Act Schedule 1 (7) and to report this incident to Welsh Government, due to the impact on continuing needs of patients.

- That sufficient support arrangements were put in place to enable patients to participate in activities to promote their well-being

- That there is co-ordinated communication between multi disciplinary team members and regular multi disciplinary meetings take place

- That up-to-date Mental Capacity Act assessments are in place and available for staff

- Service users should be supported to keep in contact with their families. Specifically, the health board should consider how service users can maintain contact with family members who may be unable to visit them.

What actions the service said they would take

The service confirmed action had been taken, or committed to take action as follows:

- Care plans, core assessments and risk profiles to be printed off to provide a hard copy and stored in a locked cabinet

- A link person within the local Informatics Team identified in order to address any issues with network access. Access to Networks Matrix developed to identify gaps in access to network systems. Network passwords reset for all staff and staff observed logging on to systems and given step by step guides, which are located next to the PC

- All future paper based patient documentation will be uploaded to FACE Care Partners for staff to access

- Staff to complete Access to Networks Matrix to identify gaps and any training needs

- Interim Team Leader to organise dates with the Community Learning Disability Team (CLDT) to undertake 'Network Training Days'. This to include full team participation in reviewing all tenants' current care plans, behaviour support plans and risk assessments, including those not currently open to the CLDT. Any skill deficits or training identified by therapists to be delivered on the day to the staff team

- Individualised one to one skills sessions to be delivered to all staff members where IT skills have been identified as requiring improvements

- The previous computer hard drive which crashed was sent to an external IT company to undertake an initial assessment of the files that were recoverable; the list of recoverable files had been received by the service for review. It was confirmed there was no reportable breach. All information was backed up to a memory stick

- The Professional Lead Nurse assessed the tenants' care needs and developed a 24 hour timetable for each individual identifying routine activities as well as activities to enable the tenants to participate more fully in the community. This was based on an active support approach. These timetables identified gaps in staffing to support the planned activities and led to the decision to recruit two additional part-time activity coordinators for the service. Approval of immediate agency staff to support current staff team. Request made to local on-contract agencies to provide additional staffing with relevant learning disability experience

- One individual had a social care review and direct payments have been recommended for this tenant

- Team Meetings re-established on a monthly basis and will be minuted to include feedback from: Learning Disabilities Dashboard (Business) meeting, Multi Disciplinary Team (MDT) Reference Group (Clinical Governance), Risk Register meeting and Service Objectives meeting

- Interim Team Lead to arrange MDTs involving the staff team and Pembrokeshire CLDT staff on a six monthly basis or as needs change

- Interim Team Lead to ensure multi-disciplinary approach to delivering care, with support as required. i.e. network training days referred to above promote this

- Review of clients' tenancies led to completion of capacity assessments in October 2015. Advice was sought from the health board Mental Capacity Act (MCA) Lead and from Welsh Health Legal Services setting out actions to progress Court of Protection applications for tenants of supported living services in Pembrokeshire; these were not progressed in a timely way. The Deprivation of Liberty Scheme (DoLS) can only be used to authorise deprivation of liberty in a hospital or registered care home therefore

Court of Protection is the only route for the tenants of the supported living services; DoLS training has not been deemed appropriate for the staff in these services, however there is a gap in MCA training. Staff had no access to those mental capacity assessments that had been completed. Updated Capacity Assessments were undertaken. Records of mental capacity assessments to be held in the care records

- One tenant has access to advocacy services and three tenants are not receiving this service. Interim team leader to re-open discussions with families around referral to advocacy service and refer tenants to Pembrokeshire People First for advocacy support where agreed. Interim Team Leader to contact Pembrokeshire People First for their information leaflet and provide families with the leaflet where agreed. Interim team leader to circulate the Pembrokeshire People First information leaflet to staff and reinforce at the next team meeting to ensure all staff are aware. Interim team leader to invite tenants' advocates to future MDTs

- The management team were unaware that family visits were not happening as part of cancelled activities. Additional staffing to be provided to enable planned family visits. Family frequently visit the service and one patient is being supported to visit her mum who is in a nursing home.

What we found on follow-up

Communicating effectively

A link person had been identified from the IT department and some staff were now able to access the electronic care plans. However, there remained issues regarding passwords not working and some staff still hadn't received any training.

Team meetings had been re-established. Following the inspection, minutes from these meeting were forwarded to HIW. We have commented on this further on page 27 in the Quality of Management and Leadership section of this report.

Staff told us they had not yet received the 'Network Training Days' with the CLDT, which the health board had suggested should be commenced.

We discussed the commencement of an advocacy service for the patients who currently don't receive this. We were told that this had not been addressed and senior management said they would contact Pembrokeshire People First for

leaflets on advocacy support and make them available to patients and their relatives.

We did not see evidence that the Professional Lead Nurse had devised a 24-hour activity timetable based on the Active Support Model. Conversely, staff reported that residents were unable to participate in activities due to inadequate staffing levels. However, we were told that two new members of staff had been recruited and were starting the following week. Their role would be to support activities.

We saw Makaton[2] signs of the month on the board in the staff room. Whilst we initially felt this was an area of noteworthy practice, we subsequently discovered that this had not been updated since February.

Improvement needed

The health board needs to ensure there is a robust process for an advocacy service to be offered.

The Professional Lead Nurse needs to devise a 24 hour timetable of activities for each patient.

Timely care

We saw that patients had timely access to GP appointments and access to hospital visits when required. There were no allocated co-ordinators from the community (social care). However, we were told that staff from the multi disciplinary team had regular input into patient care. There was a concern in regard to one patient who should have been subject to provisions under the Mental Health (Wales) Measure 2010 (MHM) which would have included a multidisciplinary Care and Treatment Plan (CTP). This was discussed and agreed with senior staff on the day.

[2] Makaton is a language programme using signs and symbols to help people communicate.

Although we were told that the CLDT had reviewed patient needs and updated care plans, this was not evident in the care plans we saw.

Improvement needed

Patients who have specific mental health needs must receive care under the provisions of the MHM.

Individual care

Planning care to promote independence

Although some progress had been made on developing care plans, those we saw were not patient focussed, were incomplete and out of date. For example:

- We saw that goals had been set for review in August and September 2015 but had not been evaluated
- There were areas where dates and signatures were missing
- There was a risk assessment for a holiday dated for 2001 which was incomplete
- Moving and handling assessments were last updated in 2015
- Court of Protection documentation including capacity assessments were blank with the exception of section 5 which had been completed by the consultant
- The staff team also confirmed that access to the electronic records was not available to all staff. This is partly due to the IT access delays and to some extent staff reluctance to engage
- We did not see fully completed 'This is Me' profiles.

We discussed a patient that social services had suggested should receive direct payments and staff informed us that this had been reviewed and it was decided that it would not be beneficial at this time for this patient.

Staff told us that patients spent most of their time within the house. We explored this with senior staff and were told that the health board had recognised this and had recruited part time staff specifically to support the permanent staff in undertaking individual social and leisure activities with the patients. The new staff were to commence duty the following week and therefore HIW were unable to report on the outcome of this improvement.

However, the concept was positive and HIW look forward to receiving an update when the service is fully established.

We asked whether one patient was continuing to visit their mother in a care home and were told that this arrangement had broken down due to lack of staff and because the care home felt it was too distressing. We explored if the staff recorded missed opportunities for patients to undertake activities such as visits and shopping and were told that at present this was not occurring. We suggested that this be commenced so that missed opportunities can be audited and where possible situations resolved.

We explored individual finance arrangements and found that patients did not have individual bank accounts. We suggested that this be addressed and individual debit cards arranged for safe and accountable access to patient money.

Improvement needed

The health board needs to ensure patient care plans and records are individual, timely and fully completed.

The health board needs to ensure that all staff have access to electronic care plans and the extended intranet system.

The health board needs to secure a safe and accessible means of managing individual patients' money.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

It remained the case that HIW could not be assured that the health board was consistently providing a safe and reliable service based on individual needs.

What improvements we identified

Areas for improvement identified at last inspection included the following:

- HIW sought immediate assurance that:
    - All appropriate measures to ensure that patients are sufficiently protected from the risk of fire are urgently put into place
    - Robust and safe arrangements for medicines management are in place and staff are given clear guidance about the administration and recording of medication.
- The health board, as the responsible provider of care for service users, should escalate maintenance repairs needed to the bathroom with the owning authority of the building to ensure these issues are addressed without delay
- There is clear guidance available for staff regarding each service user's eating and drinking needs
- The health board undertake a full risk assessment and implement a local policy for this service to provide a safe framework for staff, especially support workers, who require clear succinct procedures to follow to support the safety of the service users
- Staff are fully aware, supported by training and education, of safeguarding arrangements, human rights and the Mental Capacity Act to ensure that service users are safeguarded and their best interests are always maintained.

What actions the service said they would take

The service confirmed action had been taken, or committed to take action as follows:

- Existing Fire Defence Plan at the unit to be reviewed and updated in January 2015. Planned reviews by health board fire officers to take place bi-annually. Fire Officer has completed a further audit of the Fire Defence Plan and unit.

- The Interim Team Lead has completed Individualised Personal Evacuation Plans for all four tenants. A working Draft Fire Defence Plan has been developed. Floor layouts provided by Pembrokeshire Housing Association do not match actual layout so cannot be added to the Defence Plan at this time. Further minor alterations need to be made to the plan but it can be utilised by staff immediately.

- The Fire Officer has requested that the Fire Service undertake a Home Safety check. The Fire Officer will be undertaking a Fire Evacuation Drill. Dates to be confirmed

- Staff have been reminded of health board processes and policies. Health Board Medicines Policy and the All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers has been printed off and attached in a clear pocket on the Medication cupboard. Staff have been reminded of the need to read and understand both of these documents. Staff have been made aware that training will be made available to them later in 2016 once the training pack has been approved by the health board

- Interim Team Lead has developed a one page document for staff covering the recording of administration of medication (attached to medicine cupboard)

- Pharmacy service has been contacted to provide evidence of their audit trail in addition to records of medication dispensed to, and returned from the unit. Pharmacy Lead has undertaken a medication review. Pharmacy Lead for Mental Health and Learning Disabilities has been asked to advise on a comprehensive audit of settings where there is community pharmacy input

- Health board to review storage of all medicines not provided by Community Pharmacy in blister packs

- Interim training on medication management has commenced to address any shortfall before the training pack has been approved

- Review of Best Interest decisions to take place around the use of covert medication when given with food or drink

- The health board is developing a training pack for healthcare support workers (HCSWs) which will require approval by Learning & Development Department. It is expected health board wide training will commence in October 2016 to all HCSWs administering medication

- Pharmacy Lead to liaise with Pharmacy service to ensure correct labelling on medication and that it meets legal requirements

- Standard Operating Procedure to be developed for the recording and returning of medications. Process for the receipt and destruction of medication being developed for community homes

- A competency assessment checklist has also been developed and undertaken with some of the staff to review their medication practice

- Interim Team Leader has contacted Pembrokeshire Housing Association and made them aware of the maintenance repairs required. Pembrokeshire Housing Association assessed the maintenance work required and repaired the mould with a temporary fix on 18.07.16 further work required and chased up

- The Interim Team Leader will undertake a weekly walk about of the service with the Lead Healthcare Support Worker to identify any works required by the Pembrokeshire Housing Association. The Interim Team Leader will notify any works required and escalate the identified issues to the Service Manager and this will be reported through the Service's management meeting

- Maintenance issues will be a standing agenda item at the monthly staff meeting. Pembrokeshire Housing Association to undertake the identified maintenance repairs (in particular the bathroom) during a planned holiday for the tenants, week commencing 3 October 2016

- All tenants have current eating and drinking guidelines available on Functional Analysis of the Care Environment (FACE), electronic record system although staff were unable to produce them on the day of inspection

- All staff have been reminded of eating and drinking guidelines for each tenant, and paper copies have been placed in the individuals' record

- Thickener training to be provided with speech and language therapy support. Eating and drinking guidance will be written into each tenant's 'This is Me' profile

- Speech and language therapy to reassess tenants' eating and drinking skills and update guidance as required

- Current guidelines available to the staff dated back to Pembrokeshire and Derwen NHS Trust, and although they remain relevant, they had not been reviewed or updated in the intervening period

- Regular meetings had taken place between the Service Manager and the Senior Nurse for Medicines Management on how to progress the All Wales Guidance for Health Boards in Respect of Medicines and Health Care Support Workers

- Interim Team Lead has developed a one page document for staff covering the recording of administration of medication. Staff have been made aware and reminded of their roles and responsibilities in the administration of medication. There is regular presence and input of a registered nurse within the unit to monitor the administration of medication by the HCSW

- Senior Nurse for Medicines Management to complete a risk assessment and share the findings with all staff. Senior Nurse for Medicines Management will write Standard Operating Procedures regarding the delegation of responsibility to health care support workers (in relation to medication management). Medication Management training has commenced and will be delivered to 100% of the staff team prior to approval of the training pack

- Training compliance is under review as described in previous section re staff training records. Access to Network issues have been resolved and all staff are now able to access health board Intranet pages where current policies are stored. A laptop has been ordered so staff can have more flexible internet access

- MCA Lead to deliver training to staff and to discuss case scenarios at the home including potential restrictive practices. Interim Team Lead to ensure 100% compliance amongst the staff team with mandatory training in Safeguarding Levels 1 and 2. Interim Team Lead to ensure 100% compliance amongst the staff team with mandatory training in Dignity and Respect.

What we found on follow-up

We found that some physical improvements had been made to the fabric of the building, although not all remedial work had been completed. Fire procedures had been completed and agreed by the health board Fire Officer.

With regards to staff training, very little had been offered and we were told that personal development plans were arranged for the following week, with regular supervision meetings planned going forward. From these, individual training needs would be developed. However, we remained concerned that mandatory training was still not being met.

Safe care

Managing risk and promoting health and safety

We saw that there was a vast improvement in the bathroom facilities and there was a protracted conversation regarding accessing further improvements either from the health board maintenance team or Pembrokeshire Housing Association who own the building. Senior staff decided that it would be more timely for large building renovation to be undertaken by the owners, whilst a local handyman could be employed for small internal work such as securing a cupboard to the wall.

We looked at the equipment available and there was adequate support for staff to safely care for the patients. However, the wheelchairs which were stored in the bathroom had mould on the supportive material at the rear of the chair.

The health board Fire Officer had completed an audit of the documentation and was satisfied that it all met with the current policies and procedures. There was one outstanding area of work for the Housing Association to undertake (patio doors) to complete the required physical means of escape.

We asked if the key cupboards with a multi-digit code had been ordered to store cabinet keys to ensure personal documents were stored safely and confidentially. Staff confirmed that the cupboard had been purchased but the health board estates department had given a two week date for securing to a wall. Senior management suggested a local handyman could undertake this work.

Improvement needed

The health board must ensure that all equipment including wheelchairs is fit for purpose.

The health board needs to ensure that the Housing Association undertake the outstanding works in a timely manner.

Nutrition and hydration

Although we were not unduly concerned regarding patients' nutrition and hydration, we did see an assessment from the Speech and Language Therapist (SALT) which identified the need for a food thickener which had not been available for at least a month after the assessment. We were assured this had been rectified.

Additionally, on the day of the inspection a member of staff was due to drive to Carmarthen to collect the money to purchase household goods including food. From discussion with staff it was evident that this process was not robust and at times there was no money at the home for basic necessities, such as milk and bread. It is essential that there is adequate money available at all times. We discussed this with senior management. Following the inspection, we wrote to the Chief Executive of the health board and received assurance that action was being taken to address this. Further details are provided in Appendix C.

Improvement needed

The health board needs to ensure that the home has easy access to adequate money for basic necessities at all times.

Medicines management

We looked at the Medication Administration Record (MAR) charts and found that there were unsigned sections, which were unaccounted for. We discussed this with senior staff and concluded that this related to one particular day and the issue could be addressed.

A new policy had been developed regarding the administration of ‘as and when required’ (PRN) medication. This meant that staff were required to contact the on-call service for authority prior to administering any PRN medication. We did not see any evidence of recorded audit of the MAR charts.

Staff told us they had received medication training from an outside pharmacy which was clear, interesting and worthwhile. Although the health board has

indicated that on-line training will also become available, not all staff are able to access the intranet.

A competency assessment tool has been developed but to date not all staff have received this assessment to ensure their practice is safe and meets with the health board medication administration policy.

We saw that there was no dedicated fridge for storage of drugs such as liquid antibiotics. Senior management sanctioned the purchase of the fridge immediately.

Improvement needed

The health board needs to ensure that there are regular audits undertaken of the MAR charts.

The health board needs to ensure all staff are deemed competent to administer medication.

Effective care

Safe and clinically effective care

We asked about whether policies and procedures had been updated, in line with current Hywel Dda University Health Board practice, and were told that these were now all available on the intranet for staff to read. However, as previously stated, not all staff were able to access the intranet.

Staff told us that they had not yet received training on the Mental Capacity Act or Dignity and Respect. We discussed this with the senior staff and again we were told that this would follow after the planned PDP and individual supervision sessions. HIW are concerned, as stated above, that these are not areas of individual development but mandatory training required by all staff.

Improvement needed

The health board needs to ensure that staff receive all mandatory training as required.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

HIW continues to be concerned that staff feel they are not listened to and are unsupported. Communication between tiers of staff remains weak and an area which the health board needs to address.

What improvements we identified

Areas for improvement identified at last inspection included the following:

- HIW sought immediate assurance that:
    - Urgent management arrangements are put into place to ensure staff have sufficient management support from a registered nurse. Furthermore, that lines of managerial and professional accountability are clarified
    - Patient dependency levels are monitored and a review of staffing establishment is conducted based upon these levels
    - Staffing levels are urgently addressed and difficulties in obtaining staff are escalated without delay
    - The health board has appropriate escalation systems when insufficient staffing levels are indicated
    - The health board identifies any management, leadership or governance weaknesses which may have contributed to the occurrence of the issues found in our inspection.

What actions the service said they would take

The service confirmed action had been taken, or committed to take action as follows:

- Management lines of accountability have been reiterated. A visit to the service on the 3 November 2016 by the Head of Service and Service Manager provided an opportunity to confirm these arrangements and discuss with staff any ongoing concerns

- Professional Lead Nurse for Learning Disabilities is acting as Interim Team Lead at the service for a minimum three month period. The Interim Lead will now undertake a supervisory role for all inpatient units at a Band 7 and additional cover at Band 6/7 will be recruited to provide support for shifts

- A review of the role of shift co-ordinator has been undertaken and this job role will be evaluated

- Team meetings have been re-established on a monthly basis and will be minuted to include feedback from LD Dashboard (Business) meeting, MDT Reference Group (Clinical Governance), Risk Register meeting, Service Objectives meeting

- Information has been re-circulated to all Learning Disability staff on how to escalate clinical and /or managerial concerns in the form of a memo. Service Manager has visited on a few occasions and maintains regular phone contact to ensure staff are supported

- Shift Coordinators have been identified and indicated on both the handover records and duty rota. Interim Team Lead is coordinating dates for formalised group and individual supervision with all staff

- Interim Team Lead is coordinating dates for supervision for those staff not up to date

- A review of patient dependency has been concluded and concluded the requirement for three support workers for the day shift and one sleeping, one waking at night

- A review of the current staff compliment has identified that there is a need to review the staffing structure to ensure adequate cover. This will included a revised structure that addresses the availability of a shift co-ordinator and Grade 5/6 for shifts. The DATIX reporting system will record any shifts where there was inappropriate cover. The DATIX reporting system will alert managers of any ongoing

patterns. Staff will link with the Band 7 immediately of any staffing shortfall and agency staff have been put in place as an interim. Adverts for LD Bank Staff have been circulated and 19 applicants are being interviewed on 1st December 2016. Additionally 30 hour vacancy will be recruited as a permanent post. Existing part time staff have increased hours to support colleagues. Flexible cover from another unit in Pembrokeshire is supporting the staffing complement

- Where appropriate, activities will be combined with residents from another unit to ensure they were not cancelled
- Audit of duty rotas to take place to identify number of occasions in the last six months where staffing levels fell below requirements. Approval of immediate agency staff to support current staff team. Agreement given to support additional employment of a health care support worker to meet the 2:1 assessed needs
- All tenants within this supported living environment have been allocated professionals from the Pembrokeshire Community Team Learning Disabilities
- Work is underway with the Bank Office to ensure recruitment of a pool of available and appropriately trained staff to support the units.

What we found on follow-up

Governance, leadership and accountability

We explored the health board's commitments for change with the senior management team who were present during the inspection and found that many of the commitments could not be confirmed. For instance:

- Processes still needed to be changed with regard to escalating concerns within and out of hours
- DATIX training has not been offered to enable electronic recording of concerns
- Regular visits by the Service Manager could not be confirmed
- On the day of inspection, we were unable to see evidence that team meetings were taking place and that PDR and supervisions had been fully undertaken.

We did find, however, that senior management had visited the setting to discuss processes and answer any questions that staff may wish to raise. We

were told that senior management were visiting on a regular basis, however staff did not confirm this. We suggested that a visitor book was made available to enable people to sign in and out of the setting. This would also record visits by senior management.

We were told that PDRs were to be completed the following week and going forward there would be regular individual supervision meetings. From these, individual training plans would be identified.

Following the inspection, we received evidence from the health board that the process for escalating concerns was communicated to staff in July 2016. We also received copies of team meeting minutes and confirmation that 8 out of 11 staff had a recent appraisal. From the evidence submitted, we noticed that staff meetings were held in April 2017 (following inspection), February 2017 and September 2016, however, there was no evidence of regular meetings held between September and February. The commitments made regarding these areas need to be upheld on an ongoing basis.

Improvement needed

The health board needs to ensure that the original commitments to improve service provision are addressed, including reviewing the process for escalating concerns. Minutes of meetings need to be submitted to HIW, with confirmation that PDRs have been completed and supervision meetings are being undertaken.

Staff and resources

Workforce

We explored the health board's commitments for change with the senior management team which were present during the inspection and found that many of the commitments could not be confirmed. For instance:

- The Band 6 post had not been advertised
- The Band 5/6 expression of interest had not been circulated
- The additional cover at Band 6/7 to provide support to the Band 7 has not been addressed
- Shift co-ordinators had not been identified as staff had challenged the decision.

We found that the previous team leader had retired and the post was now vacant. Whilst the interim team leader was in post for three days a week, it was clear that this was not a long term solution. Staff told us, and the interim team leader confirmed, that three days was not adequate to undertake the role effectively. Senior management had agreed to advertise the team leader Band 6 post as an expression of interest immediately with a commitment to a two week turn around.

Agency staff had been contracted to work and we saw one member on the team during the inspection. The health board had also recruited approximately 12 staff to develop a Bank system of staff that would be competent and used to work within the residential settings. However, senior management explained that there was an issue within the health board recruitment system whereby delays between interview and commencement of employment were protracted. The staff involved had been recruited in December 2016 and had not commenced work in April 2017. HIW has written to the Chief Executive of the health board and received assurance that action is being taken to address this issue. Further details can be found in Appendix C.

Another staff member had been recruited to the 30 hour post and was due to commence the following week. Additionally, staff we spoke to confirmed that staff from another health board setting were now available to cover when required.

As previously stated two activity coordinators have also been employed and were due to commence work the following week. Staff confirmed that there were arrangements with a local setting to share activities such as the hydrotherapy sessions.

Improvement needed

The health board must ensure that the recruitment process is timely.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the Health and Care Standards 2015 relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about how HIW inspects the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns on this occasion.			

Appendix B – Immediate improvement plan

Hospital: Hywel Dda University Health Board

Ward/department: 16024F

Date of inspection: 4 April 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate improvements required on this occasion.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Hywel Dda University Health Board

Ward/department: 16024F

Date of inspection: 4 April 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board needs to ensure there is a robust process for an advocacy service to be offered.	3.2 Communicating effectively	Advocacy forms and leaflets are available in the unit. Discussed with advocacy service who have now closed active involvement unless required, when a re-referral can be made. All service users have active family involvement and all families have been made aware of the advocacy service and how to make a referral. It is planned to introduce attendance at Pembrokeshire People First groups in near future (dependent on whether	Team leader Team leader Team leader/mobility	Complete Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		service users enjoy the experience).	aides	31.8.2017
Patients who have specific mental health needs must receive care under the provisions of the Mental Health Measure.	5.1 Timely access	Service user now has up to date care and treatment plan which will be discussed and signed off with Multi Disciplinary Team on 18.5.17	Team leader	18.5.2017
The health board needs to ensure patient care plans and records are individual, timely and fully completed. The health board needs to ensure that all staff have access to electronic care plans and the extended intranet system. The health board needs to secure a safe and accessible means of managing individual	6.1 Planning Care to promote independence	All care plans are complete and copies in file and available on care partners (the electronic record management system). All staff have had the opportunity to discuss issues with the Information Technology Department who have visited the unit on 2 occasions. Staff have been asked to report any further issues with IT to both team leader and via intranet /IT helpline if possible. IT will be installing WIFI capability n the unit which will also help improve IT access. Following feedback of this concern, an	Team Leader Team Leader/IT lead Patients Welfare	Complete 31.7.2017 Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
patients' money.		audit was undertaken on Thursday 6th April 2017, the delay was in relation to the NHS Wales Shared Services Partnership not sending out the reimbursement cheque to setting 16024 for the staff to cash, due to annual leave and no cover arrangements. As an alternative staff have been given access to a sufficient petty cash float to support the day-to-day running of the unit. In addition there are arrangements in place for emergency funds to be available to the unit, if required, from a more local facility based in *[information redacted]*. In response to your observation that people living at the unit did not have their own bank accounts, and that options should be explored with a view to opening individual bank accounts with debit cards for secure use of the individual's money, the Head of Service	Head of Service Head of Service	Complete 31.7.2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Professional Lead Nurse needs to devise a 24 hour timetable of activities for each patient.		for Learning Disabilities and Older Adult Mental Health Services will be proactively exploring, with Pembrokeshire County Council, an alternative mechanism for administering the client's finances, which is in line with practice elsewhere in Wales. Ongoing process of assessing activities and participation, the new activities co-ordinator roles will have a significant impact and both have commenced work on the unit. Weekly planner is in place which clearly shows what activities are planned and who is responsible for carrying them out with individuals. Key worker teams have been reinstated and expected to meet 6 weekly to review and plan activities and care plans.	Mobility Aids/Team Leader	Complete
Delivery of safe and effective care				
The health board must ensure that all equipment including wheelchairs is fit for purpose.	2.1 Managing risk and promoting health and safety	There has been some issues regarding timely repairs, therefore these are now recorded this via DATIX in order that the	Team Leader	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		process of reporting delays can be escalated.		
The health board needs to ensure that the Housing Association undertake the outstanding works in a timely manner.		Regular meetings have been established with the Residential Unit's Housing Manager in Pembrokeshire Housing Association. This has provided assurance and clarity around responsibility for ongoing repairs and maintenance.		
		Head of Service to meet shortly with the recently appointed Director of the Housing Association to receive further assurance that any outstanding works are addressed in a timely manner.	Head of Service	30.6.2017
The health board needs to ensure that staff receive all mandatory training as required.		Staff have been informed in Personal Appraisal and Development Review the need to update all mandatory training.	Team Leader	Complete
		Staff meetings have been introduced and take place on the last Friday of every month with the first hour allocated to the team meeting and the second hour will be a staff training session.	Team Leader	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board needs to ensure that the home has easy access to adequate money for basic necessities at all times.	2.5 Nutrition and Hydration	Now achieved, recently accessed money via unit in Haverfordwest.	Team Leader	Complete
The health board needs to ensure that there are regular audits undertaken of the MAR charts. The health board needs to ensure all staff are deemed competent to administer medication.	2.6 Medicines Management	Regular audits and spot checks on staff are carried out on a monthly basis. All staff are audited annually with regard to medicine management and compliance	Team Leader	Complete
Quality of management and leadership				
The health board needs to ensure that the original commitments to improve service provision are addressed, including reviewing the process for escalating concerns. Minutes of meetings need to be submitted to HIW, with confirmation that PDRs have been completed and supervision meetings are being undertaken..	Governance, Leadership and Accountability	Provide copies of the last three Team meeting minutes, PADR date list and contact list and escalating of concerns process.	Team Leader	Complete
The health board must ensure that the recruitment process is timely.	7.1 Workforce	A review of the current situation position is as follows: fourteen people have been offered posts or been appointed onto	Director of Workforce	30.06.2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		the bank facility for learning disabilities, three individuals following interview in November and a further eleven following interviews in January. Of these fourteen people, three individuals have commenced employment, one individual withdrew from the process, and three have cleared the recruitment process with start dates confirmed or to be confirmed very shortly. Of the remaining seven, one has a start date on hold as the individual has requested a delay for personal reasons; the others still have document checks outstanding and these have been followed up by the recruitment team proactively and it is hoped they will commence employment shortly.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Mandy Davies

Job role: Interim Director of Nursing

Date: 17 May 2017