NHS Learning Disability Service Inspection (Unannounced)

Hywel Dda University Health Board

NHS Residential Setting

Bro Myrddin

Inspection date: 2 April 2019

Publication date: 3 July 2019

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Digital ISBN 978-1-83876-629-0

Contents

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 learning disability inspection of a residential setting on 2 April 2019.

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

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Staff provided dignified care to patients at the setting that was safe and clinically effective.

However, audit and governance arrangements must be embedded to ensure that improvements are made to the completion of documentation.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Provided patient centred care to aid recovery and supported patients
- Developed detailed individualised care plans
- Met individual patients' nutrition and hydration needs
- Safe and effective management of medication
- Established and committed staff group with a strong team-working ethos.

This is what we recommend the service could improve:

- The range of information displayed at the setting
- Audit and governance arrangements
- The completion of clinical documentation
- Mandatory training compliance rates
- The periodic completion of Disclosure and Barring Service checks for staff.

3. What we found

Background of the service

The service inspected forms part of the learning disability services provided within the geographical area served by Hywel Dda University Health Board.

It is a residential setting for people with learning disabilities, specialising in the care of people with complex care needs.

There were four patients living there at the time of the inspection.

The setting employs a staff team which includes a unit manager who is a registered nurse and a team of health care support workers. There is input from other health board services and community services when required.

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 observed that staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

There was a range of suitable activities at the setting and within the community.

The range of information displayed at the setting for patients and their families could be improved.

Staying healthy

There were established arrangements in place to manage patient care within the residential setting.

A designated consultant oversaw the care of each patient. There was input from the health board's physiotherapy, occupational therapy and Speech and Language therapy teams, as and when required. Where necessary there were epilepsy clinics to review each patient's condition.

As part of residential care patients accessed a range of community based physical health services. The local GP consulted at the setting, or if able, patients would attend the local surgery. Patients attended the dentist and podiatrists, and an optician attended the setting once a year.

All patients had a Hospital Passport[1]. These provided up to date and pertinent information about the individual patient's physical health.

[1] Hospital passport is a document which contains important information about someone with a learning disability and provides hospital staff with important information about them and their health when they are admitted to hospital.

There were detailed physical health care plans addressing individual patient needs which used evidence based assessment tools.

Patients' records evidenced appropriate physical assessments, monitoring and treatment provided. This included regular weight checks, vital observations such as blood pressure and heart rate. However, some monitoring charts did have gaps in the recordings with no record as to the reason why. Therefore, it was not clear if staff did not attempt to take the measurements, or whether the patient refused.

Patients participated in a range of therapeutic and leisure activities both within the hospital and the local community. Staff took time to develop and facilitate activities which reflected the individual patient's interests. There were garden areas which provided an outdoor space for patients. It was positive to note that staff had installed a number of bird tables and feeders which was of particular interest to one patient. There was limited sensory equipment and facilities within the setting. Providing a range of sensory equipment and facilities at the setting, including the garden, would benefit the patients and should therefore be considered by the health board.

Staff we spoke with described a range of health promotion, protection and improvement initiatives, which benefited the well-being of patients at the setting. However, there was limited information readily available within the setting regarding these. Providing this information would be helpful for visitors, such as family and friends, to understand what staff are doing to promote patient well-being.

Improvement needed

The health board must ensure that the range of health promotion, protection and improvement initiatives that are available to patients are displayed within the setting.

Dignified care

We observed that all staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. Staff spoke to patients in calm tones throughout our inspection.

Each patient had their own bedroom. We observed these and saw significant efforts had been made to individualise the bedrooms to the patient's wishes.

However, due to the size of two bedrooms there was limited storage within their rooms therefore, there was not enough space to have a wardrobe. These two patients were required to store some of their clothing in another room, where they had a wardrobe each. Because of this we observed that in one patient room, the en-suite shower cubicle was being used to store some of their clothing which is not appropriate.

The setting had suitable rooms for patients to meet ward staff and other healthcare professionals in private. However, on occasions we could over hear staff talking to patients and discussing individuals between themselves or over the phone within communal areas of the setting. Staff must consider the confidential nature of their discussions and ensure that they are not overheard by other patients or visitors.

There were also rooms available where patients could meet with family and friends.

There were two baths at the setting, one was suitable for use with hoists to assist bathing of patients. It was positive to note that each patient had their own set of towels which were easily identifiable by colour. However, there was a lack of suitable storage available for these to be neatly stored and separated. At the time of the inspection the towels we stacked in a disordered manner within the bathroom.

Improvement needed

The health board must review the layout of the bedrooms to ensure that all patients have sufficient storage within their rooms.

The health board must remind staff to maintain privacy and dignity of patients when discussing their personal and confidential information.

The health board must ensure that there is suitable storage for patient towels.

Patient information

There was limited information displayed for patients and/or their families and carers. There should be information displayed on organisations that can

support the patients such as advocacy services, Healthcare Inspectorate Wales, and the Community Health Council. Information should also be displayed on how to raise a concern, including the NHS Putting Things Right[2] process.

Improvement needed

The health board must ensure that there is information displayed that informs patients and their families of external bodies such as independent advocacy, Healthcare Inspectorate Wales and the Community Health Council.

The health board must ensure that there is information displayed, that informs patients and their families of the NHS Putting Things Right process.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to use considered language and gestures to aid communication with the patients, some of whom have limited communication capabilities.

There was some pictorial signage on doors throughout the setting that provided patients with assistance to identify the room. Two members of staff had recently been identified to become communication champions for the setting.

Communication passports known as Communication Books were available at the unit, but were not openly displayed on the day of the inspection. We have been informed that these passports are now on display in the communal lounge areas.

Patients would benefit in the development of communication aids and Sensory Stories[3] to further aid a patient's understanding.

[2] Putting Things Right is the integrated processes for the raising, investigation of and learning from concerns regarding treatment within the NHS.

[3] Sensory stories tell a story using words and sensory stimuli. Usually there are just a few sentences in a sensory story (10 or less) and each sentence is paired with a sensory stimulus.

Improvement needed

The health board must consider development of further communication aids and communication passports.

Individual care

Planning care to promote independence

There was focus on individualised patient care, both in care planning and organisational practices.

Activities were based upon individual patient's interests which included, individual and group sessions, based within the setting and the community.

People's rights

Staff practices aligned to the established health board policies and systems, which ensured that the patients' equality, diversity and rights were maintained. The design of the setting and the health board's policies ensured an accessible environment for people who may have mobility or sensory needs.

Legal documentation for the use of Deprivation of Liberty Safeguards (DoLS) was compliant with the legislation. There was clear records of best interest assessments being completed to safeguard the patient's rights in aspects of their care where they lacked capacity.

Advocacy arrangements were also in place to support patients.

Listening and learning from feedback

Senior staff described informal and ad hoc ways of receiving feedback from patients and their relatives on their experiences of the care provided.

The unit manager had recently introduced a feedback form to gather the views of patients' relatives. We were informed that this would be used to ensure relatives were able to provide regular feedback if they so wished.

Delivery of safe and effective care

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

Staff provided safe and clinically effective care. However, improvements are required in the documentation of the care provided and clinical processes and procedures undertaken to better demonstrate and evidence these.

Safe care

Managing risk and promoting health and safety

Throughout the inspection the setting was secured by locked doors to prevent unauthorised access.

Access to the setting and throughout was on one level to aid anyone with mobility needs. Areas were free from visible trip hazards.

On arrival at the setting the member of staff that greeted us, checked our identity to verify that we were able to enter. The staff member was able to provide us with all the information we needed regarding the patients.

The setting used the health board's electronic incident reporting system, which all incidents were entered on to. The system allowed for analysis of incidents including; the nature of the incident, where the incident happened, dates and times and who was involved in the incident, and any actions required and shared learning, to minimise the risk of such incidents reoccurring.

Infection prevention and control

We identified that certain areas of the setting required deep cleaning, despite being informed that this had occurred approximately one month earlier. The unit manager confirmed that they had escalated their concerns regarding the effectiveness of deep cleaning of the unit.

Many areas, particularly storage rooms or unoccupied bedrooms we cluttered and disorganised. The setting would benefit from a review of storage arrangement to facilitate orderly storage and enable effective cleaning processes and procedures.

Healthcare Support Workers (HCSW) were responsible for the day-to-day cleanliness of the setting. Throughout the inspection, we observed staff undertaking cleaning tasks. However, whilst there were detailed cleaning schedule templates, staff were unable to provide completed versions of these. Without completed cleaning schedules, and through our observations of the setting, we are not assured that this was completed in a systematic and timely manner, to ensure all required tasks were completed adequately.

Hand hygiene products were available in relevant areas. Staff also had access to Personal Protection Equipment (PPE) and we observed this to be used when required.

There were laundry facilities at the setting, and HCSW were completing the laundry duties. Staff confirmed that soiled laundry is segregated and cleaned separately from non-soiled items.

Improvement needed

The health board must ensure that the setting is deep cleaned effectively.

The health board must ensure that staff follow and complete cleaning schedules.

Nutrition and hydration

We saw that patients at the setting were supported in having their nutrition and hydration needs met.

Meals are provided to patients at the setting. There is a four week menu although, staff stated that they can be flexible with this and adapt meals to meet patients' wishes. Patient food preferences were noted within their individual “this is me” documents. However, through our conversations with staff, it was implied that the meals were changed to reflect the preferences of staff on duty, who ate with the patients as part of a therapeutic activity.

Additional actions within the patient therapeutic activities, include the patients shopping for their food and ingredients. Furthermore, some patients also assist staff with the preparation of meals.

Patients were supported by staff to access drinks and snacks throughout the day and evening.

Staff confirmed that if required there was input from the health board's dietetic and speech and language therapy teams. Where required we saw that diabetic documentation was in place and completed.

Improvement needed

The health board must ensure that patients' meal preferences are documented appropriately to benefit the patient, and not for the benefit of staff.

Medicines management

Medicines management at the setting was safe and effective.

Medication was stored securely within cupboards. There were appropriate arrangements in place for the storage and use of controlled drugs and drugs liable to misuse, if these were required. There were no medications being used at the setting applicable to these categories during our inspection.

There was a lockable medication fridge at the setting, although during our inspection, there was no medications in use, which required refrigeration. We were assured from observations and speaking with staff that the fridge would be locked if it contained medication and regular temperature checks would be completed.

Medicine Administration Records (MAR charts) were accurately completed on the vast majority of occasions. We identified one recent omission where the staff members had not recorded whether the patient had their medication, or the reason why this had not occurred. The unit manager confirmed that they would investigate this omission and clarify the situation.

Improvement needed

The health board must ensure that staff always complete all relevant sections on the medication chart as per health board policy.

Safeguarding children and adults at risk

There were established health board processes in place to ensure that the setting safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Staff completed mandatory training regarding safeguarding adults and children, however a number of staff required to complete refresher training. The mandatory training statistics evidenced that compliance was at 62.5%, the health board must ensure that this is addressed.

Effective care

Safe and clinically effective care

On the whole we were assured that staff at the setting were providing safe and clinically effective care.

We found clinical processes and governance arrangements had been established and being embedded to ensure that staff provided safe and clinically effective care for patients. These governance arrangements facilitated a two way process of monitoring and learning.

As detailed throughout the report the health board needs to address the deficiencies identified during the inspection and these are detailed, along with the health board's actions, in Appendix C.

Record keeping

We observed staff storing the records appropriately during our inspection however, improvements are required in the organisation of patient records.

Patient records were mainly paper files that were stored and maintained within the locked nursing office, electronic documentation was password protected.

Staff completed entries that were factual. Entries regarding patient daily routine was written in great detail which provided clear information regarding each patient's care.

However, improvements are required in the documentation of the care provided and clinical processes and procedures undertaken, to better demonstrate and evidence these. We identified gaps in some patient monitoring charts, including bowel movement records. There was no clear reason to state why these had not been completed or any actions taken by staff.

In addition, the two sets of files we reviewed were disorganised with misfiled information.

At the front of each patient's main file there was a staff signing sheet to document that each staff member had read the information within the file. However, some of the signatures dated back to 2017, where areas of the file

would have been updated since. Therefore, it was not clear as to the merit of this signing sheet if it was evidencing that staff had read information which would now be outdated. We discussed this with the unit manager who said they'd review this system.

There was a large quantity of older volumes of patient records being kept at the setting, despite very limited space. Staff stated there was difficulty in archiving records due to limited capacity of the health board's patient record archive. This impacted upon effective record keeping at the setting.

Improvement needed

The health board must ensure that staff complete patient monitoring documentation or provide rationale why they were unable to.

The health board must ensure that documentation is systematically stored within patient records.

The health board must ensure that staff can utilise the archive facility to maintain effective recordkeeping at the setting.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of two patients. It was clear that care was individualised however, improvements are required in the recording of physical health monitoring information.

Patients had detailed care plans that documented individual care needs. Patient records identified the patients' likes and dislikes, activities of daily living, individual risks and how to manage them. Patient assessments were detailed, and also evidenced historical information.

Both sets of files identified the patient's care coordinator. Each also contained evidence of the DoLS assessment and that the assessor had spent time with the individual patient. Documentation clearly explained the reasons for the use of DoLS.

The records also evidence that family members had been invited to meetings regarding the patient's care. Independent advocacy involvement was also evidenced.

Each set of patient records evidenced that patient's physical health needs were being considered. We saw that individual patient needs were being identified,

with detailed assessments, however as stated above patient monitoring information was not always documented as required.

For one patient there was also detailed care plan in place for their partial Percutaneous Endoscopic Gastrostomy (PEG)[4] and feeding regime. A PEG feeding Passport was also present, which provided staff with easy to reference information regarding PEG feeding, how to manage PEG feeding, troubleshooting information and who to contact for further information/support if required.

However, as addressed earlier, we saw large gaps in some monitoring information and no reason as to why this had occurred or what action had been taken. Weight monitoring charts did not identify whether weight measurements were being completed fully clothed, partly or unclothed. This should be documented to improve consistency and monitoring of readings.

Mental Capacity Act and Deprivation of Liberty Safeguards

As stated above legal documentation for the use of Deprivation of Liberty Safeguards (DoLS) was compliant with the legislation.

[4] Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

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 the service review and monitor their own performance against the Health and Care Standards.

There was an established staff team with strong team-working ethos.

Audit and governance arrangements were being established but required embedding in to practice.

Staff had completed annual performance reviews, but improvements were required in some areas of mandatory training.

Governance, leadership and accountability

A recently appointed nurse manager was responsible for the day to day management of the setting. The nursing team was established with the majority of the staff working at the setting and with the patients, since it opened over five years. We found that staff were very knowledgeable about the individual patients, and were committed to providing patient care to high standards.

Staff spoke positively about the leadership at the setting and from senior managers within the health board's learning disability directorate. Staff also spoke favourably about the support from colleagues working within the setting, and reported a good team-working ethos at the setting.

The operation of the setting was supported by the health board's governance arrangements, policies and procedures. However, when we asked staff for a number of different policies staff were unable to produce these in hard copy nor provided us with assurance that they'd know where to retrieve these from the health board's intranet.

Through our discussions with staff and reviewing practice, the setting lacked robust governance and audit in some areas of operation. Whilst staff were aware of what was required from them to care and support patients day to day, there was an element of complacency regarding the completion of required

documentation. Examples have been highlighted in the Delivery of Safe and Effective Care section of this report.

The unit manager spoke of the processes and governance arrangements that had been introduced and required embedding in to the service, since their recent appointment. These processes and arrangements are to inform the staff on the appropriate implementation and provision of care at the setting. The unit manager and service manager also described the governance arrangements that had commenced that feed in to the health board's hierarchical governance arrangements.

It was positive to find that, throughout the inspection, the staff were receptive to our views, findings and recommendations.

Improvement needed

The health board must ensure that audit and governance arrangements are fully embedded within the setting.

Staff and resources

Workforce

There were adequate staff numbers employed, with the right skills and experience to meet the needs of patients at the setting. The setting did not use agency staff, and if there was a shortfall in staffing such as with staff sick leave, then unfilled shifts were typically covered by staff already part of the team, with them undertaking additional shifts to assist with the shortfall. This means that patients were supported by members of staff who were familiar to them.

Staff had a very good understanding of the needs of the patients, built up over many years by working at the setting with the patients. Staff were flexible with their working patterns, to enable patients to undertake community activities during the day, evening and weekends. The stability of the staff team provided patients with consistent care and there was a genuine feel of a family ethos at the setting.

Staff explained the recruitment processes that were in place at the setting. It was evident that there were systems in place to ensure that recruitment followed an open and fair process.

It was not practice to undertake periodic renewals of Disclosure and Barring Service (DBS) checks within the health board. During our inspection feedback

session we discussed the benefits of this with senior members of the health board, particularly in respect to staff that provide direct care to patients. We recommend that for staff who have been in post for many years, it is advisable to carry out a later check, to ensure the safety of the patients, staff and the health board is maintained.

Staff had completed annual appraisals and they told us that they had opportunities to discuss issues related to their work with their manager.

The unit manager was monitoring staff's compliance with mandatory training. We were informed that compliance rates were increasing, particularly with e-learning modules. The unit manager spoke of the arrangements being put in place for the classroom face-to-face learning sessions, to ensure that staff were able to attend and complete these. For those staff who were not up to date with training, the health board should explore the reasons why and ensure that staff can complete their mandatory training.

Staff also commented favourably that they attended additional training and conferences relevant to their roles.

Improvement needed

The health board must ensure that all staff complete and are up to date with their mandatory training.

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, measurable, 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 inspect NHS mental health services

Our inspections of NHS mental health services are usually 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.

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.

HIW inspections of NHS mental health services will look at how services:

- Comply with the Mental Health Act 1983, Mental Capacity Act 2005, Mental Health (Wales) Measure 2010 and implementation of Deprivation of Liberty Safeguards
- Meet the Health and Care Standards 2015

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects mental health and 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
No immediate concerns were identified on this inspection	Not Applicable	Not Applicable	Not Applicable

Appendix B – Immediate improvement plan

Service: Residential Learning Disability Setting – Ref 19008

Date of inspection: 02 April 2019

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
No immediate assurance issues identified.	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Appendix C – Improvement plan

Service: Residential Learning Disability Setting – Ref 19008

Date of inspection: 2 April 2019

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 must ensure that the range of health promotion, protection and improvement initiatives that are available to patients are displayed within the setting.	1.1 Health promotion, protection and improvement	Information / materials on health promotion, protection and improvement to be made available in the kitchen area. A system to be put in place to routinely review and ensure most up-to-date information/material is available. Folders holding standard and easy read versions of pertinent health promotion materials will be developed and kept updated. Staff to be reminded individually in	Team Leader Team Leader Team Leader	Complete 30th June 2019 31st May 2019 31st May

Improvement needed	Standard	Service action	Responsible officer	Timescale
		supervision and collectively in team meetings to routinely make visitors and families aware of the availability of information / materials for their viewing when visiting or attending a client meeting.	Team Leader	2019
The health board must review the layout of the bedrooms to ensure that all patients have sufficient storage within their rooms.	4.1 Dignified Care	Environment to be reorganised to ensure adequate space for clothing and other personal items.	Team Leader	31st May 2019
The health board must remind staff to maintain privacy and dignity of patients when discussing their personal and confidential information.	4.1 Dignified Care	Staff to be reminded individually in supervision and collectively at team meetings to maintain patients' privacy and dignity when discussing personal and confidential information.	Service Manager and Team Leader	31st May 2019
The health board must ensure that there is suitable storage for patient towels.	4.1 Dignified Care	Space to be made available in the storage cupboard outside of the bathroom.	Team Leader	Complete
The health board must ensure that there is information displayed that informs patients and their families of external bodies such as independent advocacy, Healthcare Inspectorate Wales and the Community Health Council.	4.2 Patient Information	Folders holding standard and easy read versions of information / materials to be developed and kept updated. Staff to be reminded individually in supervision and collectively in team	Team Leader Team Leader and Service Manager	31st May 2019 31st May 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		meetings to routinely make patients / families aware of the availability of the information when visiting or attending a client meeting.		
The health board must ensure that there is information displayed, that informs patients and their families of the NHS Putting Things Right process.	4.2 Patient Information	Putting Things Right information to be made available on the unit. Staff to be reminded individually in supervision and collectively in team meetings to routinely make patients and families aware of the availability of the information when visiting or attending a client meeting.	Team Leader Team Leader and Service Manager	Complete Complete
The health board must consider development of further communication aids and communication passports.	3.2 Communicating effectively	With support from Speech and Language Therapy (SALT), sensory stories will be developed for each patient for appropriate / required scenarios. Referrals for communication aids have been made (where appropriate) to the Electronic Assistive Service at Rookwood in Cardiff and trials have been facilitated.	Team Leader / SALT	30th September 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must ensure that the setting is deep cleaned effectively.	2.4 Infection Prevention and Control (IPC) and Decontamination	Liaise with hotel services on the need to improve the quality of the routine deep clean. A system to be put in place to quality check following deep clean.	Service Manager Service Manager	Complete 31st May 2019
The health board must ensure that staff follow and complete cleaning schedules.	2.4 Infection Prevention and Control (IPC) and Decontamination	Cleaning schedules are in place and staff to be reminded individually in supervision and collectively in team meetings to ensure their completion on a weekly basis. A system to be put in place to quality check following completion of the cleaning schedule.	Team Leader and Service Manager Team Leader and Service Manager	31st May 2019 31st May 2019
The health board must ensure that patients' meal preferences are documented appropriately to benefit the patient, and not for the benefit of staff.	2.5 Nutrition and Hydration	Staff to be reminded individually in supervision and collectively in team meetings to adhere to the meal plan developed by the team leader and approved by dietetics. Undertake a review of current practice to determine why deviation from the meal plans is being made and rationale for changes.	Team Leader and Service Manager Team Leader and Service Manager	31st May 2019 30th June 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Implement into practice any recommendations from the findings of the review.	Team Leader and Service Manager	31st July 2019
The health board must ensure that staff always complete all relevant sections on the medication chart as per health board policy.	2.6 Medicines Management	Team Leader to audit MAR charts at least weekly, record any errors or omissions with responsible staff members and submit an incident report via the Datix system for any errors. Staff to be reminded individually in supervision and collectively in team meetings to always complete all relevant sections on the medication chart.	, Team Leader Team Leader and Service Manager	Complete 31st May 2019
The health board must ensure that staff complete patient monitoring documentation or provide rationale why they were unable to.	3.5 Record keeping	Staff to be reminded individually in supervision and collectively in team meetings to complete all monitoring documentation as required and omissions will be addressed through individual supervision with the responsible staff member. Regular documentation audit to be included in individual staff supervision	Team Leader Team Leader	31st May 2019 31st May 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that documentation is systematically stored within patient records.	3.5 Record keeping	All records to be reviewed to identify the relevant and up to date information. Directorate Support Manager to provide dedicated administrative support to rationalise the files.	Team Leader and Directorate Support Manager	30th June 2019 30th June 2019
The health board must ensure that staff can utilise the archive facility to maintain effective recordkeeping at the setting.	3.5 Record keeping	Archived facility to be identified for historic files.	Directorate Support Manager	30th June 2019
Quality of management and leadership				
The health board must ensure that audit and governance arrangements are fully embedded within the setting.	Governance, Leadership and Accountability	Staff to be reminded individually in supervision and collectively in team meetings as to where to locate Health Board policies, procedures and guidelines within the unit and on the intranet. Flowchart to be developed to support staff in locating relevant policies. Fundamentals of Care Audits will be introduced to monitor appropriate and	Team Leader; Service Manager; Professional Lead Nurse LD; Head of Service; Head of Nursing MH&LD Professional	31st May 2019 30th November 2019 30th

Improvement needed	Standard	Service action	Responsible officer	Timescale
		pertinent metrics for the unit.	Lead Nurse LD; Head of Service; Head of Nursing MH&LD	November 2019
The health board must ensure that all staff complete and are up to date with their mandatory training.	7.1 Workforce	Compliance has improved from 32% in August 2018 to 71% in May 2019. Compliance Improvement Programme which began in August 2018 to continue to monitor and support staff to improve mandatory training compliance to Health Board target of 85% within six months. Staff to be reminded of the responsibilities and value of completing mandatory training on a monthly basis via a memo from the service manager. Non-compliance to be addressed through individual supervision with the responsible member of staff	 Team Leader; Project Manager; Service Manager; Business Manager LD Team Leader; Service Manager; Team Leader; Service Manager;	 30th November 2019 Complete Complete

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): **Melanie Evans**

Job role: **Head of Service**

Date: **17 May 2019**