Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Learning Disability Residential Service

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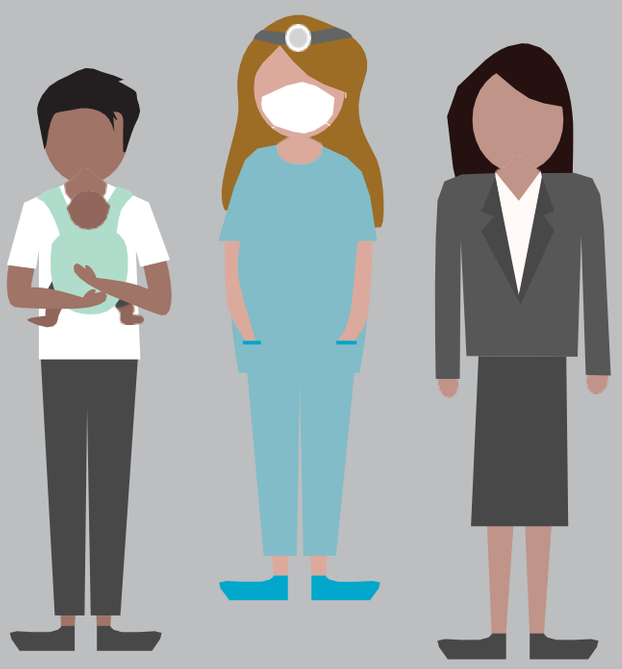

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of a learning disability residential service within Hywel Dda University Health Board as part of its programme of assurance work. This continuing care service is a supported tenancy, which currently provides long-term care to four residents with learning disabilities.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found here.

We spoke to the Lead Nurse (Learning Disability Inpatients and Residential Units) and the Interim Team Manager on 6 April 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that the environment is safe and suitable for the needs of patients at this time? What changes, if any, have been made as a result of COVID-19 to the following:
    - Physical environment
    - Routines, visiting arrangements and contact with loved ones
    - Behaviour management
    - Patient access to community/leave, activities and social networks (including formal leave where the Mental Health Act applies)?

- How is the risk of infection assessed and managed to keep patients, visitors and staff safe?

- How are you ensuring that there are sufficient numbers of appropriately trained staff to meet patients' needs, with access to wider health and care professionals where needed?

- Considering the impact of COVID-19, how are you discharging your duty of care against

the Mental Health Act and DOLS legislation, and how are patients' rights being safeguarded?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and use of restraint and seclusion. We also questioned the setting on the changes they have made to make sure patients continue to receive the care and treatment according to their needs.

The following positive evidence was received:

We found that the service and wider directorate had created and implemented crisis and contingency plans in response to the pandemic in order to safely manage the service and any new admissions. These were supplemented by a COVID-19 risk assessment to help maintain a safe environment. The risk assessment had been recently reviewed and any follow-up actions had been completed in a timely manner.

We also found that a fire risk assessment had been recently undertaken and that steps had been taken to ensure that follow-up actions were completed within the recommended time frames.

During the initial phase of the pandemic, we found that all residents were required to shield due to the risk of the COVID-19. We noted that during this time extra precautions were taken by staff when undertaking shopping trips and when receiving deliveries to the unit in order to limit footfall on the unit.

We found that visiting had been restricted to prevent the transmission of COVID-19 and that this had made it difficult for some residents to maintain usual contact with families during this time. However, we noted that virtual visiting and unrestricted telephone contact had been a prominent feature throughout the pandemic. Staff told us that they had supported residents with this and that this had worked well for both residents and their families alike.

Staff told us that that activities within the community had been limited throughout the pandemic, which meant that the day-to-day routine of residents had been negatively impacted upon. However, we found that staff had taken proactive steps with the multi-disciplinary team to ensure that activities could still place within the home and therapeutic input continued as far as possible. Since restrictions have eased, access to the local community had been undertaken on a cautious and risk assessed basis.

We found that multi-disciplinary team (MDT) meetings had continued throughout the

pandemic and that these were held virtually, wherever possible. Staff commented that good input had been provided by all teams and that professional relationships has improved. This ensured that care and treatment needs of residents could continue to be met throughout.

We considered how the physical health needs of residents had been maintained during the pandemic. We confirmed that all residents had received their annual health check[1] from their General Practitioner (GP). This ensures that the overall health and well-being needs of residents are being met. Staff emphasised that their local GP practice had responded excellently to the needs of the residents, which included making weekly welfare phone calls to the service.

However, we noted that routine check-ups for other services, such as dental appointments, had been delayed due to the impact of COVID-19. The health board is advised to monitor this and to arrange appointments at the earliest opportunity following the easing of pandemic related restrictions.

We confirmed that all residents had received the first dose of their COVID-19 vaccination and that appropriate easy-read information was available to help residents understand more about COVID-19 and the vaccine.

We found that each resident had a health passport[2] (or health profile), which promotes safe and individualised care for those who may require the use of secondary care services, such as the emergency department. We were told that staff from the service will always make themselves available to support any residents who require hospital treatment. This is further supported by the health board's Health Action Team, who provide support to the unit and hospital staff upon the admission of a resident from within the learning disability directorate to a hospital. In one recent example, staff told us that this process had worked smoothly and effectively, in which the resident appeared relaxed and reassured during their brief admission.

Despite the pandemic causing some challenging behaviours amongst residents, we found there to be a generally low number of incidents reported by the unit. We found that one resident had been supported through a Positive Management Behaviour (PBM)[3] strategy, which had led to a notable decrease in incidents in recent months. We confirmed that staff had received the relevant PBM training and that refresher training had been attended.

We confirmed that there was a process for the reflection, review and debrief of any interventions, such as restraint, following incidents of challenging behaviours. We found that a brief investigation is undertaken by a local manager, followed by formal discussion and

[1] All individuals with a learning disability are entitled to an annual health check which can identify undetected health conditions early and allows individuals to discuss anything that concerns them

[2] A health passport provides important information about a patient with a learning disability, including the type of medication they are taking, any pre-existing health conditions, and also their likes, dislikes and communication preferences,

[3] PBM provides a framework for ensuring a person-centred approach towards behaviours that challenge

review at the relevant MDT meeting. This included completion of the relevant behaviour monitoring charts and incident reporting.

The following areas for improvement were identified:

We were told that recent legal advice had been sought regarding the submission of deprivation of liberty safeguarding (DoLS[4]) applications for all current residents through the Court of Protection process. We found that the process was commenced in 2017, but that this was never completed due to the several factors and that this had resulted in the documentation becoming out-of-date.

We also noted that further legal advice provided to the unit was to wait for the replacement to DoLS, the liberty protection safeguards (LPS), to come into effect. Since COVID-19 had delayed the implementation of the LPS process, a decision was made in Autumn 2020 to re-visit the original DoLS applications. At the time of the quality check, we noted that the applications for all residents were due to be submitted imminently.

To ensure that rights are protected and that decisions are made in the best interests of residents (patients), the health board must ensure that any future DoLS applications are submitted in a timely manner once it is known that an application is necessary. The health board should also confirm that there are no further applications outstanding for residents whom are living at its other learning disability sites.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

At the time of the quality check, there were no residents who had tested positive for COVID-19 or other healthcare acquired infections and we found that a range of measures had been implemented to help maintain good IPC practices across the service.

We found that the health board had established a number of procedures and plans for staff to follow in support of maintaining good infection control practices. This included COVID-19 specific IPC guidance and a procedure for staff to follow in the event of suspected cases of COVID-19. Where appropriate, these documents had been localised to meet the needs of the unit.

[4] The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

Staff told us that, whilst the IPC team had not visited the service, they had access to regular IPC advice and guidance through the staff intranet. However, staff added that there had been good support from various levels of management, including on-site visits, to help provide support and reassurance to staff and residents. We also confirmed that a noticeboard was used for all staff to be able to familiarise themselves with the latest updates.

We found that a number of other practical steps had been taken to safeguard residents, including the use of new uniforms which are only to be worn when on-site, use of hand gels, helping residents to understand a number of posters displayed around the home and, as it was identified that some residents preferred to sit on the floor, a shoe disinfector at the entrance of the unit to further promote good hygiene.

Staff told us supplies of personal protective equipment (PPE) were plentiful and that staff had received training in how to correctly don and doff PPE. We noted that this had posed difficulties for some residents, however, staff told us that the use of uniforms when on-site and the allocation of specific staff to residents per shift had help to reduce the cross-infection risk.

We confirmed that enhanced cleaning schedules had been implemented. This included creating checklists for each room with a list of items that required disinfecting at multiple points throughout the day. This ensures that high touch point items and areas are clean to further the cross-infection risk.

No improvements were identified.

Governance

As part of this standard, HIW considered how the setting ensures there are sufficient numbers of appropriately trained staff to meet patients' needs, with access to wider mental health professionals where needed. We also questioned the setting about how, in light of the impact of COVID-19, they are continuing to discharge their duty of care against the Mental Health Act and safeguarding patients' rights.

The following positive evidence was received:

The management that we spoke with were complimentary about the way in which all staff had pulled together to support residents, their relatives and each other throughout the difficulties posed by the pandemic.

We found that there were agreed staffing levels across the service and that staff were aware of the procedure to follow should any staffing concerns need to be escalated. We noted that the team manager worked in a supernumerary capacity, which means that they do not count towards the overall staffing numbers during each daytime shift.

Staff told us that staffing had been impacted by the effects of the pandemic, but we found that the service placed an emphasis on ensuring that existing staff members or returning bank staff provided cover for a number of these shifts. This was to maintain familiarity with residents and to reduce the cross-infection risks associated with the pandemic. As a result, we were told that this had ensured that there was limited impact on the day-to-day care provided to residents.

At the time of the quality check, there were a number of staff vacancies at the service. However, we were told that four new members of staff had recently been employed and were due to begin once pre-employment checks had been finalised. This will help to provide additional relief and resilience to the service once these staff commence.

We found that one recent safeguarding referral had been made. However, we found that this had been closed by the local authority at the time of the quality check taking place. Staff were knowledgeable of the details of the referral and were able to verbally describe what learning and changes to procedures had been identified and implemented as a result.

We were provided with the mandatory training statistics and found varying levels of compliance in some areas. However, we acknowledge that these training areas had been affected by COVID-19 due to the lack of face-to-face training options and we were told that that these areas would be prioritised as and when they become available. It was positive to note however that additional bespoke training, such as positive behaviour management and medication management, had been prioritised due to the needs of residents and had been completed by all staff.

We also noted that there was a recognition of nationally produced reports and recommendations, such as Improving Care, Improving Lives[5], and that the health board had appointed a lead nurse to review these recommendations to ensure that the needs of residents are continually met in line with good practice.

No improvements were identified.

[5] Chief Nursing Officer's National Care Review of Learning Disabilities Hospital Inpatient Provision Managed or Commissioned by NHS Wales (2020)

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, 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.

Improvement plan

Setting: Hywel Dda Learning Disability – Residential service (Ref 20091)

Date of activity: 7 April 2021

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must ensure that any future DoLS applications are submitted in a timely manner once it is known that an application is necessary.	Health and Care Standards, 2.7	Meeting held with a Solicitor within the Complex Patient Team at NHS Wales Shared Services Partnership (Legal & Risk Services) 13/04/21 to discuss cases. Legal advice formulated in email 19/04/21. Meeting arranged to update one person's Witness Statement 23/04/21 and Multi-Disciplinary Team (MDT) review to be arranged imminently. Discussed and agreed requirement for Capacity assessments with Locum Consultant Psychiatrist in April 2021.	Ward Manager / CTP Project Nurse	July 2021 for submissions. Reliant on court timelines for completion of authorisation requests.

	The health board should also confirm that there are no further applications outstanding for residents whom are living at its other learning disability sites.		Process to be repeated for other tenants as soon as possible. As stated during Quality Check, applications will be submitted for two small continuing health units simultaneously and no other applications are pending. The total number of tenants is 7.		

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.

Name: T Lloyd

Date: 20/04/2021