

Quality Check Summary

Learning Disability Service

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of a learning disability continuing healthcare unit as part of its programme of assurance work. The unit is a five bedded property which is purpose built to provide care for mixed-gender individuals with learning disabilities and challenging behaviours.

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 Directorate Lead Nurse, the Unit and Deputy Unit Manager on 13 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:

Staff confirmed that a number of changes had been made to the environment in response to the pandemic. This included the social distancing of residents and staff as far as possible, the allocation of staff to specific duties, and the use of a spare bedroom as a doffing area. We were also told that various posters, checklists and cleaning regimes were displayed throughout the unit to help support staff and visitors in maintaining good hygiene practices.

We found that visiting had been restricted to prevent the transmission of COVID-19. This had made it difficult for some residents to maintain usual contact with families during this time, for example at Christmas or on birthdays. However, we noted that residents were able to benefit from outdoor visiting during the summer months, with use of tablets to maintain contact at other times.

Staff told us that restrictions associated with leave and community trips had negatively impacted upon residents. However, it was positive to hear that staff had proactively taken steps to maintain activities as far as possible. For example, through continued use of a vehicle using the appropriate personal protective equipment (PPE) or by replicating a weekly take-away meal for one resident when the local outlets had closed. This helped to maintain the daily routines of residents, whilst reducing the anxieties associated with the reduction of community based activities.

We found that multi-disciplinary team (MDT) meetings had continued throughout the pandemic on a virtual basis. Staff commented that good input had been provided by all teams and that on-call psychiatry and psychology support was available when required. In one example described by staff, we noted that MDT meetings for a resident had increased to a weekly meeting, which helped to demonstrate how the care and treatment needs of residents were reviewed in a timely manner.

We considered how the physical health needs of residents had been maintained during the pandemic. We confirmed that all residents had received, or were due to receive imminently, their annual health check¹ from their General Practitioner (GP). This ensures that the overall

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

health and well-being needs of residents are being met. Staff told us access to their local GP practice during the pandemic had been good, including use of telephone and virtual consultations.

We confirmed that all residents had received both doses of their COVID-19 vaccination. It was positive to note that appropriate easy-read information was available to help residents understand more about COVID-19 and the vaccine, which included appropriate consent forms that we saw evidence of.

Staff confirmed that each resident had a current health passport², which promotes safe and individualised care for those who may require the use of secondary care services, such as the hospital emergency department. Whilst we were told that two residents had been unwell with COVID-19, it was positive to note that neither had required admission to a local hospital and staff were able to describe what discussions had been held with clinical teams in order to appropriately care for and isolate residents at the unit. Staff told us that families had been kept up-to-date very regularly during this difficult time, and that family input had helped staff in providing this additional layer of care and treatment.

The unit cares for adults with complex needs and, as such, there are breadth of challenging behaviours displayed by residents at times. We saw evidence which demonstrated that staff recorded all interventions in an individual record for each resident, which included recording the date, times and duration of all interventions. Staff told us that they placed an emphasis on ensuring least restrictive practices are adhered too, and that there is a period of review and debrief following interventions. Whilst staff felt that residents had coped very well in response to the pandemic, COVID-19 related illness had caused angst and upset amongst some residents due to the effects of the illness, which included a loss of senses. Staff were able to describe how residents were reassured and how additional PPE was used to support staff when providing direct care.

The following areas for improvement were identified:

We reviewed a number of audits, risk assessments and correspondence in relation to the unit and its environment. We found that the unit was affected by a breadth of environmental and maintenance issues which is affecting the overall ability of staff and the service to deliver a suitable environment. Whilst we found that progress was being made to remedy some of these issues in a timely and proportionate manner, there were a number of outstanding issues, some of which had been unresolved for a period of time. Whilst we recognise the challenges posed by the pandemic, the health board must ensure that maintenance issues at the unit are reviewed and remedied in a timely and effective manner.

We also found that the layout and available facilities within the unit meant that the

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,

environment was not always fully conducive to meeting the needs of one resident in particular. This is because the accommodation used by this resident did not replicate some of the features that this resident benefited from at their previous accommodation, which means that there is a degree of loss of therapeutic benefit for that individual. Whilst we were assured that safe care is being provided, we would ask the health board to review how the therapeutic benefits for this resident, and others within the unit, can be fully realised.

Infection prevention and control (IPC)

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:

We found that a generic IPC risk assessment had been recently completed, and that actions had been undertaken to log any issues identified within the assessment. This was supplemented by a COVID-19 specific risk assessment which outlined a number of measures taken by the unit, such as social distancing and use of PPE.

We confirmed that staff had received donning and doffing training in order to be able to correctly apply and dispose of PPE. Staff also confirmed that stocks of PPE and other supplies, such as hand gel, were in plentiful supply. We found that additional PPE had been obtained when required.

We found that whilst the unit was responsible for its own cleaning and housekeeping, staff were mindful of ensuring that professional advice was followed. We were provided with examples of correspondence where the unit had sought clarification or advice on a number of IPC related matters. Staff noted that there was good support from the IPC link-nurse, who had remained a consistent point of contact for the unit to maintain good links with.

Staff confirmed that support was provided by the health board and through Public Health Wales during the outbreak at the unit. It was positive to hear staff describe how they maintained a focus on the needs of residents throughout, such as through covering shifts internally wherever possible to limit the number of new people coming onto the unit. We also noted that additional cleaning capacity was made available to the unit through the use of external contractors who undertook deep cleans of the unit for limited periods throughout the outbreak period.

No areas for improvement 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 learning disability 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:

We noted that the pandemic and events in the last several months had a profound impact on the service, both impacting upon staffing levels and staff well-being. However, it was heartening to hear that there has been a strong team support approach, with additional support being provided by the health board, to ensure that staff well-being is looked after.

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 staff sickness and leave associated with the pandemic had impacted staffing on the unit. However, staff told us that the existing staff team worked hard to cover any staffing shortfalls to ensure that familiarity with residents was maintained. Where bank staff were required, we were told that staff who were familiar to the service were used wherever possible to further maintain familiarity with residents.

We were provided with the mandatory training statistics and found good levels of compliance in all areas. We also found that other training areas specific to the needs of residents, such as allergens and PBM³, had also been generally well maintained throughout the pandemic. Staff confirmed that face-to-face training was being prioritised accordingly as courses resumed. We noted that personal development reviews were also up to date for all staff.

We confirmed that residents who were subject to Deprivation of Liberty Safeguards (DoLS)⁴ had received timely assessments that were in date. There was one resident who was detained under the Mental Health Act, and we found that this had been renewed accordingly, with appropriate access to advocacy services. This helps to ensure that the rights of residents are protected, and that care and treatment is delivered in the best interests of that individual.

No areas for improvement were identified

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

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

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: Learning Disability Residential Service (Ref 20133)

Date of activity: 13th 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	Whilst we recognise the challenges posed by the pandemic, the health board must ensure that maintenance issues at the unit are reviewed and remedied in a timely and effective manner.	2.1	<p>Service Level agreement for routine maintenance in place between SBUHB and CTMUHB following NHS boundary changes.</p> <p>Establish monthly estate review reports on maintenance requirements.</p> <p>Maintenance requests followed up directly by Directorate General Manager.</p>	<p>Directorate Manager</p> <p>Directorate Manager</p> <p>Directorate Manager</p>	<p>Already in place</p> <p>End of May 2021</p> <p>End of May 2021</p>
2	Whilst we were assured that safe care is being provided, we would	4.1	Funding secured from Welsh Government for outstanding	Health Board Capital Planning	Completed March 2021

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: Gareth Bartley, Divisional General Manager

Date: 06/05/2021