

Quality Check Summary

Learning disability residential service, Aneurin Bevan University Health Board

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of a learning disability residential service within the Aneurin Bevan University Health Board area as part of its programme of assurance work. The service is owned and managed by the health board and provides support to up to five individuals with learning disability and complex physical health needs.

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 Acting Manager and Senior Nurse on 20 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 visiting had been restricted as a result of the pandemic and the need for residents to shield, which we were told had been very difficult for some residents and their relatives. However, we found that visiting had been permitted during the summer months, when the garden could be used, and that virtual contact was used wherever possible. We were told that visiting guidelines were under review and would be eased when it is permitted and safe to do so.

We were told that activities had also been negatively impacted by the pandemic as community activities, such as swimming, shopping and visiting was paused. Despite this, it was positive to hear staff describe how close working with the Occupational Therapists had meant that activity plans for each resident had been adapted, such as group use of the garden area or 1-1 usage of the sensory room.

We found that multi-disciplinary team (MDT) meetings had continued throughout the pandemic and staff told us that the meetings were well attended. It was positive to note that the unit had adopted a blended healthcare support worker model¹, which enabled those staff to contribute to the MDT meetings based on their speciality.

We considered how the physical health needs of residents had been maintained during the pandemic. We confirmed that all residents had received the first dose of their COVID-19 vaccination and that all but one of the residents had received their annual health check² from their General Practitioner (GP). This ensures that the overall health and well-being needs of residents are being met. The unit advised us that the outstanding health check would be completed as soon as the GP practice resumes these activities.

¹ This model enables healthcare support workers to train into a range of disciplines, such as physiotherapy and speech and language therapy, in order to meet the needs of the client group.

² 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

The unit confirmed that each resident had a health passport³, which promotes safe and individualised care for those who may require the use of secondary care services, such as the hospital emergency department. We were told that staff would accompany residents if the need was there and that there was additional support provided by the secondary care liaison team, whose role it is to liaise between the unit and the ward.

The unit cares for adults with complex needs, which can lead to challenging behaviours and presentations by residents. We found that the unit follows a positive behaviour support (PBS) model⁴. Staff described that the types of interventions in use were long established, with the least restrictive option being used and alternatives having previously been explored. Staff confirmed that these had been subject to full MDT discussions which contributed to individual care planning.

The unit placed emphasis on the aim of these interventions being to avoid self-injurious behaviour, to provide a sensory benefit or, in the event of medication being used, the targeting of symptoms, as opposed to using this method as a form of restraint. We noted that all interventions and incidents were recorded and reviewed at MDT and wider management meetings to aid learning and reflection.

The following areas for improvement were identified:

We found that an environmental audit had recently been undertaken and issues identified had been logged with the appropriate department to be actioned. However, we found that a number of areas were either outstanding or were awaiting capital funding before refurbishment could begin. The health board should ensure all items on the audit are given suitable timescales and actioned appropriately.

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 monthly IPC audits had been undertaken and that these had scored positively in all areas. This was supplemented by a daily COVID-19 spot check audit which we found had been consistently completed.

³ 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,

⁴ PBS) is 'a person centred framework for providing long-term support to people with a learning disability, including those with mental health conditions, who have behaviours that challenge

Staff confirmed that all residents have access to an individual bedroom with en-suite facilities. This ensures that residents are able to self-isolate, if required. In the communal areas of the unit, staff told us that dining had been staggered to maximise social distancing and that consideration towards social distancing is given when conducting staff handovers and during activities.

We were told that all staff were required to complete a symptom checking assessment before they started their shift. Since February 2021, all staff had been carrying out twice-weekly lateral flow COVID-19 tests, which helps to limit the COVID-19 transmission risk on the unit. Staff confirmed that there was plentiful access to the appropriate PPE and that staff had received training in how to don and doff PPE.

The unit confirmed that there had been no recent admissions or discharges, but we noted that there was a procedure in place for staff to follow in the event of new admissions or discharges during the pandemic. This procedure included clear localised pathways for staff to follow in the event and management of a positive COVID-19 case. There has been one case of COVID-19 since the start of the pandemic, and there were no infections or COVID-19 cases at the time of the quality check.

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:

We confirmed that residents who were subject to Deprivation of Liberty Safeguards (DoLS)⁵ had received timely assessments that were in date, the majority of which had been completed virtually throughout the pandemic. 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.

We found that there were agreed staffing levels across the service, which included a qualified registered nurse at all times. We confirmed that the manager role acted in a supernumerary

⁵ 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

capacity, whilst the deputy manager role was split between administrative and clinical duties.

We were told that staff were aware of procedures to follow should any staffing concerns need to be escalated, and they were able to describe how staffing had been consistently maintained throughout the pandemic. This included training community staff to work on a temporary basis and access to regular bank staff. This helps to ensure that familiarity with residents is maintained.

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 picked up additional shifts and had supported each other well, with management noting that staffing teams were well connected. There was a small number of vacancies on the unit, however, it was positive to note that recruitment was progressing.

We found that the unit provides placements for nursing students, and we saw examples of positive feedback provided by those who had completed their placement at the unit.

The following areas for improvement were identified:

We found mixed levels of compliance in some mandatory and patient specific essential training areas, notably: fire safety, safeguarding, IPC and positive behaviour management. Whilst we acknowledge the effect that the pandemic has had on access to some face-to-face training options, the health board should ensure that training, particularly that which can be accessed online, is prioritised in order to maintain safe and effective care.

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 service (Ref: 20126)

Date of activity: 20th 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.

Ref No:	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board should ensure all items on the environmental audit are given suitable timescales and actioned appropriately.	Health and Care Standards; 2.1	The LD Directorate will review the environmental audit and ensure that all items on the audit are given suitable timescales and actioned appropriately.	Home Manager	End June 2021 Update: Capital funding was awarded in April 2021 for two environmental improvement projects (replacement of overhead hoisting system and replacement of baths). The LD Directorate is currently negotiating start dates with contractors.
2	The health board should ensure that training, particularly that which can be accessed online, is prioritised in order to maintain safe and effective care.	7.1	The LD Directorate will review training compliance and allocate dedicated time on shift for staff to undertake training.	Home Manager	End August 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: John Carroll - Lead Nurse Learning Disabilities Date: 13th May 2021