

Learning Disability Inspection Report (Unannounced) (03275)

Betsi Cadwaladr University Health
Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

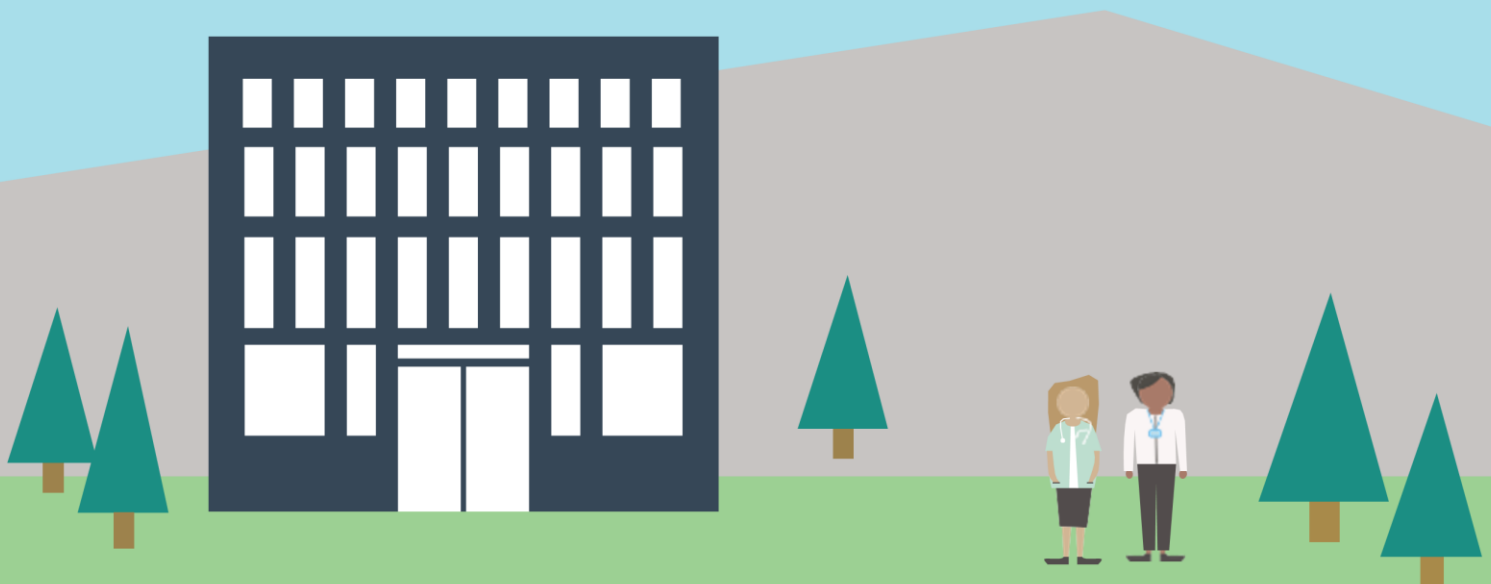
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced learning disability inspection of a hospital ward setting at Betsi Cadwaladr University Health Board on 22 and 23 March 2023. At the time of our inspection the ward provided care for five patients with a learning disability.

Our team, for the inspection comprised of two HIW Healthcare Inspectors and two clinical peer reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

All patients and family members who completed a HIW questionnaire rated the care and service provided by the hospital as either good or very good. Staff were passionate about their roles and enthusiastic about how they supported and cared for patients. An Occupational Therapist (OT) had been recently recruited to the Multidisciplinary Team (MDT) and patients were provided with a wide range of therapeutic activities in the hospital. We saw evidence of good individual patient communication care plans but many staff members voiced concerns that the ward had not had a dedicated Speech and Language Therapist (SaLT) for three years. We found systems in place to protect patient rights but some improvements were required in respect of Mental Capacity Act Assessment and Best Interests form completion.

This is what we recommend the service can improve:

- A Speech and Language Therapist must be appointed who has clinical responsibility for the ward
- The health board should review MCAA and BI documentation to ensure it provides the level of detail expected by the Mental Capacity Act and case law. Supplementary or alternative documentation should be considered where the health board documentation limits staff in meeting the statutory and case law requirements.

This is what the service did well:

- Staff interacted and engaged with patients appropriately and treated patients with dignity and respect
- Staff demonstrated that they met patient language communication needs on an individual basis.

Delivery of Safe and Effective Care

Overall summary:

We generally found good systems and governance arrangements in place which helped ensure that staff provided safe and clinically effective care for patients. Various processes were in place to manage and review risks to help maintain the health and safety of the patients, staff and visitors at the hospital. However, there

was no alarm system in place for staff, patients or visitors to request assistance in the event of an emergency. We identified that some amendments to existing policies were required in order to ensure patient safety and prevent inappropriate patient admissions. We found that the hospital had an established and secure paper filing system and that patient records were well-organised and easy to navigate. However, we recommend that the health board should consider implementing an electronic health record system which will improve working practices for staff. Some improvements were required in respect of infection prevention and control, medicines management and the routine inspection of hospital equipment in order to ensure staff and patient safety.

This is what we recommend the service can improve:

- The health board should provide an effective and appropriate alarm system on the ward which ensures that staff, patients and visitors are able to raise alarms when necessary
- Health board senior managers must consider the limitations of the environment and the clinical opinion of the MDT when making decisions regarding patient admissions
- Special instructions relating to patient medication must be recorded in patient records for the awareness of staff
- Robust measures should be implemented to ensure that resuscitation equipment is serviced within the set time scales to ensure patient safety
- The health board must review its processes for transferring information with patients who attend hospital, to ensure that sufficient information is retained on the ward which allows for effective communication and multidisciplinary team review.

This is what the service did well:

- Staff showed pride and dedication in highlighting the many achievements of the ward and engaged in activities which aimed to continuously improve the quality of patient care
- Patients had high quality Positive Behaviour Support plans which detailed preventative measures and specific care plans for physical intervention.

Quality of Management and Leadership

Overall summary:

We found an effective governance structure in place in terms of activities and meetings to discuss incidents, findings and issues related to patient care which supported improvements and shared learning from incidents and serious untoward

events. Staff spoke positively about the support provided by colleagues and supervisors and we witnessed strong team working throughout our inspection. However, some staff told us that the senior managers were not visible enough and did not involve them in important decisions. It was pleasing to find that staffing levels were sufficient, appropriate and supportive of patient safety. However, we noted that the lack of alternative cover for absent Multidisciplinary Team members including SaLT and pharmacy presented barriers to patient care and treatment on the ward. Some improvements were required in respect of staff mandatory training compliance.

This is what we recommend the service can improve:

- The health board should conduct further consultations with staff to discuss ways of involving ward staff in important decisions
- The health board must conduct a review of MDT requirements to ensure that there is sufficient and present cover for absent Multidisciplinary Team members in order to deliver appropriate and responsive patient care
- The health board must ensure staff are supported to attend mandatory training to ensure staff have the appropriate skills and knowledge to conduct their roles
- The training matrix system should be reviewed to ensure that current and accurate training compliance figures can be retrieved, for the effective management of staff training levels and the safety of patients and staff
- The training matrix system should be reviewed with a view to recording all staff training compliance on one system for ease of governance and monitoring.

This is what the service did well:

- The staff team showed a commitment to providing high quality care to patients.
- The hospital actively sought to recruit, retain and develop existing staff members on the ward.

3. What we found

Quality of Patient Experience

We gave HIW questionnaires to patients, family and carers during the inspection to obtain their views on the service provided at the hospital. In total, we received two completed patient questionnaires and two family and carer questionnaires. All responses were positive with all respondents agreeing that the standard of care and service provided by the hospital was good or very good.

Staying Healthy

Health Protection and Improvement

Patients were able to access GP, dental services and other physical health professionals as required. Patient records evidenced detailed and appropriate physical assessments and monitoring. We saw evidence to support and improve patient health with regular review of goals and patient progress being considered at MDT meetings. Patients received annual health checks and had up-to-date health passports in place in the event of admission to a general hospital.

During our inspection we found that the environment of care was clean and clutter free and there was a relaxed atmosphere on the ward. Patients had access to their bedrooms, a communal lounge and a pleasant garden area. We observed that there was a shed in the garden area which contained a number of items for disposal but ward staff told us they were unable to dispose of them as they had been awaiting the collection of a full skip for approximately two months.

We recommend that the health board should make additional efforts to arrange the removal of the skip to allow for the garden items to be disposed.

During our tour of the ward we were advised that decorative measures had been ongoing which had resulted in patient personal details being removed from their bedroom doors. We noted that there was a door colour code scheme in place on the ward to assist with identification of room type. However, there was no additional signage on the internal doors to assist patients, staff and visitors to orientate themselves on the ward.

We recommend that clear and accessible signage should be erected on internal doors of the ward which identifies each room for staff, patient and visitor awareness.

It was pleasing to note that the hospital Therapeutic Support Services (TSS) centre provided patients with a wide range of on and off-site activities which supported

patient wellbeing and developed their skills and abilities. We saw evidence of individual patient activity programmes displayed on the ward and were advised that the TSS engaged with additional service providers to offer bespoke experiences for patients including physical activities and day trips. The TSS also provided a healthy eating group which supported patients to make healthy lifestyle choices. Ward staff advised us that physical activity was encouraged and arranged in accordance with patient physical ability.

Throughout our inspection it was pleasing to see ward staff positively engaging with patients but we noted that the ward-based therapeutic activities appeared to be limited to self-directed activities such as puzzles and watching TV. We were advised that an Occupational Therapist (OT) had been recently recruited to the Multidisciplinary Team (MDT) following a period during which there had been no ward-based OT for a number of years. At the time of our inspection the OT was absent and there was no alternative cover in place to ensure the progression of ward-based therapeutic activities. We discussed this matter with staff during and following the inspection and received assurances that although this brief period of absence was not covered, there were appropriate measures in place to cover an extended period of absence if necessary.

During our tour of the ward it was pleasing to note that the ward provided a sensory room for patient use. However, we found that it was in an untidy state and being used as a store room for general items and clutter which prevented patients from using the room as intended.

The sensory room should be tidied and maintained for patient use.

Dignified care

Dignified care

Throughout the inspection we observed committed and respectful interactions between staff and patients. Staff demonstrated a kind and caring attitude to patients and communicated using appropriate and effective language. Patients and family members whom we spoke with during our inspection confirmed that staff were responsive, supportive, and helpful. Nursing staff were very knowledgeable about patients and it was clear that good professional relationships had been developed to support patient health and wellbeing. At the time of our inspection we noted that the ward employed six male members of staff and twenty-five female members of staff. We discussed how staff met the personal care needs of patients and were advised that when required, additional male staff members were provided by other wards within the hospital setting. Throughout our inspection we observed staff responding to and documenting patient personal care needs in a timely and sensitive manner.

During the inspection we found that measures were in place to protect the privacy and dignity of patients. It was positive to see that each patient had their own room which they could personalise as they wished. Patients could lock their bedrooms from inside which protected their privacy and dignity. However, we observed that there were no vision panels on the bedroom doors which enabled staff to undertake patient observations without opening the door to minimise any potential disruption to patients.

We recommend that the health board should consider the installation of vision panels on the patient bedroom doors to allow patient observations to be conducted from outside.

During our tour of the ward we noted that the ward had addressed the individual care needs of one patient by converting a bedroom into a personal lounge for his sole use. However, there were limited opportunities for the other patients to access private space other than their bedrooms, and there were no gender segregation areas on the ward. Patients were supported to use communal mixed-sex bathrooms but did not have ensuite washing facilities in their bedrooms. **The health board should ensure that male and female patients have separate toilets and washing facilities to prevent a potential breach of patient privacy and dignity. We further recommend that the health board should provide separable gender specific spaces for patients which can be used as required.**

Communicating effectively

We saw many examples of effective and personalised communication between staff and patients. Staff were able to demonstrate that they met patient language communication needs on an individual basis. We saw examples of good individual patient communication care plans which had been developed for patients. Communication methods were aligned to the needs of the patient group and it was pleasing to learn that the majority of ward staff were trained in the Makaton language programme.

However, we observed that there was a lack of dedicated Speech and Language Therapist (SaLT) support on the ward and during MDT meetings we attended during the inspection. During our discussions with staff they expressed concern that there had been no ward-based dedicated for the past three years. Staff told us that the provision of Speech and language Therapy was accessed by referral to the community team which was not responsive enough for the patient needs. We were told that ward patients had designated access to SaLT just one afternoon per week. Many staff members expressed concerns regarding the lack of sufficient SaLT input on the ward which impacted on the progression of therapy and treatment of patients. Staff who completed our online questionnaire told us:

“Communication is a major issue of concern to me, both how we address how staff communicate with each other and the lack of speech and language support in our service”

Staff were asked how the setting could improve the service it provides and told us:

“Employ a full-time senior speech and language therapist as well as an art and music therapist...”

We recommend that a Speech and Language Therapist must be appointed who has clinical responsibility for the ward.

Daily handover meetings were held for nursing staff to share patient information on any concerns, issues or incidents that had taken place the day before. During the inspection we attended meetings including the daily Safety Huddle, the Regional Specialist Services huddle, the weekly Multidisciplinary Team (MDT) meeting and the weekly ward round. We found that staff demonstrated a good level of understanding of the individuals they were caring for, and that discussions focused on what was best for the patient. The ward used digital technology as a tool to support effective communication by way of online Teams meetings, telephone discussions and email exchanges to ensure timely patient care.

It was positive to note that Welsh speakers were offered language services that meet their needs as a natural part of their care. During the inspection we noted that many staff members were Welsh speakers and were told that there was usually at least one staff member on each shift who could converse in Welsh if required.

Patient information

We saw some good examples of helpful patient information displayed in an accessible and understandable format on the ward. We saw evidence of personalised patient activity timetables within patient bedrooms which were displayed in a pictorial format to aid understanding. Information regarding individual patient background and preferences was appropriately recorded and available. There was a helpful organisational chart at the ward entrance which displayed staff names and photographs for the information of patients and visitors. We saw additional notice boards in the lounge area which provided useful information to patients regarding which staff members were on duty and the patient activities arranged for that day.

However, we found there was little patient information displayed on the ward about organisations that can provide help and support to patients and families affected by mental health conditions. There was no information displayed in

respect of complaints processes, the Mental Health Act, the role of the Healthcare Inspectorate Wales, advocacy, safeguarding, and feedback. We further noted there was no health promotion information displayed for patients relating to smoking cessation, healthy eating, exercise and alcohol awareness. During our discussions with staff they told us that this information had been previously available for patients and carers but the information board had recently been damaged by a patient and was removed. It was positive to note that staff were very responsive to our recommendations and much of the required information was appropriately displayed on the ward prior to the end of our inspection. We received assurances that this matter would be resolved in a timely manner.

The health board must ensure that relevant and up to date patient information is displayed on the ward to ensure that patients, family and carers are supported to make informed decisions about their care. Patient information must be provided in an accessible format for patients with communication difficulties or cognitive impairment.

Timely care

Timely Access

During the inspection we learned that the MDT worked in conjunction with the community-based Complex Needs Team which provided early-stage assistance and involvement in complex case discussions in order to prevent unnecessary admissions to the hospital. Community team staff attended relevant patient meetings including MDT and Best Interests meetings to ensure all aspects of patient care were provided in a timely way.

There were various meetings and processes that supported the effective care of patients. The wards held twice daily safety huddle meetings, daily Regional Specialist Care Meetings and weekly MDT meetings to share information and discuss patient care needs. Staff attended weekly ward round and monthly team manager and Quality Safety and Experience meetings. We found that patients were regularly monitored and received timely care in accordance with clinical need.

Individual care

Planning care to promote independence

We found that patients were supported to make their own decisions wherever possible. Patients attended regular therapy sessions and participated in activities involving supportive external organisations. Patients had regular visits with family and carers which included overnight stays with family. Patients were asked what is good about the ward and told us:

“Staff are friendly to me. I enjoy going on home visits with staff organising it with my family”

“Mynd allan”

The ward had a visiting room where patients could see their families in private. Some patients had access to their own electronic devices based on individual risk assessment and capacity. Staff monitored the safe use of patient electronic devices to prevent any inappropriate use.

During the inspection we reviewed the Care and Treatment Plans (CTPs) of two patients. It was positive to see that the CTPs were regularly reviewed and focused on the individual recovery and rehabilitation of patients. Patient care plans reflected how staff helped them to become more independent and included future plans for meeting their health, care and support needs. Family members who completed our questionnaire told us that the care plan had been discussed with them and their involvement was encouraged. We spoke to two family members who spoke passionately about the high standard of patient care provided on the ward. They were asked how the setting can improve the care and service it provides and told us:

“It can’t improve as it’s the perfect place for (the patient) to get the care he needs”

“I can only praise the staff - they are fantastic. They always give us a warm welcome when we visit and I know that (the patient) receives the best care and is safe here”

“Brilliant care”

We noted that discharge planning was appropriately discussed during weekly ward rounds and monthly MDT meetings. However, staff told us that the ward team and MDT experienced significant barriers to effecting patient discharge, due to the level and pace of local authority engagement and the limited availability of social care providers and suitable accommodation.

We recommend that the health board should conduct further discussions with the local authority to develop a joint plan to enable more effective ways of working that will improve discharge planning arrangements and processes for patients.

People’s rights

We were assured that patients were supported to access advocacy services where required. All five patients on the ward were subject to a Deprivation of Liberty

Safeguards (DoLS) authorisation. We reviewed the DoLS records of three patients and found they were well-documented and completed in accordance with legislation. Patients received timely DoLS assessments within the set timescales for renewal. There were robust monitoring processes in place to ensure the authorisations were correct and in date. All patients had a named Relevant Persons Representative to support them in all matters relating to DoLS. We noted that one patient had challenged their DoLS authorisation and the correct paperwork had been completed in respect of this. However, copies of the paperwork relating to the challenge and the order of the court were not correctly stored within the patient's records. We raised this issue to staff and it was positive to note that the matter was addressed during the inspection.

There were systems in place to make choices in patients' best interests where they lacked capacity over specific decisions. Ward staff were implementing the Best Interests decisions of patients in accordance with the Mental Capacity Act (MCA) but we found that the Mental Capacity Act Assessment (MCAA) forms and Best Interests (BI) forms were of variable quality. We noted that four out of five patient medication records did not contain the relevant MCAA and BI documentation. Our examination of MCAA and BI records found there were three different form layouts in use and the options appraisals were limited to a set check list of 'yes/no' responses which left little room for a full options appraisal. The BI document was limited to record only the best medical interests of the patient and did not include sections to capture the social, emotional, ethical and welfare elements required by case law. Within the MCAA and BI documents we saw examples where two of the statutory requirements of the BI checklist were not included in the forms. These included the wishes and feelings of the patient and evidence of patient consultation with advocacy and family/carers.

We recommend that MCAA and BI forms should be completed for all medication matters and included in every patient medication record.

The health board should review MCAA and BI documentation to ensure it provides the level of detail expected by the Mental Capacity Act and case law. Supplementary or alternative documentation should be considered where the health board documentation limits staff in meeting the statutory and case law requirements.

Listening and learning from feedback

Ward staff confirmed that wherever possible they would try and resolve complaints immediately. The health board had a process in place where patients could escalate concerns via the health board Putting Things Right complaints procedure. Patients could also raise concerns to their DoLS Relevant Persons Representative.

During our discussions with staff we were advised that the Therapeutic Support Services Centre held a weekly Service User Group Meeting where patients could

make complaints or discuss any issues. We were advised that information from the meetings was collated and would usually be placed on a notice board on the ward but there was no notice board on the ward due to recent damage. Over the course of our inspection staff made efforts to rectify the lack of complaints and feedback information on the ward by displaying complaint procedures information and a suggestions box near the main entrance.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

The hospital had processes in place to manage and review risks to help maintain the health and safety of the patients, staff and visitors. The ward was secured from unauthorised access and all visitors would report to the reception area to gain access. However, there was no visitor sign-in process on the unit. We highlighted our concern that this presented as a potential Health and Safety, fire and security risk should any persons enter the unit and not be accounted for in the event of an emergency. We recommended that an audit process must be implemented to ensure that all visitors to the unit were recorded and accounted for. It was positive to note that this matter was rectified over the course of our inspection and a visitor sign-in book was placed at the ward entrance.

During the inspection we reviewed the environment of care and audits and risk assessments which supported the safe care of patients. We found comprehensive and up-to-date ligature and anchor point risk assessments in place which identified potential ligature points and what actions had been taken to remove or manage these. However, we noted that the ward was the oldest building on the learning disability site and was not built with anti-ligature points as standard. There were numerous ligature points built into the ward fixtures and fittings which had been correctly identified and addressed within the ligature audits. We discussed the ligature risks with staff who advised that all patient admissions to the ward were planned and the ward did not generally accept any patients who presented as a ligature risk. However, we learned of an occasion when, against the advice of the clinical team, the ward staff were pressured to accept a patient admission which was inappropriate, owing to the ward environmental risks and the individual risks of the patient concerned. The admission was reviewed within a short period of time and the patient was then transferred to more appropriate facilities. However, staff told us that they felt that their clinical views were not considered by senior management in this instance.

We recommend that health board senior managers must consider the limitations of the environment and the clinical opinion of MDT when making decisions regarding patient admissions.

We reviewed the Ligature and Anchor Point Risk Reduction Policy for Mental Health and Learning Disability Services which allowed for high-risk patients to be admitted to the ward, 'albeit a rare occurrence.' The policy indicated that high-risk individuals would have a risk assessment in place prior to admission and would trigger the ligature risk assessment resulting in additional safeguarding measures

being implemented. Given the high number of ligature points on the ward, we recommended that the ligature policy must be amended to clearly forbid the admission of patients who presented as a ligature risk. It was positive to note that the wording of the policy was amended to this effect prior to the end of our inspection.

The health board must continue to forbid the admission of patients who present as a ligature risk on the ward.

We noted that the Ligature and Anchor Point Risk Reduction Policy outlined that plastic bags were not routinely allowed on the ward but observed that they played a key role in the therapeutic engagement of one patient who kept a number of plastic bags in their possession. We recommended that the policy should be amended to include that additional risk assessments should be put in place when carrier bags are permitted on the ward and this was appropriately rectified during the inspection.

During our discussions with staff, we were advised that staff do not have personal alarms and would have to shout for assistance in the event of an emergency. This presented as a health and safety issue for patients, staff and visitors. We further noted that there were no call bells in patient bedrooms which would allow patients to request assistance or to alert staff in an emergency.

The health board should provide an effective and appropriate alarm system on the ward which ensures that staff, patients and visitors are able to raise alarms when necessary.

During the inspection we noted that staff provided good personal care to patients which was routinely administered to patients in bathrooms and toilets on a one-to-one basis, subject to individual patient risk assessments. We were advised that the involvement of any additional staff members in personal care could often cause distress to patients. Single staff members regularly escorted patients on off-ward activities during which they administered personal care to patients as required.

We recommend that patient care plans and individual risk assessments should be updated to include additional information about how individuals are supported in bathroom and toilet areas so that patients and staff are safeguarded when administering personal care.

Infection prevention and control (IPC) and Decontamination

The hospital was generally clean, tidy, and organised and there were suitable infection prevention and control (IPC) arrangements in place. A range of up-to-date policies were available that detailed the various infection control procedures to help keep staff and patients safe. Cleaning schedules were in place to promote regular and effective cleaning of the hospital. Regular audits had been completed to check the cleanliness of the environment and ensure compliance with hospital

procedures. Cleaning equipment was stored and organised appropriately. We reviewed a sample of IPC related audits, including hand hygiene, and found high levels of compliance. These were supported by regular ward manager audits. It was positive to note that staff IPC training compliance was 93%. However, we found that some improvements were required in respect of IPC.

During the inspection we noted that individual patient foods and snacks were stored in the kitchen fridge-freezer. We found that the fridge-freezer was overfilled and required cleaning as some liquids had spilled and dried on the door shelves. We learned that the daily responsibilities for cleaning the kitchen fridge and cupboard interiors lay with ward staff, yet this was not clearly outlined within handover or daily tasking documentation for ongoing staff awareness. We raised this issue to staff and it was positive to note that the fridge/freezer was cleaned during our inspection.

We recommend that the cleaning responsibilities of ward staff should be reinforced on a daily basis to ensure appropriate and effective cleaning of the ward.

We reviewed the ward fridge-freezer temperature checks and noted there were several recorded instances when the kitchen fridge temperature was outside the acceptable temperature range. The freezer temperature was recorded as below the acceptable temperature range on all but four dates in March prior to our inspection. We discussed this matter with supervisory staff who advised that they had requested new fridge-freezer for the unit.

We recommend that a fully functional kitchen fridge-freezer must be provided to the ward which offers sufficient storage space and ensures patient safety.

We noted that the temperature of the staff room fridge was recorded above the acceptable temperature range on two dates in March 2023. The Dialysis Room and Wellbeing Room fridges were each recorded as below the acceptable temperature range on a single day in March. It was concerning to note that we found no evidence of any additional checks being conducted when these issues were recorded, nor of any escalation of this matter as a potential health and safety issue.

We recommend that instances when the ward fridge temperatures do not fall within acceptable temperature ranges must be raised, escalated and appropriately addressed to ensure the health and safety of patients, staff and visitors.

During our inspection of the ward kitchen, we found some open patient foods in the kitchen fridge and cupboards which did not display information showing the date of opening. We also saw cereals kept in unlabelled containers so it was impossible to know the date of opening nor the best-before dates.

We recommend that individual and communal patient food must be labelled appropriately. Food items must be checked and expired items discarded to ensure patient safety. Staff daily task sheets should be updated to reflect their role and responsibilities in respect of this.

During the inspection we noted there was no sink which would allow for hand hygiene in the dialysis room.

We recommend that a sink should be installed in the dialysis room to ensure that adequate IPC arrangements are in place on the ward.

During our tour of the ward we observed that the laundry facilities and linen cupboard were well maintained and well organised. We noted that patient bedding was washed separately but within the same washing machine as patient clothing but were assured that the industrial washing machine had appropriate decontamination cycles between washes which prevented any IPC issues. However, senior staff confirmed that best practice dictated that patient bedding should be washed in a separate machine from patient personal clothing.

We recommend that an additional washing machine should be provided for the ward to prevent patient clothing and bedding being washed in the same machine.

During our inspection we noted that the sofa and standing frame within the personal lounge of one patient were in a damaged condition having recently been bitten by a patient. This presented as an IPC issue which prevented effective cleaning of these items.

We recommend that the sofa and standing frame should be repaired or replaced to ensure effective IPC. Patient care plans should be updated to include the frequency of inspection and repair of patient items which are regularly damaged.

Nutrition and hydration

Patient nutritional and hydration needs were assessed, recorded and addressed appropriately. Patients were provided with diets in accordance with their medical and individual needs. Swallowing assessments had been completed by nurses who had received additional training. Patients received a nutritionally balanced hospital diet but could also purchase and store food and snacks on the ward. Ward staff were supportive of individual patient food choices and intake and it was positive to observe staff supporting, encouraging and eating with patients at mealtimes.

Patients were provided with a daily menu which included range of options. During the inspection we observed that the food served to patients appeared to be appealing. However, staff expressed concerns that the food was generally

unappetising. They explained that the food was precooked in the main hospital some distance away before being transferred to the local hospital finishing kitchen and then sent to the ward for serving. We were further advised that the meal portions were too small and that ward staff often had to provide additional food to supplement the insufficient food portions provided by the main hospital.

The health board should conduct a review of the quality and portion size of the food served to patients to ensure it meets patient satisfaction and nutritional requirements.

During the inspection we were advised that patients who require dietetic support were referred to the local acute care hospital instead of receiving support on the ward.

We recommend that the health board should provide the ward with sessional input from a dietician which will enable proactive specialist assessment and care planning.

Medicines management

We generally found an appropriate medicines management system in place in the hospital. We observed that relevant policies, such as Medicines Management and Rapid Tranquillisation, were available to staff electronically on computers but we noted that the Rapid Tranquillisation policy had expired in March 2022. During the inspection we viewed the clinic room of the ward and found it to be tidy and well organised. Medication was securely stored and regularly checked. Controlled Drugs were stored and administered correctly, according to legislation and guidance. It was positive to see that patient photos were attached to Medication Administration Records to assist with identification. We saw evidence of regular medication reviews completed during weekly ward rounds and observed sensitive and appropriate prescribing of medication.

During the inspection we observed that one patient had a covert administration of medications authorisation for occasions when they refused medications. We were informed that an email circulation had been created which provided instructions for staff regarding the prioritisation of the medications to be administered in order of importance. However, this information was not recorded within the patient records and was not detailed within the 'Special Instructions' section of their Medication Administration Record.

We recommend that special instructions relating to patient medication must be recorded in patient medication records to ensure that all staff are aware of the correct procedure to follow.

During our discussions with staff we were advised that the ward and MDT did not have dedicated and regular specialist Learning Disability pharmacy input. Staff told

us that pharmacy audits previously took place on a monthly basis but they were now conducted on a 'hit or miss' basis.

The health board must ensure that regular pharmacy audits are undertaken on the ward.

Safeguarding children and safeguarding adults at risk

Staff had access to the health board's safeguarding procedures via the intranet.

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults, with referrals to external agencies as and when required. It was pleasing to find that overall staff compliance with mandatory Safeguarding Adults Training at levels one and two was 96.97%. Patients we spoke with during the inspection and who completed our questionnaire told us they felt safe on the ward. Patients were supported by third sector services which could also address any issues they might have.

During the inspection, we reviewed a recent safeguarding incident and noted good compliance with the All Wales safeguarding requirements and procedures. It was positive to find that staff demonstrated a good understanding of their duties and responsibilities in respect of safeguarding the particular vulnerabilities of the patient group. We were further assured that appropriate safeguarding measures were in place due to good staffing levels and close monitoring of patients.

Medical devices, equipment and diagnostic systems

Staff conducted weekly audits of resuscitation equipment. The necessary paper and electronic checks were correctly documented but we identified some issues which posed a potential risk to patient safety.

We found that the suction machine connected to the ward resuscitation equipment should be serviced annually yet displayed an expiry test date of 2021. This presented as a potential risk to patient safety. We alerted staff to this issue and staff immediately located and connected an alternative suction machine which displayed an expiry test date of June 2023.

We recommend that robust measures must be implemented to ensure that the resuscitation equipment is serviced within set time scales to ensure patient safety.

We further noted that the defibrillator machine was in full working order but the spare battery was missing.

We recommend that a spare battery must be obtained for the defibrillator machine to ensure patient safety.

Effective care

Safe and clinically effective care

We found good systems and governance arrangements in place which helped ensure that staff provided safe and clinically effective care for patients. Meetings we attended and evidence obtained during the inspection confirmed that incidents were investigated and managed appropriately. There was a process of incident management and escalation in place to ensure that incident reports were reviewed in a timely manner. Staff confirmed that debriefs take place following incidents and any relevant learning was shared with staff both verbally and electronically.

We reviewed the CTPs of two patients and found that they were kept to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health. Care plans were well detailed, individualised and reflected a wide range of MDT involvement. We saw evidence of person-centred needs assessments and risk assessments which ensured the safe care of patients.

The ward staff demonstrated that they were focussed on ensuring they kept up to date with best practice, national and professional guidance and innovative ways of working. It was pleasing to see that the ward had implemented a system of staff 'Champions' for different aspects of patient care and displayed a Champions list in the staff office for the awareness of all. This provided learning and development opportunities for staff who wished to specialise in particular areas of patient care, and helpful points of contact for staff who required additional guidance. We noted that some nursing staff had also received additional training to develop extended roles on the ward.

Safe and clinically effective care - Behaviours that challenge

During the inspection staff demonstrated a good understanding of restrictive practices and appropriate preventative measures which can reduce the need for restrictive responses to challenging behaviour. Supervisory staff had completed Restrictive Physical Intervention (RPI) training to instructor level which embedded a higher level of knowledge and skill within the staff team. We saw evidence of restrictive practices being used as a last resort, with thorough monitoring around therapeutic effect and risk, and diversionary tactics in place as a method of de-escalation. Staff demonstrated that incidents of restrictive practice were appropriately recorded and monitored via individual patient care records, RPI records and updated Positive Behaviour Support plans. The use of restrictive practices was reviewed by the MDT and senior managers at regular intervals. Staff compliance with RPI was discussed within daily huddles to ensure there were appropriate numbers of trained staff on each shift.

We found high quality Positive Behaviour Support plans in place which detailed preventative measures and specific care plans for physical intervention. There were individualised activity plans in place for patients and they could seek privacy in their own bedrooms if needed. We noted that one patient had an additional room in the ward which was used for low stimulus, de-escalation and reactive strategies. We reviewed the therapeutic observation records for two patients and found there was effective and appropriate monitoring of patients which reduced the risk of challenging behaviours.

It was pleasing to find that patients were provided with a high standard of care but noted that there was a wide range of patient ages and care requirements on the ward. We reviewed a recent Datix incident of patient-on-patient assault and noted that it had occurred between the youngest and oldest patients on the ward. We further noted that the layout of the ward communal areas and lounge provided limited space for separation when such incidents occurred. The ward had limited areas for patients to retreat to other than their bedrooms and we learned that one entire corridor of the ward was used for the periodic segregation of one patient, which prevented other patients from accessing their bedrooms at those times. **We recommend that the health board should consider the suitability of patients of varying ages and care requirements being cared for within the same clinical environment, given the limited space for separation.**

During the inspection staff told us that the main lounge could become quite noisy due to the size and acoustics of the area, which could exacerbate any sensory needs and have a negative effect on the behaviour of patients with a learning disability.

We recommend that the health board should provide additional sound absorption measures in the lounge area to ensure the comfort of patients, staff and visitors.

Quality improvement, research and innovation

During our discussions with ward staff and senior managers we were provided with many examples where they were reviewing the provision of service on the wards and the wider health board. There were regular meetings in which information was shared between staff to ensure shared learning and quality improvement. The Quality, Safety and Experience committee held monthly meetings to identify issues, points of learning, themes and trends.

It was positive to learn of the hospital's ongoing five-year plan to develop a strategy with the local authority which will provide community support for people with a learning disability and reduce hospital admissions. The plan includes the redevelopment of the existing hospital site and the construction of a purpose-built

Assessment and Treatment Unit which will address the current challenges posed by the age of the building and its risk and maintenance issues.

Staff showed pride in highlighting the good work of the ward, and engaged in activities which aimed to continuously improve the quality of patient care. During our discussions with staff it was positive to learn of the many achievements of the ward team. In 2018, the health board launched a Ward Accreditation Scheme which seeks to improve the standard and quality of patient care via a process of continuous performance, assessment and improvement. At the time of our inspection the ward had achieved the health board's silver accreditation and was striving to achieve a gold accreditation. It was pleasing to learn that the ward team completed self-audits against the Royal College of Psychiatrists Quality Network for Learning Disabilities inpatient standards, and used their findings to identify any necessary quality improvements. In 2021, the ward team won the Nursing Times Learning Disabilities Nursing award and it was positive to learn that ward staff attended national conferences to deliver informative sessions to other health boards regarding patient care.

Record keeping

We found that patient records and identifiable patient data were kept securely to ensure that confidentiality was maintained. The Patient Status at a Glance board was covered and kept in the nursing office where it could not be seen by patients and visitors. There was an established paper filing system in place and the files were securely stored on the ward. We found that the paper records were well-organised and easy to navigate. However, we noted that current patient care plans and documents were routinely removed from previous files and transferred to current patient files which created a risk of documents being mislaid.

We recommend that a tracer card should be added to sections of patient files when the contents have been moved from one file to another.

During the inspection we noted that the lack of an electronic health record system prevented effective information sharing and caused difficulties for ward staff in performing their duties. Patient records were only readily available to staff members who were physically present on the ward and not to those working remotely. We attended the weekly ward round during which a number of MDT attendees joined the meeting remotely and therefore did not have access to the patient records. During the meeting we noted that one ward patient had been transferred to the local acute hospital with their medical records, so the records were not available to the MDT during ward round. Staff had to provide an update on the patient from memory during the meeting, and the patient's record could not be updated during the ward round.

The health board must review its processes for transferring relevant information with patients who are transferred to hospital to ensure that

sufficient information is retained on the ward to allow for effective communication and MDT review.

We recommend that the health board should review the current health record system with a view to implementing an electronic health record system in future.

Quality of Management and Leadership

We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital. In total, we received two responses from staff at the setting.

Staff responses were mostly positive, with all respondents agreeing that if someone they cared about had a learning disability, they would be happy for this setting to provide them care and support. Some of the questionnaire results and comments from staff members appear throughout the report.

Governance, Leadership and Accountability

We found an effective governance structure in place in terms of activities and meetings to discuss incidents, findings and issues related to patient care which supported improvements and shared learning from incidents and serious untoward events. The ward organisational structure provided clear lines of management and accountability but we noted that the most recent supervisions compliance was 64% for nurses and 95% for HCSW's.

We recommend that continued efforts should be made to improve nurse supervisions compliance.

It was positive to observe strong team working and supportive leadership throughout our inspection. The staff who we interviewed spoke passionately about their roles. We found a friendly, professional staff team who showed a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

During our time on the ward, we observed a positive culture with good relationships between staff who worked well together as a team. It was clear to see that staff were striving to provide high levels of care to the patient group. Staff spoke positively about the support from colleagues and reported a good team-working ethos at the hospital. It was pleasing to learn that supervisory staff organised team-building days and wellbeing activities which focussed on improving staff working relationships and morale. Staff were dedicated to their roles and many participated in patient therapeutic activities outside of their core working hours. The hospital provided a staff wellness centre where staff could receive mental health and wellbeing support. However, we found that the mixed-sex staff room on the ward was too small for staff needs. There was insufficient space for staff to hang clothing or change in comfort and dignity.

We recommend that additional storage facilities should be provided to ensure there is sufficient storage space for staff belongings and adequate changing facilities for staff.

We were informed that senior managers routinely attend the ward as part of their working schedule. Some staff members told us that there was good support and involvement from supervisory staff and senior managers. However, others felt that the senior managers were not visible enough on the ward. The health board may wish to conduct further discussions with staff regarding ways of improving the involvement and visibility of senior managers. Some staff we spoke to during the inspection and all staff who completed our online questionnaire told us that the communication between staff and senior management was not effective and stated that senior staff did not try to involve them in important decisions nor act on staff feedback. They told us:

“The staff on the ground are overall trying to do the best job that they can but senior clinicians are no longer listened to by senior management who overturn clinical decisions re admissions. This places the whole system under pressure and has contributed to staff sickness, loss of staff and poor patient outcomes at times. This has become a chronic problem that senior clinicians are trying to stop but unsuccessfully.”

We recommend that the health board should conduct further consultations with staff to discuss ways of involving ward staff in important decisions.

During our inspection we noted that several health board policies and standard operating procedures were outdated as follows:

- Rapid Tranquilisation Policy- March 2022
- Occupational Health and Safety Policy -March 2021
- Medicines Management Guidelines for the Adult Mental Health Home Treatment Teams - January 2019
- Complaints Policy and Procedure - March 2023
- Physical Restraint Policy - October 2022
- Therapeutic Engagement and Observations Policy - December 2021
- Policy for Safe Recruitment and Selection Practices -June 2019
- Safe Removal of Ligature - Standard Operating Procedure - January 2023

The health board must review any policies which are past review dates. It is important that policies and procedures are kept up to date and reviewed to support staff in their roles.

Workforce

During our inspection it was pleasing to find that staffing levels were sufficient, appropriate and supportive of patient safety. Senior staff reported that the ward did not require the use of agency staff but maintained adequate staffing levels with the support of bank and ward staff. It was positive to learn that the ward actively sought to recruit, retain and develop existing staff members. At the time of our inspection we were advised that there were four Health Care Assistant vacancies on the ward which were being recruited to, and two Registered Nurse vacancies which would soon be filled by existing student nurse staff members. However, we found that the lack of alternative cover for absent MDT members including SaLT and pharmacy was likely to affect staff performance and patient treatment on the ward. We were told that some nurses had had to extend their roles in order to cover gaps in MDT and provide additional patient services such as dysphagia assessments, which would normally be conducted by SaLT.

The health board should conduct a review of MDT requirements to ensure that there is sufficient and present cover for OT, SaLT and pharmacy, in order to deliver appropriate and responsive patient care.

We reviewed the mandatory training compliance on the ward and noted that majority of training records were recorded on the Electronic Staff Record (ESR) system. However, staff Restrictive Physical Intervention training was recorded by other means and did not form part of the overall ESR training compliance score. During the inspection we were provided with training figures which indicated that the overall mandatory training compliance was generally high at 89.25%. We were advised that some outstanding training had already been completed but had not yet updated to the ESR system which could often take months to update. Therefore, it was difficult to retrieve an accurate picture of overall training compliance figures.

We noted that overall compliance for Restrictive Physical Intervention RPI training was low at 54.55%. We discussed this matter with supervisory staff who outlined that the low compliance was largely due to the availability of training courses but also because eight of the thirty-one members of staff were exempt from completing the training. Therefore, the maximum possible RPI compliance would be 73% of the workforce. We noted that overall compliance with Moving and handling level 2 was 75%, Resus level 2 was 69.70% and Fit test PPE Mask courses was 42%, 78% and 72%. We recommend the following improvements in respect of mandatory training:

- **The health board must ensure staff are supported to attend mandatory training to ensure staff have the appropriate skills and knowledge to assist them in their roles**

- The training matrix system should be reviewed to ensure that current and accurate training compliance figures can be retrieved, for the effective management of staff training levels and the safety of patients and staff
- The training matrix system should be reviewed with a view to recording all staff training compliance on one system for ease of governance and monitoring.

It was pleasing to learn that the ward sought to develop staff by offering additional courses including Makaton, dialysis and Welsh Language training. Staff who completed our online questionnaire advised that they would further benefit from additional training in courses such as Music Therapy, Art Therapy, Narrative Therapy, Compassion Focussed Therapy and Communication Training updates. **We recommend that the health board should review and consider any additional training courses which would develop staff and benefit patients on the ward.**

4. Next steps

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 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 inspection.

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.

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There was no visitor sign-in process on the unit.	This presented as a potential Health and Safety, fire and security risk if any persons were to enter the unit and not be accounted for in the event of an emergency.	We discussed this issue with staff and recommended that an audit process must be implemented to ensure that all visitors to the unit are recorded and accounted for.	It was positive to note that this matter was rectified over the course of our inspection and a visitor sign-in book was placed at the ward entrance.
We reviewed the Ligature and Anchor Point Risk Reduction Policy for Mental Health and Learning Disability Services which allowed for high-risk patients to be admitted to the ward, 'albeit a rare occurrence.'	There was a high number of ligature points on the ward which posed a risk to patient safety should any high-risk patients be admitted to the ward.	We raised our concerns to staff and recommended that the ligature policy must be amended to clearly forbid the admission of patients	It was positive to note that the wording of the policy was amended to this effect prior to the end of our inspection.

		who presented as a ligature risk.	
We noted that the Ligature and Anchor Point Risk Reduction Policy outlined that plastic bags were not routinely allowed on the ward however, we observed that plastic bags played a key role in the therapeutic engagement of one patient who kept a number of plastic bags in their possession.	The carrier bags posed a risk to patient safety on the ward.	We alerted staff to the issue and recommended that the policy should be amended to include that additional risk assessments should be put in place when carrier bags are permitted on the ward.	The policy was appropriately amended during our inspection.
The kitchen fridge-freezer was overfilled and required cleaning as some liquids had spilled and dried on the door shelves.	This presented as an IPC issue and a risk to staff and patient safety.	We alerted staff to the issue.	It was positive to note that the fridge/freezer was cleaned during our inspection.
The suction machine connected to the resuscitation equipment should be serviced annually yet displayed an expiry test date of 2021.	This presented as a potential risk to patient safety.	We alerted staff to this issue.	Staff immediately located and connected an alternative suction machine which displayed an expiry test date of June 2023.

Appendix B - Immediate improvement plan

Service: Learning Disability Hospital

Date of inspection: 22 and 23 March 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurances were identified during the inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Leaning Disability Hospital

Date of inspection: 22 and 23 March 2023

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/ Regulation	Service action	Responsible officer	Timescale
The health board should make additional efforts to arrange the removal of the skip to allow for the garden items to be disposed.	Health Protection and Improvement	Additional skip will be hired to remove all disposable garden items.	Head of Nursing	31/07/2023
Clear and accessible signage should be erected on internal doors of the ward which identifies each room for staff, patient and visitor awareness.	Health Protection and Improvement	The appropriate signage for the service will be reviewed by the service user forum and the health board will implement the recommendation from the group.	Head of Nursing	31/07/2023
The sensory room should be tidied and maintained for patient use.	Health Protection and Improvement	This action was completed during inspection. However, a new multipurpose sensory room is now open and functional with	Head of Nursing	Completed 23/03/2023

		clear maintenance protocol in place.		
The health board should consider the installation of vision panels on the patient bedroom doors to allow patient observations to be conducted from outside.	Dignified care	The service will review aligned to the organisations therapeutic observational policy. Finding's report will be provided with recommendation for consideration at local Patient Safety & Quality meeting and divisional Quality, Safety and Patient Experience group.	Head of Nursing	10/08/2023
The health board should ensure that male and female patients have separate toilets and washing facilities to prevent a potential breach of patient privacy and dignity. We further recommend that the health board should provide separable gender specific spaces for patients which can be used as required.	Dignified care	The health board will ensure there are separate toilets and washing facilities with clear signage in place. Patients will be orientated based on communicative needs on admission.	Head of Nursing	31/07/2023
A Speech and Language Therapist must be appointed who has clinical responsibility for the ward.	Communicating effectively	Speech and Language Therapist who has responsibility for the ward can be accessed via the	Head of Nursing	Completed 23/03/2023

		referral process. In addition, drop-in clinics have been introduced on a monthly basis.		
The health board must ensure that relevant and up to date patient information is displayed on the ward to ensure that patients, family and carers are supported to make informed decisions about their care.	Patient information	Notice board with tamper proof screen to be erected on the ward to ensure information is clearly displayed. Family and patient information pack will also be developed to ensure families and patients have up to date information on admission.	Head of Nursing	31/07/2023
Patient information must be provided in an accessible format for patients with communication difficulties or cognitive impairment.	Patient information	All patient information will be provided based on individual's assessed means of communication and needs.	Head of Nursing	Completed 23/03/2023
The health board should conduct further discussions with the local authority to develop a joint plan to enable more effective ways of working that will improve discharge planning arrangements and processes for patients.	Planning care to promote independence	To support joined up planning and future commissioning agreements. Pooled budgets system is currently being piloted with Ynys Mon local authority with consideration for rollout across all 6 local authorities.	Head of Nursing	30/04/2024

		As part of the North Wales Learning disabilities strategy and partnership board, active engagement sessions have been agreed with the 6 local authorities to review the Learning Disabilities pathways including the admission and discharge pathway.	Head of Nursing	30/11/2023
MCAA and BI forms should be completed for all medication matters and included in every patient medication record.	People's rights	For services users who fall under the Mental Capacity Act all best interest forms will be completed for all medication matters and included in all medical records	Head of Nursing	30/06/2023
The health board should review MCAA and BI documentation to ensure it provides the level of detail expected by the Mental Capacity Act and case law. Supplementary or alternative documentation should be considered where the health board documentation limits staff in meeting the statutory and case law requirements.	People's rights	The service will review the documentation aligned to Mental Capacity Act and Best Interest Decisions to ensure level of expected detail is recorded and aligns with case law. This will be presented to the Learning Disabilities Senior Leadership Team.	Head of Nursing	1/09/2023

		Where the review identifies limitations of existing documentation supplementary and alternative documentation will be implemented with additional training provided to the staff team.		
Senior managers must consider the limitations of the environment and the clinical opinion of MDT when making decisions regarding patient admissions.	Managing risk and promoting health and safety	<p>In partnerships with Local Authority a full review of the current Learning Disabilities Service Operating Model will be undertaken. This will include a full environmental review, current and future demand and best practice guidance.</p> <p>A revised operating model will be developed under consultation and in partnership with key stakeholders and presented at the Health Board Service Transformation Delivery Group for implementation.</p>	Head of Nursing	30/04/2024
The health board must continue to forbid the admission of patients	Managing risk and promoting health and safety	Each admission will be considered aligned to the	Head of Nursing	Completed

who present as a ligature risk on the ward.		hospital's anti ligature environmental risk assessment.		23/03/2023
The health board should provide an effective and appropriate alarm system on the ward which ensures that staff, patients and visitors are able to raise alarms when necessary.	Managing risk and promoting health and safety	The Service will review the appropriate alarms system to be implemented on the ward based on patient profile, clinical need and safety of staff, visitors and patients.	Head of Nursing	10/08/2023
Patient care plans and individual risk assessments should be updated to include additional information about how individuals are supported in bathroom and toilet areas so that patients and staff are safeguarded when administering personal care.	Managing risk and promoting health and safety	Patient care plans and individual risk assessments have all been updated aligned to individuals needs and safeguarding risks identified to staff when administering care.	Head of Nursing	Completed 23/03/2023
The cleaning responsibilities of ward staff should be reinforced on a daily basis to ensure appropriate and effective cleaning of the ward	Infection prevention and control (IPC) and Decontamination	Cleaning protocol detailing responsibilities is in place for the ward staff and domestic services.	Head of Nursing	Completed 23/03/2023
A fully functional kitchen fridge-freezer must be provided to the ward which offers sufficient storage space and ensures patient safety.	Infection prevention and control (IPC) and Decontamination	New fridge freezer on order.	Head of Nursing	Completed 23/03/2023

<p>Instances when the ward fridge temperatures do not fall within acceptable temperature ranges must be raised, escalated and appropriately addressed to ensure the health and safety of patients, staff and visitors.</p>	<p>Infection prevention and control (IPC) and Decontamination</p>	<p>All staff have been reminded of the existing process of all Infection Prevention & Control issues being escalated through local Patient Safety & Quality meeting and divisional Quality Safety & Experience group as part of the Infection Prevention & Control audit report.</p> <p>Industrial freezer ordered which will provide assurance around temperatures.</p>	<p>Head of Nursing</p>	<p>Completed 23/03/2023</p>
<p>Individual and communal patient food must be labelled appropriately. Food items must be checked and expired items discarded to ensure patient safety. Staff daily task sheets should be updated to reflect their role and responsibilities in respect of this.</p>	<p>Infection prevention and control (IPC) and Decontamination</p>	<p>Daily checking protocol has been developed on the ward to comply with food hygiene and Infection Prevention & Control standards.</p>	<p>Head of Nursing</p>	<p>Completed 23/03/2023</p>
<p>A sink should be installed in the dialysis room to ensure that adequate IPC arrangements are in place on the ward.</p>	<p>Infection prevention and control (IPC) and Decontamination</p>	<p>Dialysis room no longer in use.</p>	<p>Head of Nursing</p>	<p>Completed 23/03/2023</p>

An additional washing machine should be provided for the ward to prevent patient clothing and bedding being washed in the same machine.	Infection prevention and control (IPC) and Decontamination	Washing machine on order	Head of Nursing	Completed 23/03/2023
The sofa and standing frame in the personal patient lounge should be repaired or replaced to ensure effective IPC.	Infection prevention and control (IPC) and Decontamination	Due to the frequency of the damaged caused to this furniture, a review will be undertaken with a view of replacing existing furniture with more appropriate product for the service needs.	Head of Nursing	31/07/2023
Patient care plans should be updated to include the frequency of inspection and repair of patient items which are regularly damaged.	Infection prevention and control (IPC) and Decontamination	In partnership with our estates department a revised protocol for monitoring and maintaining of patient's items will be implemented on the ward.	Head of Nursing	31/07/2023
The health board should conduct a review of the quality and portion size of the food served to patients to ensure it meets patient satisfaction and nutritional requirements.	Nutrition and hydration	The service will continue to engage with the head of the catering department to undertake a formal review of the nutritional value quality and quantity of the food provided by the Health Board.	Head of Nursing	31/09/2023

The health board should provide the ward with sessional input from a dietician which will enable proactive specialist assessment and care planning.	Nutrition and hydration	Referral system for dietician support is available for access through the GP.	Head of Nursing	Completed 23/03/2023
Special instructions relating to patient medication must be recorded in patient medication records to ensure that all staff are aware of the correct procedure to follow.	Medicines management	An audit will be undertaken, in relation to patient medication records to ensure that all special instructions and procedures are in place.	Head of Nursing	10/08/2023
The health board must ensure that regular pharmacy audits are undertaken on the ward.	Medicines management	The service will continue to engage with pharmacy department to ensure audits cycle re introduced weekly as per pre-covid arrangements.	Head of Nursing	10/08/2023
Robust measures must be implemented to ensure that the resuscitation equipment is serviced within set time scales to ensure patient safety.	Medical devices, equipment and diagnostic systems	My Kit check app has been implemented across the site to ensure the reuses equipment is checked on a daily basis, failure to do this will alert the senior team and also be captured within the IPC report which is monitored vis local PSQ meeting and divisional QSE meeting.	Head of Nursing	Completed 23/03/2023

<p>A spare battery must be obtained for the defibrillator machine to ensure patient safety.</p>	<p>Medical devices, equipment and diagnostic systems</p>	<p>The organisation's policy does not support a spare battery. The unit is tested daily as part of the My Kit app, if its lower than 4, contact will be made with the resus team to replace the battery immediately.</p>	<p>Head of Nursing</p>	<p>Completed 23/03/2023</p>
<p>The health board should consider the suitability of patients of varying ages and care requirements being cared for within the same clinical environment, given the limited space for separation.</p>	<p>Safe and clinically effective care - Behaviours that challenge</p>	<p>In partnerships with Local Authority a full review of the current Learning Disabilities Operating Model will be undertaken. This will include a full environmental review, current and future demand and best practice guidance.</p> <p>A revised operating model will be developed under consultation and in partnership with key stakeholders and presented at the Health Board Service Transformation Delivery Group for implementation.</p>	<p>Head of Nursing</p>	<p>30/04/2024</p>
<p>The health board should provide additional sound absorption</p>	<p>Safe and clinically</p>	<p>In partnership with the estates department a review of</p>	<p>Head of Nursing</p>	<p>1/09/2023</p>

measures in the lounge area to ensure the comfort of patients, staff and visitors	effective care - Behaviours that challenge	additional sound absorption measures will be undertaken with an options appraisal provided to the local estates group and Divisional Capital and Estates group for consideration.		
A tracer card should be added to sections of patient files when the contents have been moved from one file to another.	Record keeping	Tracer card will be implemented to patient's files.	Head of Nursing	30/06/2023
The health board must review its processes for transferring relevant information with patients who are transferred to hospital to ensure that sufficient information is retained on the ward to allow for effective communication and MDT review.	Record keeping	The service will review existing process for transferring of information. The review will provide a recommendation for consideration at local Patient Safety & Quality meeting and divisional Quality Safety & Experience group.	Head of Nursing	31/07/2023
The health board should review the current health record system with a view to implementing an electronic health record system in future.	Record keeping	The Learning Disabilities service will continue to engage with the wider health board as it implements its IT strategy and electronic systems.	Head of Nursing	30/04/2024

Continued efforts should be made to improve nurse supervisions compliance.	Governance, Leadership and Accountability	<p>A recovery plan has been implemented on the ward for all Registered staff supervision with a view of achieving above 85% compliance by August.</p> <p>The plan will be monitored via local Quality, and Operational Delivery meeting.</p>	Head of Nursing	10/08/2023
Additional storage facilities should be provided to ensure there is sufficient storage space for staff belongings and adequate changing facilities for staff.	Governance, Leadership and Accountability	An environment review of the site will be undertaken and options appraisal will be provided for consideration at the local estates meeting and divisional capital and estates meeting. This will include options on site for additional storage facilities are provided for staff including additional changing facilities.	Head of Nursing	1/09/2023
The health board should conduct further consultations with staff to discuss ways of involving ward staff in important decisions.	Governance, Leadership and Accountability	The service will ensure that all staff have the opportunity to be involved with the Learning Disabilities transformation programme. With all decisions	Head of Nursing	Completed 23/03/2023

		<p>following an agreed engagement and consultation protocol.</p> <p>Senior management attendance on wards remains high with weekly attendance as a minimum of the Clinical Operational Manager and Head of nursing and daily attendance by the Clinical site manager.</p>		
The health board must review any policies which are past review dates to support staff in their roles.	Governance, Leadership and Accountability	Revised process in place to review and update all divisional Policies.	Head of Governance	Completed 23/03/2023
The health board should conduct a review of MDT requirements to ensure that there is sufficient and present cover for SaLT and pharmacy, in order to deliver appropriate and responsive patient care.	Workforce	<p>In partnerships with Local Authority a full review of the current Learning Disabilities Service Operating Model will be undertaken. This will include a full environmental review, Skill mix review, current and future demand and best practice guidance.</p> <p>A revised operating model will be developed under consultation and in partnership with key</p>	Head of Nursing	30/04/2023

		stakeholders and presented at the Health Board Service Transformation Delivery Group for implementation.		
The health board must ensure staff are supported to attend mandatory training to ensure staff have the appropriate skills and knowledge to assist them in their roles.	Workforce	Mandatory training figures remain high across the service and consistently remain above 93% compliance.	Head of Nursing	Complete 23/03/2023
The training matrix system should be reviewed to ensure that current and accurate training compliance figures can be retrieved, for the effective management of staff training levels and the safety of patients and staff.	Workforce	A review of the training matrix to be undertaken to ensure all training compliance is on one system i.e. Electronic Staff Record system.	Head of Nursing	9/11/2023
The training matrix system should be reviewed with a view to recording all staff training compliance on one system for ease of governance and monitoring.	Workforce	A review of the training matrix to be undertaken to ensure all training compliance is on one system i.e. Electronic Staff Record System.	Head of Nursing	9/11/2023
The health board should review and consider any additional training courses which would develop staff and benefit patients on the ward.	Workforce	The Learning Disabilities Senior Leadership Team will review all additional training available for	Head of Nursing	9/11/2023

		staff that will benefit the service users. Any identified additional training will be presented at the divisional training and development group for consideration.		
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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): William Haydn Williams

Job role: Head of Operations and Service Delivery

Date: 31/05/2023