

Learning Disability Inspection Report (Unannounced)

Assessment and Treatment Unit,
Swansea Bay University Health Board

Inspection date: 17, 18 and 19 April 2023

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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 inspection at an Assessment and Treatment Unit, Swansea Bay University Health Board on 17-19 April 2023.

The Unit accommodates up to six patients who are admitted for assessment, treatment and now rehabilitation. The Unit will be imminently known as an Assessment and Rehabilitation Service to provide rehabilitative care to longer stay patients.

Our team for the inspection comprised of two HIW Healthcare Inspectors, two Clinical Peer Reviewers and one Mental Health Act Administration Reviewer. 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:

We found patients were provided with a positive experience. We observed staff interacting with patients in a proactive and engaging manner, and staff we spoke with demonstrated a genuine patient focus. Patients were also happy to engage with the inspection team and the views expressed to us were overall supportive of the care they receive.

We identified an area for improvement in relation to the physical environment and resources available for patients who are in receipt of rehabilitative care under the new service model.

This is what we recommend the service can improve:

- The health board must reflect on and ensure that the physical environment meets the needs of patients in receipt of rehabilitative care.

This is what the service did well:

- Physical health needs of patients were assessed, reviewed and monitored in a full and individualised manner
- Staff communicated with patients in a kind, proactive and engaging manner throughout the course of the inspection
- There were appropriate patient feedback mechanisms which enabled patients to voice their views and opinions on a range of topics.

Delivery of Safe and Effective Care

Overall summary:

We found that patients received safe care based on a review of patients care records, discussions held with staff, and a review of the quality and safety governance mechanisms. There were particularly positive findings in areas of infection prevention and control, medicines management, and care planning.

We identified a small number of areas for improvement to fully strengthen aspects of behaviour management, record keeping, and the physical environment.

This is what we recommend the service can improve:

- Aspects of record keeping must be strengthened in relation to seclusion documentation and mental health act administration.

- The ability of staff to access training to complement the Positive Behaviour Support model must be reviewed.

This is what the service did well:

- There were good care planning arrangements, which had been regularly reviewed and were appropriate to the individual
- Infection prevention and control practises were robust, and the unit was visibly clean throughout
- There was good knowledge, implementation and oversight of safeguarding matters.

Quality of Management and Leadership

Overall summary:

We found a number of positives in relation to service level management and leadership. Management was visible and all staff told us that their line manager could be counted on to help with a difficult task. Staff all confirmed that they had received training appropriate to their role and we found good use of external learning and development opportunities.

There were however less favourable findings in relation to the service change affecting the unit, and some staff told us that this affected their wellbeing and recommendation of the service as a place to work.

This is what we recommend the service can improve:

- The health board must continue to engage with staff and ensure that staff are supported in any changes to their roles aligned with the service change from assessment and treatment to that of rehabilitation
- The health board must reflect upon these issues when considering the training needs of staff and how supported staff feel in their role.

This is what the service did well:

- Staff told us that there was visible management and that their line manager could be counted on to help with a difficult task
- Staff were clear on their responsibilities and demonstrated a good knowledge of patients and their care needs
- There were appropriate quality and safety oversight processes in place.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

We spoke to patients and observed interactions between staff and patients as part of forming a view on the quality of patient experience.

Staying Healthy

Health Protection and Improvement

Physical health needs of patients were assessed and managed in a timely and appropriate manner. Whilst we noted some delays in accessing other services, such as national screening and secondary care, clinical staff at the service had made efforts to minimise these delays as far as possible.

Annual health checks were up to date and staff were complementary of the engaged support provided by the GP in ensuring that patients receive these and any follow up assessments in a timely manner.

Health passports were found to be comprehensive and individualised. We noted that the service had good engagement with secondary care services for a particular patient who required imminent surgery. The service helped ensure they received care and treatment in an environment and manner which is considerate of their needs.

Dignified care

Dignified care

We observed staff communicating with patients in a kind, proactive and engaging manner throughout the course of the inspection.

All patients had their own bedrooms, some with en-suite facilities. Access was controlled by an individual key fob, which patients and staff had access to for safety purposes. We viewed one en-suite and one single room, and it was positive to see they were visibly clean, tidy and had been personalised to provide a homely feel.

Visitors were welcomed on the unit and there was a space available for patients to meet with relatives away from staff and other patients if desired. One patient expressed that he liked to receive visits from relatives, details of which were written into his care plan, and we confirmed that visits took place.

Communicating effectively

We observed all staff communicating with patients in an engaging manner, according to their need and communication style. Patients also engaged with the inspection team and expressed positive views to us about the supportive care provided by staff.

We confirmed that patients were encouraged to attend their multidisciplinary team (MDT) meetings and we observed staff and patients engaging in this forum in a positive and engaging manner.

Patient information

There were various patient information boards and displays throughout the unit. This included a Who's Who staff name and photo board, information on how to raise any concerns, and photograph displays of menus and activities. All displays were meaningful, up-to-date, and accessible for the patient group.

Timely care

Timely Access

Throughout the course of the inspection, we observed patients receiving timely care in accordance with clinical need. This was supported by appropriate opportunities to review patient needs and to take action where appropriate, including shift handover, staff and patient meetings, and ward rounds (MDT).

We noted the longest period in which a patient was admitted on the unit was 30 months. Two patients, including this patient, were in receipt of a delayed transfer of care to a new placement. It was positive to note however that new placements had been identified and transition planning arrangements were underway.

Individual care

Planning care to promote independence

We found overall good care planning arrangements in place to support and promote independence. There is however a need for the health board to further consider the patient environment in response to the introduction of the rehabilitation model of care. Examples we were provided with from staff and patients included improved laundry facilities with storage, a fully functioning patient kitchen, and access to a functioning outdoor garden space with for activities and therapeutic use.

Responses from staff to the HIW questionnaire indicated a strong theme in this area, some comments included:

“Change in service requires a change in environment, this has not been followed. Unable to provide the care the service users need in rehabilitation due to not having the facilities in which are needed...”

“... <Service name> is not fit for purpose for rehabilitating patients...”

“The service changed its provision in July 2021 however it was not thought through when we accepted patients before employing members of the wider team & ensure adequate facilities for patients...”

The health board must reflect on these findings to ensure that the physical environment meets the needs of patients in receipt of rehabilitative care.

It was positive to note that unit staff were attempting to make the most of the resources available within the physical environment. Senior staff also indicated that funding bids were in progress to support the unit.

People’s rights

We reviewed a sample of three patient records specifically in relation to administration of the Mental Health Act. We found that all patients who were held under a section of the Act were done so legally. However, we recommend that the following areas are strengthened:

- Ensure Hospital Managers Hearings are held in a timely manner. In one record we reviewed, we noted a delay of 5 months
- Ensure old consent forms are stored separately from the current ones
- Ensure ‘No longer valid’ is used instead of ‘cancelled’ on Section 17 leave forms where leave has been taken.

Some of the above issues were noted within the 2015 and 2016 reports. **The health board must ensure that these improvements are made and sustained.**

We found that patients had access to either legal or advocacy services, referrals of which were automatically made within 4 weeks of them meeting the criteria of the Act.

We confirmed that patients are invited to attend and be part of their multidisciplinary team meeting (MDT) every other week. Patients were able to express their views and wishes, and MDT discussion had a positive emphasis on upholding these.

Listening and learning from feedback

We found there was a patient feedback group which enabled patients to voice their views and opinions on a range of topics, including what they would like to see improved and views on the activities provided. The meetings had been held regularly and contained clear actions. There were minutes written after each meeting, which were written in an appropriate format.

There were formal opportunities to patients or their relatives / carers to raise concerns or complaints, and details of how to do this were displayed throughout the Unit. We reviewed one complaint and found that this it had been followed up with the patient and documented in a timely manner.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

The unit was accessible from the car park for all staff, visitors and patients. It appeared to be well maintained and was free from significant damage or defects.

Some recent investment had been made to the patient bedroom access system and seclusion room environment. Staff we spoke with were confident of how to use these systems in challenging situations. However, some staff commented that they felt more secure with the old keyed system. **We recommend that the health board explores this comment with staff to better understand their concerns.**

The excessive temperature on the unit was identified as an issue by staff, patients, and the inspection team. Whilst we were informed that the heating was due to be turned off two weeks following the inspection, there is a risk that this issue will resurface following the summer period. Staff also commented that general maintenance and estates issues were generally slow to resolve. **We recommend that the health board explores this matter with the estates department to identify a sustainable solution.**

Ligature and environmental risk assessments had recently been reviewed. Staff confirmed that patients would be supported by individual risk assessments, with an appropriate level of enhanced observation applied where required.

There was access to an emergency kit on the unit. Staff knew how to access this in an emergency, and it was in a readily accessible location. The contents were in date / with a working battery.

Infection prevention and control (IPC) and Decontamination

Upon arrival, all areas of the unit were visibly clean and tidy, and remained so throughout the course of the inspection. There was hand sanitiser and face coverings available at the entrance, although no IPC restrictions were in place at the time of the inspection.

We observed housekeeping cleaning staff completing tasks to a high standard and cleaning checklists were completed and monitored by supervisory staff. Nursing IPC audits were completed on a consistent basis and were positively scored.

The unit had the ability to provide isolation or barrier nursing as required. Staff described appropriate processes that would be followed and confirmed that they had access to the necessary personal protective equipment.

Sharps wastage was stored appropriately and securely in the medication room. There was a protocol in the place for staff to follow in the event of a needlestick injury.

Patients had access to a laundry room, with the support of staff. We noted that storage was a particular issue and some materials, such as motor oil and spare equipment, was inappropriately stored. **The health board must review this as part of their wider consideration of the patient environment and ensure that the above materials are securely stored.**

Nutrition and hydration

Patients were able to choose what they would like to eat from a menu planner which was displayed in the lounge area at set mealtimes each day. Menu options were supported by pictures to aid choice, and we confirmed that individual preferences and dietary needs were catered for. Healthy options were available on the unit.

The food we observed looked appetising and patients provided positive comments about the food. There were also options for patients to access personal snacks and be supported to prepare drinks from a limited patient kitchen on the unit. A patient explained to us that takeaway meals are also available on the weekend and that they enjoyed this experience.

We confirmed that access to speech and language therapy (SALT) was available, and we saw evidence that relevant assessments had been completed for patients. No further actions had been identified from these assessments. Access to dietetic services were available if necessary.

The main kitchen on the unit was well stocked, organised and visibly clean. This was supported by a five star food hygiene rating. However, a number of staff and patients expressed the view that they would like a fully functioning patient kitchen. Efforts had been made to provide a suitable space, but this was limited by size and equipment. We consider that this would be a useful development for patient skill development, particularly owing to the new rehabilitation model of care on the unit. **We recommend that the health board considers the development of the patient kitchen as part of the wider consideration of the patient environment and potential for skill development.**

Medicines management

Medication management systems were overall effective, with a clear delegation of tasks and consistent completion of medicine charts to a good standard. This was supported by evidence of fortnightly stock audits.

There were no controlled drugs in use at the time of the inspection. However, we observed appropriate locked cabinets and evidence of daily checks for other medicines liable for misuse.

We saw evidence that patients had individualised medication plans and weekly reviews of these took place during ward round. Patients were able to attend their ward round every other week.

Patients receiving PRN medication were prescribed this orally and we saw evidence that patients received appropriate support, with the use of communication aids, to explain the nature and reasons for the medication they had been prescribed. It was positive to see visual flash cards and facial expression charts in use to score any pain experienced by patients.

Safeguarding children and safeguarding adults at risk

There were clear health board procedures in place for staff to follow in the event of a safeguarding concern. However, some staff told us that there were occasional difficulties in referrals being accepted by the local authority due to the proximity of the service to multiple local authority boundaries. Ward management assured us these issues are resolved and do not delay the overall review of the referral. The health board is advised to monitor this for any recurring issues.

Staff we spoke with were clear on how to apply these procedures in the context of their duties. This included identifying and acting upon safeguarding matters. We reviewed training data and found that staff received regular training relevant to their roles.

There was good oversight of safeguarding matters at a management level by senior nursing and health board safeguarding teams. These matters were discussed at relevant governance meetings for review and monitoring.

Effective care

Safe and clinically effective care

We found all patients had relevant care and treatment plans in plans, which included the following positive aspects:

- Care plans included an appropriate emphasis on needs, strengths, abilities and potential for future plans / independence
- Risk assessments were completed and up to date
- Care plans were reviewed regularly through a well attended MDT, with regular patient input and use of an advocate where required
- Care and Treatment Plans were in place for those patients subject to the Mental Health (Wales) Measure 2010

Safe and clinically effective care - Behaviours that challenge

Staff demonstrated a good knowledge and understanding of the patients, which helped to develop a positive environment for therapeutic and relational security.

It was positive to find that a number of multidisciplinary professionals were co-located on the unit. This provided patients with timely access to a range of specialist services. However, we have already noted the potential limitations in which the environment may pose to achieving full therapeutic benefit.

We found positive behavioural support (PBS) plans contained appropriate strategies and were appropriately individualised and person centred. However, we noted that there were two systems in place, which meant that the most up-to-date plan was not available in the active patient file. **The health board must ensure that the system is robust to ensure that the latest plan is available for staff.**

There was evidence of input from patients and a regular review from staff who had a good knowledge of the patient. Staff were supported to access levels of PBS training relevant to their role and it was positive to note that some staff were completing a PBS diploma. However, some staff stated there was difficulty in being released to attend training courses. **We recommend that the health board continues to utilise the expertise held within the MDT to provide person specific PBS training and supports staff to attend as required.**

There was access to a range of therapeutic measures to reduce the need for restrictive practices. This included good input from the unit activities co-ordinator and input from staff to develop weekly schedules with patients. Examples included access to arts and crafts, pet therapy and football trips.

Where restrictive interventions were required, we confirmed that least restrictive interventions were followed in the first instance, which included access to a low arousal room.

We confirmed that there were appropriate systems for the recording, monitoring and oversight of the use of any interventions. This included incident debriefs, reviews and reflective practice learning. However, we recommend that additional

information relating to the reasons for why a particular intervention was implemented and what was done to justify that intervention as last resort would be beneficial. **We recommend that the health board explores this with relevant teams on the unit.**

The unit had a recently fitted seclusion suite which was of an appropriate design. However, there was minimal use of seclusion on the unit. Where the seclusion suite was used, it was used in line with the care plan of that individual patient.

We noted two discrepancies in the medical paperwork attached to use of the seclusion room in one of the patient records that we reviewed. This included the indication that no nursing review was required when the duration of seclusion required this. Also, the wrong length of seclusion was stated. **The health board must ensure that documentation related to the use of seclusion is completed accurately.**

Record keeping

We found record keeping was maintained to an overall good standard in the sample of five records that we reviewed. All patient records and care planning documents were completed as required and were completed in a comprehensive manner. Care planning documents were overall appropriately individualised and person centred.

Quality of Management and Leadership

Governance, Leadership and Accountability

We noted that the service underwent a change in 2021 to begin providing a rehabilitation model of care, in addition to its assessment pathway. However, several staff told us they felt implementation of this change could have been managed more effectively.

There was a theme amongst staff comments that related to strained professional relations between nursing and therapies staff, a lack of integrated working, and a lack of suitable environment and facilities to provide rehabilitative care.

This was reinforced by a number of staff responses to the HIW questionnaire with over half of respondents stating that they consider their job to be detrimental to their health and over half stating that they would not recommend the service as a place to work.

At the time of the inspection, aspects of this service change were on-going and had been re-visited based on staff feedback. We noted that senior management had recently met with staff and a renewed operational policy was imminently due to be approved. **The health board must place emphasis on ensuring that these issues continue to be explored and acted upon in a timely and robust manner.**

We found visible management on the unit and staff providing positive comments relating to their line manager. All staff agreed that their manager could be counted on to help with a difficult task and that they ask for their opinion before making decisions that affect their work.

Upon arrival at the unit on the first evening of the inspection, we found the unit to be well managed and staff were open, responsive and supportive of the inspection process. Unit management and all staff we spoke with throughout the inspection were clear on their responsibilities and demonstrated a good knowledge of patients and their care needs.

Related to senior managers, most staff told us that communication between senior management and staff could be improved, however, most agreed that senior managers are fully committed to patient care. Through our discussions with senior managers, managers were aware of key issues affecting the service and outlined on-going initiatives to support this.

There were appropriate quality and safety governance processes in order to record, identify, escalate and monitor incidents, audit outcomes and other

matters. We observed this during the ward round, through discussions with unit and senior managers, and in governance meeting minutes.

Workforce

The unit had an overall stable and consistent workforce, which helped to maintain familiar and effective relationships with patients. There was a generally low number of vacancies and, where bank staff were used, they were known to the service. All but one respondent agreed there are enough staff for them to do their job properly.

The unit benefitted from a number of multidisciplinary professionals co-located on the unit. This provided patients with timely access to a range of specialist services. Staff commented positively on the impact this has on achieving patient outcomes in a timely manner.

All staff confirmed that they have received appropriate training to undertake their role and we confirmed that there was good completion of mandatory training. Some staff commented that they felt training in response to the new service provision could be improved in support of delivering appropriate patient care, and that there was often insufficient protected time to undertake training. **The health board must ensure that staff are supported in any changes to their roles aligned with the service change from assessment and treatment to that of rehabilitation.**

It was positive however to note that the unit manager placed emphasis on empowering staff to undertake additional learning and development opportunities in line with their personal development goals. This included level 3 diploma, flexible pathways to nursing and masters level modules.

We confirmed that staff appraisals and supervision were up-to-date.

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

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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 improvements identified				

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.

Appendix C - Improvement plan

Service:

Date of inspection: 17-19 April 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
1. The health board must reflect on these findings to ensure that the physical environment meets the needs of patients in receipt of rehabilitative care.	1.1 / 3.1 / 6.1	Re-submission of charitable funds bid for Garden room to provide Garden space providing function for activities and therapeutic use.	Directorate Manager	July 2023
		Therapy/rehabilitation requirements to be assessed by the MDT to present a case for environmental changes.	Ward Manager and Clinical Team Directorate Manger Lead Nurse	August 2023
		Capital funding position to be confirmed by Capital Planning relating to patient kitchen requirement.	Associate Service Group Director	August 2023
2. The health board must ensure that these improvements in relation to Mental Health Act administration are made and sustained.	MHA Code of Practice / 6.2	All staff to be reminded of good record keeping with reference to MHA information and seclusion/use of restrictive practice.	Ward Manager	August 2023

		<p>Old consent forms to be stored in archive file.</p> <p>A new stamp will be purchased for the stamping of Section 17 forms as 'expired' when forms are out of date, cancelled or void and new form in situ.</p> <p>Set up a review with the MHA team to improve compliance/audit process. Hospital Managers hearings to be discussed as part of this review.</p>	<p>Ward Manager/ Administration support</p> <p>Ward Manager/ Administration support</p> <p>Ward Manager/MHA Team.</p>	<p>July 2023</p> <p>July 2023</p> <p>September 2023</p>
3. We recommend that the health board explores the comment relating to patient doors with staff to better understand their concerns.	1.1 / 2.1 / 3.1	Review comments within a staff meeting to establish the current challenges and actions required for the future.	Ward Manager Directorate Manager	July 2023
4. We recommend that the health board explores the heating issue with the estates department to identify a sustainable solution.	2.1	Ward team to continue to log calls with Estates regarding heating issues as per existing process. Escalation to Directorate Manager as appropriate.	Ward Manager	August 2023

		Directorate Manager to liaise with Estates to explore opportunities for improved response times and continue to escalate issues as required.	Directorate Manager CTMUHB Estates	August 2023
5. The health board must review findings relating to the laundry room as part of its wider consideration of the patient environment, ensuring that materials are securely stored where required.	1.1 / 3.1 / 6.1	To ensure related issues are reviewed as part of an updated environmental risk assessment and ensure appropriate storage of items (i.e. motor oil and spare equipment). To request Estates support as required.	Ward Manager Directorate Manager	July 2023
6. We recommend that the health board considers the development of the patient kitchen as part of the wider consideration of the patient environment and potential for skill development.	1.1 / 3.1 / 6.1 2.5	See point 1 above.		
7. The health board must ensure that the latest behaviour support plan is available in the active file used by staff.	3.1 / 6.1	All MDT members to ensure the most current documentation is stored in the active clinical file and monitored by primary nursing team.	Ward Manager	July 2023
		Audit via Quality Assurance Framework	Ward Manager/Lead Nurse	July 2023
8. We recommend that the health board continues to utilise the	7.1 / 3.1	A review of staffing establishments to be undertaken	Lead Nurse with Finance	July 2023

expertise held within the MDT to provide person specific PBS training and supports staff to attend as required.		to ensure they are supported to access training. To review training requirements and agree a plan for delivery.	Ward Manager and Clinical Team.	August 2023
9. We recommend additional information is documented relating to the reason(s) for why a particular intervention was implemented and what was done to justify that intervention as last resort.	3.5	To review with the MDT the PBS plans and rationales for interventions to ensure they are clearly identified.	Ward Manager and Clinical Team.	August 2023
		To review how the team record interventions that may fall outside of the CTP and PBS planning process and create an action plan for this. To explore the use of the Reducing Restrictive Practice toolkit to support this approach.	Ward Manager and Clinical Team.	August 2023
10. The health board must ensure that documentation related to the use of seclusion is completed accurately.	3.5	To review the current seclusion documentation and ensure that patient reviews are recorded accurately in line with the policy. To explore the use of the Reducing Restrictive Practice Toolkit to support this approach.	Ward Manager and Clinical Team.	August 2023
11. The health board must place emphasis on ensuring that the issues relating to service change continue to be explored and acted	7.1	Ratify and implement team action plan and ensure regular check in meetings are established to support staff.	Lead Nurse Directorate Manager Professional leadership team.	August 2023

upon in a timely and robust manner.				
12. The health board must ensure that staff are supported in any changes to their roles aligned with the service change from assessment and treatment to that of rehabilitation.	7.1	Ratify and implement team action plan and ensure regular check in meetings are established to support staff.	Lead Nurse Directorate Manager Professional leadership team.	August 2023

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): Janet Williams

Job role: Service Group Director (Mental Health & Learning Disabilities)

Date: 09/06/2023