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hiw Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Learning Disability Inspection (unannounced)

Aneurin Bevan University Health Board, Learning Disability Residential Unit

6 June 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at a small learning disability residential unit (reference 16027) on 6 June 2016. Our team, for the inspection, comprised of two HIW inspection managers (including one inspection lead) and a clinical peer reviewer.

HIW explored how the residential unit met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of learning disability services are unannounced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients, their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

The residential unit we inspected forms part of learning disability services provided within the geographical area known as Aneurin Bevan University Health Board.

The unit is a small residential service and provides homes, care and treatment to people with learning disabilities within the health board.

The service is set across three houses and has seven beds.

The staff team includes one manager, who is a registered nurse and oversees two of the homes, and a coordinator who oversees the other home on a part time basis, along with a team of registered nurses and healthcare support workers. Teams could also access multidisciplinary services from the Community Learning Disability Team (CLDT) including psychology, occupational therapy, physiotherapy, speech and language therapy, arts therapies and specialist behaviour support from the Intensive Support Team.

One of the houses was classed as a specialist behaviour setting and had different management arrangements from the other settings.

The service falls under the Learning Disabilities Directorate within Aneurin Bevan University Health Board. The Learning Disabilities Directorate sits within the Mental Health and Learning Disabilities Division of the health board.

3. Summary

HIW explored how the residential service met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that the service provided safe and effective care.

This is what we found the service did well:

- We saw staff treating patients with kindness and respect.
- Patients were supported to stay healthy.
- Patients had very detailed care plans setting out the help and support they needed. Patients received care and support that was person centred, individualised and aimed to help patients to become as independent as possible.
- Staff we spoke with were passionate and committed to achieving the best outcomes for patients.
- We found effective management and leadership.

This is what we recommend the service could improve:

- Empowering patients and carers to give feedback on the service on an ongoing basis and ensuring complaints information is easily accessible.
- In one of the homes we have asked the health board to review staffing levels and skill mix, continuity in the staffing team and staff access to sufficient support and supervision.
- Staff should be supported to keep up to date with training to help support their professional development.

4. Findings

Quality of patient experience

We saw staff treating people with kindness and respect and patients were supported to stay healthy. We saw that staff upheld patients' rights and supported patients to be as independent as possible. Patient's care plans were full and detailed and gave an accurate, up to date reflection of the care provided. There were some minor details that required attention in care and treatment plans and in ensuring hospital passports remained up to date.

The health board should consider how to improve processes to enable patients and families to give ongoing feedback, with a view to making improvements. Complaints information must also be displayed and fully accessible to all patients.

The inspection team sought patients' views with regard to the care and treatment provided at the setting through face to face conversations with patients and/or their carers.

Overall patients told us they were happy with the care and treatment provided.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Overall we found that patients were supported to stay healthy.

We found that patients were registered with GPs, who carried out home visits if required, and supported to go for annual health checks. Patients had hospital passports[1] in place; however most of these had not been updated for several

[1] **Hospital passport** is a document which contains important information about someone with a learning disability and provides hospital staff with important information about them and their health when they are admitted to hospital.

years. These required updating to ensure hospital staff would have up to date information about supporting the person in the event of a hospital admission.

We saw that patients were supported to manage their health conditions, for example, in one set of records we saw that the patient was being supported with weight management and healthy eating. We also saw assessments by multidisciplinary team members such as speech and language therapy and consultant psychiatrist which meant people were being supported with their holistic health needs by the wider multidisciplinary team.

Improvement needed

Staff should ensure that patients' hospital passports are updated on a regular basis.

Dignified care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)

We found that patients were treated with dignity and respect. We observed staff treating patients with kindness. Staff knew the patients well and staff were passionate about supporting patients to have a high quality of life.

We saw that patients had access to their own private rooms which were highly personalised and individualised with their own belongings. Patients we spoke with clearly valued their rooms and felt ownership over their private spaces. Where required patient bedrooms were less individualised due to risks associated with their behaviours. In one bedroom we saw that there were some stains on upholstery and carpets. We spoke with staff about making this environment more homely and they agreed to consider how this could be done.

There was enough space in the houses to provide private places where people could speak with staff and visitors confidentially. We found that the environments as a whole had been adapted to meet people's individual needs. For example, one person had access to a private space in the garden and another had a private smoking area. These had been provided to meet the individuals' care needs

We saw that patients were supported to be as independent as possible in taking care of their personal hygiene, with staff providing assistance where needed.

We saw that staff supported patients to maintain contact with their families and friends, where this was their wish. In one case we saw that the service coordinator had changed their hours to better accommodate, and facilitate, communication with the patient's family.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1)

We saw that patients' current needs were being met by the staff team.

Staff explained an example of where the health board had made special arrangements to meet a patient's long term care needs.

Senior staff at the health board had initiated discussions with the local authority in regards to further developing people's placements and all patients' had been involved in person centred reviews to ascertain their wishes and needs for future planning.

Individual care

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1 Planning Care to Promote Independence)

We looked at three sets of patient records in depth. Overall we found good examples of care coordination between the multidisciplinary team, unit staff, community staff and wider health professionals.

There was a focus on helping patients to be as independent as possible. We saw good examples of how staff had worked with patients to help achieve this both on long term and more short term goals. For example, we saw staff supporting one patient to complete physical exercises on the advice of the physiotherapist to help maintain muscle strength.

Patients had access to the right equipment to help meet their needs. In the cases we reviewed we saw that patients had access to a range of therapies and interventions based on their individual needs such as positive behaviour support, psychology services and arts therapies.

Each patient had their own written care plan, risk assessment and a number of other specific assessments to help guide staff in supporting them, such as positive behaviour support plans and epilepsy profiles. These described in detail what patients could do for themselves and what help and support they needed from staff. We saw that these were updated regularly to reflect patients' current needs.

We saw that staff involved people in their care and support and helped people to understand their rights and choices. Patients we spoke with understood their care and support and were being involved around decisions for their care and support.

Patients had care and treatment plans as required under law (The Mental Health (Wales) Measure 2010)[2]. We saw these had been reviewed and were up to date. In two care and treatment plans we found that several of the domains had been left blank such as social, cultural, work and occupation and medical and other therapeutic interventions. Although most of these needs had been captured elsewhere, staff must ensure care and treatment plans are completed fully.

For the majority of patients, staff supported them to take part in activities they enjoyed, both at home and in the community, including shopping, trips to places of interest and holidays. We also saw that for some patients, most activities were home based and staff told us this was due to the individual patient's fluctuating mental health needs. In these instances members of staff were monitoring the individual patient's activities and told us they were working to try to increase community based activities in line with the patient's wishes.

Improvement needed

Staff must ensure care and treatment plans are fully completed in line with the Mental Health (Wales) Measure 2010.

[2] The Mental Health (Wales) Measure 2010 is a law made by the Welsh Government which will help people with mental health problems in four different ways.
http://gov.wales/topics/health/nhswales/mental-health-services/measure/?lang=en

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.(Standard 6.2 Peoples Rights)

Care and treatment for patients at the unit were provided in ways to ensure their human rights were upheld.

There were several Deprivation of Liberty Safeguards (DOLS)[3] authorisations in place at the time of the inspection. Through discussion with staff it became clear that they worked in line with the principles of the Mental Capacity Act. We saw that decisions were made in line with patients' best interests. Capacity assessments and decisions made on behalf of patients' were clearly documented.

On a prior visit to the unit we had identified that improvements were needed to some of the DOLS processes and documentation. We found that the health board had carried out a full review and audit of DOLS authorisations and were working to make improvements as far as was possible within their control.

HIW had previously identified that staff training compliance in the Mental Capacity Act and DOLS required improvements. Senior staff confirmed that specific training was being delivered to staff through continuing professional development sessions and that half of the nurses had attended the first session, with a further session planned.

We found that, where appropriate, patients had an advocate involved in their care and treatment as an independent person to act on their behalf. Where advocates were involved they were not currently invited along to patients' multidisciplinary team meetings. Although we could see that staff involved patients in these meetings as much as possible, we suggested staff could invite people's advocates as an additional way to ensure their views were being represented and heard in their ongoing care and treatment.

[3] The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is nor, and they must receive and open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

On an individual level we found that patients were involved in discussions around their care, treatment and plans for the future.

Staff told us they held quality improvement meetings and that patients were invited to attend or to put items on the agenda at two of the houses. We suggested that staff also consider other ways to empower patients and carers to provide feedback about services, on an ongoing basis, with a view to making improvements.

The homes did not currently display information about how to make a complaint. Staff told us this had recently been taken down.

Improvement needed

The health board should consider how to empower patients and carers to describe their experiences of services on an ongoing basis, with a view to listening and learning from feedback to make improvements.

Complaints information should be easily accessible to patients at all times.

Delivery of safe and effective care.

Overall we found that patients received safe and effective care. Patients' medicines were safely managed. Staff supported patients' to meet their nutritional needs. Staff adapted the way they communicated with patients' to help them to understand. Staff used approaches such as Positive Behaviour Support with patients which put the person at the centre of their care and support.

There was an effective records management system in place and a robust system to manage incidents. We could see that learning happened as a result, to improve patients' care and treatment.

We found there was a lack of emergency equipment available at the unit. Senior managers told us they were checking what equipment was needed and were in the process of obtaining it. We asked the health board for immediate assurance for this to be resolved and received sufficient assurance that concerns were being addressed.

Improvement was also needed to ensure staff were up to date with basic life support, cardiopulmonary resuscitation (CPR) training and, in one of the houses, protection of vulnerable adults (POVA) training.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

We found that patients' health, safety and welfare were protected. We found that staff had adapted the environment to meet people's needs and to ensure that the safety of patients was maintained. In doing so, there were aspects of the environment in one home that were sparse and we asked the health board to consider how to make it more homely.

We saw that most staff required updated training on health and safety and fire safety. Areas were free from visible trip hazards. Staff told us that risks to patient safety were assessed and that action was taken to reduce these risks as far as possible. We also saw that detailed risk assessments had been done within the care plans we looked at.

We were told that in the event of a patient emergency (collapse), the emergency services would be called to attend. However, staff did not have

access to any resuscitation equipment for use before the emergency services arrived. Training records we saw showed that the majority of staff required updated basic life support and CPR training. We raised this with senior managers through our immediate assurance process. They had already taken action to obtain equipment and had plans for staff training. This meant that at the time of the report we had received sufficient assurance that our areas for concern were being addressed.

Improvement Needed

The health board must establish what emergency equipment is needed at the unit and ensure this is in place and ensure staff attend basic life support and CPR training as a matter of priority.

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury. (Standard 2.5 Nutrition and Hydration)

We found that patients at the unit were helped to eat and drink and make healthy food choices. We saw very detailed care plans setting out the help patients needed with food preparation, eating and drinking.

Staff explained that patients were supported by staff to prepare meals as part of developing their independent life skills. A kitchen was available in every house at the unit, that patients could use, with the support of staff where needed.

We saw in records that nutritional assessments were carried out and weight monitoring charts were in place where there was a need to support patients with this aspect of their health.

People receive medication for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6 Medicines Management)

We found that people's medication was managed safely across all houses at the unit. There was a medication policy in place and we found that patients' medicines were managed, administered and recorded safely. We saw that people's medications were reviewed to ensure they were still appropriate.

The pharmacy had recently carried out an audit on medicines management and we saw that where improvements were identified, staff were acting to resolve these.

There were appropriate protocols in place to manage and administer patients' PRN medication (medication that is administered as needed) safely, with health care support workers having a checking system in place with more senior staff, before administering.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7-Safeguarding Children and Safeguarding Adults at Risk)

The health board had a protection of vulnerable adults and child protection policy in place for staff to follow when they had concerns around potential abuse.

Staff talked us through the process of how they had reported a concern. We found that suitable and appropriate action had been taken.

Staff told us, and staff questionnaires indicated in the large majority, that staff felt comfortable in raising concerns with management.

We found that the large majority of staff had completed POVA training; however we not be assured from the information provided to us during the inspection that all staff had completed up to date POVA training.

Improvement needed

The health board must identify those staff who require up to date POVA training and ensure that all staff remain sufficiently trained in the protection of vulnerable adults.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)

We saw that patients at the unit had their own written care plans. These were very detailed and showed that care was planned to make sure patients were safe and protected from avoidable harm.

We saw that positive behaviour support plans were being used and again these were very detailed. These help staff identify when patients need help to manage behaviour that other people may find challenging. Staff appeared to have a good understanding of the patients' needs and we saw them helping patients to be safe and reduce any anxiety they were showing.

Management staff talked us through the process of incidents management and we found that there were appropriate processes in place to report, review and record incidents. Incidents were reported through DATIX (the health board's incidents management system), management staff reviewed the incident to take necessary steps and these were reviewed by senior management and other relevant parties where required, to take action. Incidents, themes and patterns were discussed at wider quality and patient safety forums within the health board. We saw that learning happened as a result of incidents and we saw examples of where changes had been made to patients' care as a result.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

The communication needs of patients were recorded within their individual care plans. Patients had different communication needs and we observed staff adapting their approach and effectively identifying what patients wanted.

We saw through the health boards' health technology fund, staff had accessed a tablet that could be used at the unit both to aid communication and as a tool for distraction and games.

Information displayed at the unit was accessible in terms of patients' daily routines, staff on duty and meals. Patients had access to accessible information in regards to their care and treatment. There was a lack of accessible written information on display in regards to advocacy, complaints and general information about the home. We discussed this with staff at the unit who told us this information had recently been taken down but they would ensure it was re-displayed again for patients.

Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

The health board had recently carried out a full documentation audit across learning disability services and implemented a new system of case file management and organisation. The unit had implemented all actions from this and as a result we found that patient records were well organised, easy to navigate and provided a holistic view of the patients' current needs.

Records used at the unit were stored securely to prevent unauthorised people from reading them.

Quality of management and leadership

We saw strong management and leadership at all houses across the unit. Staff we spoke with had a passion for their work with patients. Work was being done to improve audits so that areas of care could be improved where needed. Staff told us they felt supported by their direct managers.

In one case we could not be assured that the patient was receiving continuity in their staff team to the level that would be best practice. We have asked the health board to assess this and make improvements where required. In one house, staff morale was low and staff told us they would like better communication with senior managers.

We saw that not all staff had completed training in mandatory topics and we have asked the health board to address this. Managers were working to ensure staff had access to regular appraisals.

Governance, leadership and accountability

Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found effective management and leadership across all houses in the unit. Managers of the unit were passionate, committed and person centred in their values base and their approach.

There were suitable arrangements in place to monitor and improve the care systems and processes in place for the benefit of patients. Staff and senior managers told us about the sustained efforts made to assess the quality of the care and support provided, and ongoing improvements to the service.

We saw that staff gathered data for monitoring and audit activities and that actions were implemented as a result. For example, we saw a recent medication audit had been carried out in addition to the rolling programme of audit that was developed following HIW's recent inspection activity within the health board. Staff told us that outcomes of audits in relation to risk

management (WARRN[4]), patients' case notes, and health and care standards would be presented at the Directorate Quality and Patient Safety group meetings as a means of ensuring continuous improvement to patient services. This meant that there was active monitoring with a view to make improvements to the service delivery for patients.

Staff told us that team meetings and quality improvement meetings hadn't happened recently. It was clear that staff communicated effectively in other ways such as through staff handovers, supervision, communication books and informally exchanging information. We suggested that management staff could consider reinstating team meetings to further improve communication.

Senior managers have told recent HIW inspection teams about the future plans of health board learning disability residential services. The health board's Mental Health and Learning Disabilities Partnership Board have been working with relevant local authorities during the past 18 months to explore, plan and deliver future service models which are best suited to the identified needs, preferences and wishes of individuals in receipt of learning disability residential services. This complex piece of work related to residential services across the geographical area covered by Aneurin Bevan University Health Board; involvement of service users, their families and representatives being planned to ensure their future involvement in making services even better.

Staff and resources

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

The unit was divided into three houses, with one house being managed separately and under a different line of accountability to the others. Overall we found an appropriate skill mix dedicated to support patients' individual needs. Staff told us there were several vacancies and staff on sick leave. It was clear through discussion that generally vacancies were being effectively managed. Our discussions with staff, and staff questionnaires indicated that overall the staff felt well supported.

[4] The Wales Applied Risk Research Network (WARRN) was set up in recent years to improve training, dissemination and communication of research and evidence-based practice in risk assessment and risk management.

In one house we found there were vacancies in the registered nurse contingent of the home with a high nurse staff turnover. The house sometimes ran without a registered nurse. Staff told us that the required staff skill mix had been assessed and that this arrangement was appropriate.

However, we were also told that staff working at the house and who were trained in positive behaviour management were sometimes called away to provide support in another local learning disabilities service. We also saw that there was a greater reliance on the use of bank staff at the house. Staff told us there had been occasions when bank staff did not have the sufficient specialist training required to work at such a setting. We found that there were some core individuals who provided stability and continuity of care. However we could not be assured that these staffing factors were not having a detrimental effect on patient care.

Discussions with staff and staff questionnaires in this service indicated that they had faith in their direct manager but some did not feel that their feedback was acted upon by senior managers. Some feedback indicated that some staff may not feel secure raising concerns or confident that the health board would address their concerns. Some staff told us that morale was low amongst the team. This was due to some changes being communicated to staff around one year ago with no further communication since, with staff being left to feel insecure about the future.

It had been identified that some staff should have access to monthly supervision for support, due to the nature of the service being provided. Staff told us their supervisions were six monthly although they felt able to approach management between these times. The health board should ensure that staff have access to sufficient support and supervision according to their role and responsibilities.

Senior managers told us that a full service review was planned but had been held up due to unforeseen circumstances. They were recruiting into vacancies at this service. Senior managers told us they would work to improve communication with the staff team.

Staff told us they had access to professional development and a range of training opportunities. However, when we looked at training records we found that there were a number of areas where staff required update training such as Mental Capacity Act, mental health awareness, fire safety, infection control, violence and aggressions, health and safety and manual handling. Some staff told us that there was a development need as a team to ensure all staff had received the appropriate level of positive behaviour management.

Management staff told us they had identified the need for staff appraisals to be brought up to date and we saw that this was now being implemented and monitored. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed.

Improvement needed

The health board must be assured that the staffing levels and skill mix is appropriate and that there is a plan in place to ensure stability and continuity of staffing.

The health board must ensure that all staff have access to sufficient supervision to support them in their roles.

The health board is required to describe how it will ensure that staff receive relevant training on an ongoing basis, so that they are able to deliver safe and effective care. The health board should ensure that there are sufficient numbers of staff trained to an appropriate level of positive behaviour management.

The health board must ensure that all staff have annual appraisals.

Next steps

This inspection has resulted in the need for the learning disability service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at the learning disability service 16027 will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards

During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within learning disability services.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

Learning Disability Service: Improvement Plan

Service: Reference 16027

Date of Inspection: 6 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6	Staff should ensure that patients' hospital passports are updated on a regular basis.	1.1	All hospital passports have been checked and updated. They will be reviewed at least annually or reviewed if the service user's needs change.	Chris Jones Assistant Head of Specialist Services	Completed 10th June 2016 and ongoing
8	Staff must ensure care and treatment plans are fully completed in line with the Mental Health (Wales) Measure 2010.	6.1	All care domains are now complete. Where there are no identified needs or risks within a domain this is noted in that section of the care plan. This will be monitored through managerial supervision with the responsible care coordinator.	Chris Jones Assistant Head of Specialist Services	Completed 10th June 2016 and ongoing

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
10	The health board should consider how to empower patients and carers to describe their experiences of services on an ongoing basis, with a view to listening and learning from feedback to make improvements.	6.3	The Health Board uses the Health and Care Standards Monitoring System to gather and report on relatives and representatives feedback on fundamentals of care. Events for families and representatives will be held at the residential services performance and service reviews. This will allow for questions to be directed towards both the residence team and management team and also to make suggestions, raise concerns and provide compliments. Family views and feedback are sought and included in the annual Periodic Service Review for one of the houses.	Chris Jones Assistant Head of Specialist Services Chris Jones Assistant Head of Specialist Services	Annually November Annually next August 2016
10	Complaints information should be easily accessible to patients at all	6.3	An easy read version of the Putting Things Right leaflet has been	Chris Jones Assistant	13th July 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	times.		developed. This will be made available in leaflet form at setting 16027.	Head of Specialist Services	
Delivery of safe and effective care					
12	The health board must establish what emergency equipment is needed at the unit and ensure this is in place and ensure staff attend basic life support and CPR training as a matter of priority.	2.1	The resuscitation service has been contacted and advised on appropriate equipment for use in the residential setting. Laerdal masks and portable suction machines have been ordered and are now in place.	Chris Jones Assistant Head of Specialist Services	Completed 16th June 2016
13	The health board must identify those staff who require up to date POVA training and ensure that all staff remain sufficiently trained in the protection of vulnerable adults.	2.7	The Learning Disabilities Directorate has a system in place for monitoring POVA training. The line manager for each respective area is responsible to maintain compliance with the training which will be monitored through managerial supervision.	Chris Jones Assistant Head of Specialist Services	By October 2016
Quality of management and leadership					
19	The health board must be assured that the staffing levels and skill mix is appropriate and that there is a plan in place to ensure stability and	7.1	The staffing levels at all houses has been reviewed. The qualified nursing complement of staff is to be	Chris Jones Assistant Head of Specialist	20th July 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	continuity of staffing.		adjusted by appointing a full time band 6 coordinator to one house and filling the 0.4 whole time equivalent vacant post across the other houses. The skill mix and grade of staff is appropriate to meet the needs of the service users and the Band 7 and Band 6 staff will monitor the roster to ensure that this is appropriately matched on a shift by shift basis.	Services Chris Jones Assistant Head of Specialist Services	20th July 2016 Monitored Daily
19	The health board must ensure that all staff have access to sufficient supervision to support them in their roles.	7.1	Management supervision is being implemented. The focus of the supervision will include quality assurance of documentation, ensuring compliance with legislation and policy, employee wellbeing and development.	Chris Jones Assistant Head of Specialist Services	By October 2016
19	The health board is required to describe how it will ensure that staff receive relevant training on an ongoing basis, so that they are able	7.1	Staff training will be monitored through managerial supervision and Performance and Development	Chris Jones Assistant Head of Specialist	By October 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	to deliver safe and effective care. The health board should ensure that there are sufficient numbers of staff trained to an appropriate level of positive behaviour management.		Reviews. Compliance with statutory and mandatory training is monitored by the business management team at a high level so that concerns can be identified and managed through the management structure.	Services Chris Jones Assistant Head of Specialist Services	Every 4 weeks ongoing.
19	The health board must ensure that all staff have annual appraisals.	7.1	Performance and Development Review (PADR) compliance is monitored by the business management team and concerns are identified and managed through the management structure. Individually this will be identified through the management supervision process so that achievable timeframes can be met. The Health Board reports PADR compliance data at the end of each month directly to Divisional Management Teams in order that staff who have not been recorded to	Chris Jones Assistant Head of Specialist Services Chris Jones Assistant Head of	Every 4 weeks ongoing End of month reports ongoing.

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			have a PADR are identified. The organisational target is set at 85% currently. All staff at setting 16027 have received their PADRS or have a date set for the review.	Specialist Services Chris Jones Assistant Head of Specialist Services	Will be completed by 31st August 2016.

Service representative:

Name (print): **Chris Jones**

Title: **Assistant Head of Specialist Services**

Date: **20th July 2016**