

Learning Disability Inspection (unannounced)

Aneurin Bevan University
Health Board, NHS
residential service

Reference Number: 16009

24 May 2016

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of patient experience	5
	Delivery of safe and effective care	10
	Quality of management and leadership	15
5.	Next steps	19
6.	Methodology.....	20
	Appendix A	22

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 learning disabilities residential service on 24 May 2016. The service was operated and managed by Aneurin Bevan University Health Board. Our team, for the inspection comprised of an HIW inspection manager (inspection lead) and a clinical peer reviewer.

HIW explored how the service 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 NHS residential service inspected provides 24 hour care, treatment and support for people with a learning disability and forms part of learning disability services provided by Aneurin Bevan University Health Board. The residential facility is one of five such services available in the county of Gwent.

The service provides care, treatment and support to a maximum of five people at any one time; service users being of mixed gender on occasions. At the time of our inspection, five males were living at the premises.

The service employs a staff team which includes a manager (who is a registered nurse), a deputy manager, a number of registered nurses and health care support workers. They are supported in caring for service users by other health and social care professionals from time to time, in accordance with their changing, identified needs.

All service users are registered with local GPs.

3. Summary

It was evident that staff working at the service and senior managers who supported them, placed a considerable emphasis on ensuring that patients' (and their families') experience of care and support was positive.

Overall, we also found that the health, safety and welfare of the service users was a priority. This is because we were able to confirm that there were suitable arrangements in place to provide a good quality, safe service within a safe environment.

This is what we found the service did well:

- A relative who spoke with us clearly indicated how the health and happiness of their family member had improved since they had moved to this NHS residential setting
- Conversations with staff demonstrated that they were knowledgeable and confident in their work
- Observations of how staff worked alongside service users in the communal areas revealed the compassionate, caring and patient approach they adopted when caring for the individuals who lived at the residential service

This is what we recommend the practice could improve:

- There was a need to improve some aspect of medicines management
- The health board has been advised to explore a wider range of tools and techniques to assist staff to communicate with service users
- We found there was a need to develop a daily/weekly programme of social activities for each service user in accordance with their preferences, wishes and abilities

4. Findings

Quality of patient experience

It was evident that staff working at the NHS residential learning disabilities service and senior managers who supported them, placed a considerable emphasis on ensuring that patients' (and their families') experience of care and support was positive.

The inspection team spoke with the relative of one service user who expressed a high level of satisfaction with the service and the work of the staff team. Unfortunately we were unable to obtain verbal comments from people in receipt of care due to their identified complex communication needs. We were however able to determine how one person felt about simple aspects of daily life through their use of facial expressions.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager 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)

Conversations with staff and our own observations on the day of the inspection confirmed that service users were involved in some household tasks such as blending their drinks and drying small items of crockery with the support of staff. This was in accordance with their wishes and abilities.

Overall we found that all service users were supported to stay healthy. This is because each person was registered with local general practitioners and had access to other health care professionals (such as community nurses, orthotic services) for advice and support as and when required. When asked whether each of the service users who lived at the residential service had received their annual GP health check, staff told us they had been undertaken. We could not however find any evidence in service user files to that effect.

Improvement needed

The health board is required to provide HIW with written evidence that all service users have received their annual GP health check.

We spoke with staff to find out what activities were available to service users and were told that there were plans to arrange for people to go along and watch a local football team playing in the very near future. We also looked at a sample of two service users' records to consider what social activities were organised on a daily basis but did not find any recorded evidence of a structured activities programme.

Improvement needed

The health board is required to provide HIW with details of a structured social activities programme in-keeping with the wishes, preferences and abilities of service users.

We were however able to observe one service user being encouraged and assisted to draw. The person concerned appeared to be very happy with this.

Having conducted a tour of the premises, it became evident that large quantities of continence products and other disposable items were being stored on the floor in areas occupied by patients (for example-bathroom areas). Storage facilities were very limited at the premises. However, we advised the staff team to seek advice as to how they could reduce the risk of trips and falls when storing such items.

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)

Staff described how they had gathered information about service users at the point of admission and since, to help them support people in accordance with their needs and wishes. However we found that there was no use of picture cards or signs to assist service user's to interact more fully with the delivery of day to day care. This was discussed with the person in charge who told us that two staff were due to join the team in the role of occupational therapy technicians; their role being key to improving communication with service users. We also refer to this particular issue on page 13 of the inspection report.

Brief conversations with a relative indicated that they were highly satisfied with the care their family member had received to date. They also told us how much healthier and happier their relative had become since they had been living at this NHS residential facility.

We found that service users were treated with dignity, respect and compassion. We also observed staff treating each other in a kind, supportive and professional manner.

We saw that service users had their own private rooms which contained personal items pictures and bed linen of their own choosing. We also saw that service users' doors were closed at times when they were being supported with personal care.

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 found that staff were present in all areas occupied by service users. We also saw that staff responded very promptly to service users at times when they called out.

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 two (out of five available) service user records. The content of those showed examples of good care co-ordination between staff working within the service, the multi-disciplinary team and a wider group of health care professionals. This meant that relevant people were involved in planning service users' current and future care.

Service users had access to the right equipment to help meet their identified needs. Examples of this were the presence of overhead moving and handling apparatus in service users' rooms and bathing areas. We also saw that service users had the use of personalised specialist seating and some stand alone sensory equipment. In addition, we were able to see the work underway to create a sensory room within the premises for the benefit of the service users. The room was due to be completed in the very near future.

We saw person centred, full and detailed positive behaviour support plans in respect of two individuals to help manage their behaviours and provide care in

an individualised way. This was updated as care and treatment progressed, to ensure staff provided services in a consistent and effective way.

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)

Overall we found that care and treatment was provided with a view to ensuring patient's rights were upheld.

For example, scrutiny of two service user's records clearly showed that there were Deprivation of Liberty Safeguards¹ in place; the correct process having been followed. There was also an established system for requesting renewal of safeguards, in accordance with service users' presenting needs.

Neither of the service user files seen contained any records about discussions concerning people's wishes associated with Do Not Attempt to Resuscitate (DNAR) guidelines. We therefore spoke with a senior manager about this issue and were told that all service users would be resuscitated in the event of an emergency (collapse).

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 not, and they must receive an 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)

There was no formal method in place for seeking views from individuals and/or their families regarding services received. We were however provided with a number of verbal examples whereby staff and senior managers had been made aware of issues of concern by family members; such issues being dealt with

¹ Deprivation of Liberty Safeguards (DoLS) 2009 legislation aims to make sure that people in hospitals, supported living, or care homes are only deprived of their liberty in a safe way and only when it is in the person's best interest and there is no other way to look after them.

promptly, and in accordance with the NHS Putting Things Right arrangements (for concerns/complaints).

Staff also described how they made every effort to get to know the individuals in their care (as well as their families), in order to work with them to improve services.

We were told that families had provided the service with very positive feedback since the closure of some services at Llanfrechfa Grange. Staff also highlighted the usefulness of information shared with the service by Best Interest Assessors who visited this NHS residential facility to assess service users at times when they were being considered for a Deprivation of Liberty Safeguards authorisation.

Improvement needed

The health board is required to inform HIW as to how it intends to empower service users and their families/representatives to describe their experiences of services on an ongoing basis. This is with a view to listening and learning from feedback to make improvements to the service provided.

Delivery of safe and effective care

Overall, we found that the health, safety and welfare of the service users was a priority among the staff team and senior managers. This is because we were able to confirm that there were suitable arrangements in place to provide a good quality, safe service within a safe environment.

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 saw that risk assessments in one service user's care records (regarding the risk of pressure damage to their skin) were either incomplete, or blank. This meant that staff may not be guided correctly to support the patient concerned in relation to this element of their care. This matter was brought to the attention of senior staff.

Improvement needed

The health board is required to provide HIW with details as to how it will ensure that risk assessments are completed in full in the future. This is in order to ensure that risks to service users are identified, monitored and where possible, reduced or prevented.

We found that there was limited emergency resuscitation equipment available at the service. However service user's epilepsy profiles were generally very detailed to guide staff as to what they should do in the event of single, or multiple epileptic seizures. Whilst there had not been any incidents to date whereby service user's care had been compromised as a result of the emergency equipment available, we advised senior managers to explore this matter with relevant health board personnel as a matter for priority. This was in order to determine what equipment should be available in the event of a patient emergency (collapse). HIW were then to be informed of the action taken.

Additionally, we were made aware that none of the staff had received recent training in relation to cardio-pulmonary resuscitation (CPR). The issue of staff training is explored further within the section of this report entitled Quality of Management and Leadership.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that staff have access to appropriate resuscitation equipment for use in the event of a patient emergency (collapse).

A tour of the premises confirmed that the fire extinguishers in place had been serviced in recent months and the lift at the premises was of a type that could be used in the event of fire.

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

We looked at two service user's records in depth and found that All Wales food charts had been used periodically as a means of monitoring the amount of food they were eating. We also saw the varied menu plan in place for one of the other residents.

There was a kitchen which service users could use (with the support of staff) to make drinks and access snacks and meals throughout the day and evening. Service users' meals were also prepared by members of the staff team in this area.

We observed staff assisting two individuals to eat and drink during the lunchtime period. As a result, we found that staff were very calm, patient and encouraging of the people concerned. They also spoke gently to service users and ensured that they were able to eat their food in an unhurried manner.

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 looked at service users' medication charts and were able to confirm that they received their prescribed medication in a timely way. We also observed a member of staff giving a service user their medication and were able to confirm that the necessary safety checks and method of administration was completed as required.

However, we identified the following issues for improvement:

- Current locked facilities were cluttered, making it difficult to store necessary quantities of medication for each service user

- Some medication charts were not securely held in the medication ring binder which meant that there was the potential for them to be lost
- The staff signatory list was not dated, so we were unable to determine whether the people listed were still relevant
- The recording of daily fridge temperatures was inconsistent, which meant that there may be occasions when the required temperature has gone unnoticed. This in turn has the potential to have an adverse effect on drugs stored. This practice contravened current guidelines and the local health board medicines management policy
- Two medication charts were not completed as required in respect of the administration of 'as and when required' medication (otherwise known as prn medication). This meant that we were unable to confirm whether this form of medication had been evaluated, or had been effective
- Storage facilities in respect of controlled drugs was not appropriate
- There was no medicines preparation area at the premises

The health board had completed an internal audit during March 2016 in respect of medicines management. We saw the report that had been completed as a result of that audit and the recommendations that had been made. However, no actual change had taken place up to the time of this inspection.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure full compliance with current medicines management legislation as well as regulatory and professional guidance.

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)

Staff had ready access to current All Wales guidance about the Protection of Vulnerable Adults (PoVA). In addition, we were informed that no PoVA cases had arisen as a result of service provision in the past twelve months.

Examination of service users' care records indicated that the staff team had a good understanding of the Mental Capacity Act 2005 regarding Deprivation of Liberty Safeguards.

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)

People were safe and protected from avoidable harm through appropriate care and support. This is because service user files contained detailed information about their needs, wishes and preferences and how staff worked together to address aspects of care provided.

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

We found that the staff team placed an emphasis on getting to know as much as they could about the past and present lives of each service user. Given their complex communication difficulties, this was largely achieved through communicating with service users' families, representatives and other health and social care professionals.

Conversations with staff further confirmed how they documented service users' wishes and preferences. However, the staff team did not have the use of a range of techniques, or equipment (such as picture cards or signs) to assist them to communicate with service users on a two way basis as far as possible.

Improvement needed

The health board is advised of the need to inform HIW of the action it intends to take to promote effective communication between staff and service users.

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)

On examination of a sample of two service user records we found that one entry (which was made prior to a service user's admission to hospital), was not as detailed as it should have been (in accordance with current standards and

guidelines associated with record keeping). More specifically, there was no record of the service user's vital signs and a description of how the person was supported from the time deterioration in their health care was identified, and the time the service user was taken to hospital. There was no doubt however that staff had acted promptly to arrange the hospital admission. This isolated recording issue was discussed with a senior manager who indicated that staff would be reminded of their duty to provide sufficient detail in patients' records at all times.

Quality of Management and Leadership

Overall, we found that there were effective management, governance and leadership arrangements in place at this service. This is because we spoke with staff (including the deputy manager) and senior health board managers and found that the exchange of information between all concerned was well established. In addition, the health board had recently set up a rolling programme of audit activity as a means of measuring the quality of the service and to identify the need for improvements in a prompt way.

Furthermore, staff present at the service on the day of our inspection indicated that they were well supported in their work.

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.

People can be assured that there were suitable arrangements in place to monitor and improve the care systems and processes in place for the benefit of service users. This is because conversations held with staff and senior managers demonstrated the sustained efforts made to assess the quality of the care and support provided, and to make on-going improvements to the service wherever possible.

We were able to confirm this through looking at the outcome and improvements planned associated with a health and care standards audit completed during November 2015 and a medication audit completed during March 2016. In addition, we were provided with details of the issues identified and action to be taken as a result of a Local Environmental Committee (LEC) walkabout which took place at the service on the 22 April 2016.

We were also provided with details of the rolling programme of audit that has been developed as a result of a recent HIW inspection. The outcomes of audits

in relation to risk management (WARRN²), service users' case notes, and health and care standards (to name but a few), will be presented at the Directorate Quality and Patient Safety group meetings as a means of ensuring continuous improvement to patient services.

Senior managers further provided us with a detailed description of how the health board's Mental Health and Learning Disabilities Partnership Board have been working with relevant local authorities during the past eighteen 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 day to day operation of this NHS residential learning disabilities service was the responsibility of the manager and deputy manager both of whom were supported by a team of motivated, professional and dedicated registered nurses and experienced health care support workers (HCSWs).

Conversations with senior managers indicated that staff turnover was low. We were also made aware of the established and supportive arrangements that were in place to minimise staff absences due to sickness. In addition, the service used bank staff to cover unforeseen staff absence from work and never used agency staff. This meant that service users were able to receive care from people who were familiar to them.

During our inspection, we were able to confirm that there were enough staff with the right knowledge and skills present throughout the day to deliver support to service users. This is because we observed the delivery of some aspects of

² 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.

care, explored the content of two of the five service user's care records and spoke with staff to explore their understanding of people's needs, (past and present).

We found that the health board had recently employed five additional registered nurses (three full-time and two part-time) to work at the service in direct response to the changing needs of a service user. Staff also told us that they had been able to obtain additional staff from the nurse bank at such times that a service user had become unwell, or required admission to hospital.

Our discussions with staff and completed HIW staff questionnaires indicated that staff generally felt well supported in their work. The service also offered places to student nurses, one of which was working with the team on the day of our inspection.

Two questionnaire responses did however indicate that staff did not always have adequate access to materials, supplies and equipment to do their job. The persons concerned did not however specify what was meant by that.

We requested to see a copy of the staff compliance information plan to determine whether staff were being provided with mandatory and service user specific training to assist them in their work. We also saw reference to the following staff training issues which were incorporated within a health and care audit completed during November 2015:

- Learning Disability Residential Directorate (Continuing Professional Development) days have been developed to meet the specific needs of the staff within this service. We were able to confirm that staff had attended a number of relevant training days in the past six months
- Staff have access to e- learning – to complete all statutory and mandatory training
- Staff have access to the Education and Development department of the health board which provides training opportunities both in house and via external training departments such as vocational training courses
- Staff are signposted to opportunities for career development via Succession Planning – links with the University of South Wales for both qualified and unqualified staff members – i.e. HCSW Diploma, Post registration education.

Discussions with the deputy manager also served to highlight the 'in-house' staff training programme already planned for the next three months. The health board was very open in sharing the staff training compliance data in relation to this service. The information clearly showed that staff had not received recent training on a variety of topics which included cardio-pulmonary resuscitation (CPR) training.

Improvement needed

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.

Discussions with senior managers revealed that the health board had set up a staff succession programme approximately two years ago. This was as a means of developing and preparing staff to take up more senior positions within learning disability services. Those arrangements were currently being re-visited in the light of the retirement of key staff in the near future. Senior managers also described the links established between the health board and the University of South Wales with a view to encouraging newly qualified staff to work within learning disability services and also to provide health board nurses with the opportunities for secondment to broaden their skills and knowledge.

We also held conversations with the person in charge and the deputy manager and found that two band 4 health care support workers had recently been supported to acquire new roles at the residential service as occupational therapy technicians with a view to improving the social activities on offer to service users.

We were able to confirm that there was a system in place for staff appraisal; the percentage completed in the past twelve months having been improved across learning disabilities residential services. Senior managers also described (in some detail), the arrangements in place to support staff at times of sickness/absence. This was in order to assist individuals in the workplace and to increase the resilience of the staff team.

We found that staff were kept informed of the strategic direction of the service via informal discussions and the distribution of a quarterly newsletter within which the health board also conveyed messages of thanks to staff for their hard work.

5. 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 this NHS residential learning disabilities service 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, measurable, 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.

6. 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: NHS residential LD service-reference 16009

Date of Inspection: 24 May 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
5	The health board is required to provide HIW with written evidence that all service users at the service have received their annual GP health check.	1.1	All service users have attended their GP for their Annual health checks within the last year. A copy of these health checks have been requested and will be forwarded to HIW on receipt.	Chris Jones Assistant Head of Specialist Services	Complete will be forwarded by 8 th August 2016
6	The health board is required to provide HIW with details of a structured social activities programme in-keeping with the wishes, preferences and abilities of service users.	1.1	The Learning Disabilities Directorate has commissioned occupational therapy technicians in order to support the development of social activities relevant to the wishes, preferences and abilities of service users. At Twyn Glas an activity board has been developed, please find attached photograph as evidence of the board and also an email related to the training, development and supervision of the occupational therapy technicians.	Helen Thomas Head of Occupational Therapy	Complete and ongoing June 2016.

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
9	The health board is required to inform HIW as to how it intends to empower service users and their families/representatives to describe their experiences of services on an ongoing basis. This is with a view to listening and learning from feedback to make improvements to the service provided.	6.3	<p>The Health Board uses the Health and Care Standards Monitoring System to gather and report on relatives and representatives feedback on fundamentals of care.</p> <p>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.</p> <p>Service Users will be encouraged to use a range of communication methods to identify likes and dislikes of service provision. This will be developed as part of the</p>	<p>Chris Jones Assistant Head of Specialist Services</p> <p>Chris Jones Assistant Head of Specialist Services</p> <p>Chris Jones Assistant Head of Specialist Services</p>	<p>Annually November</p> <p>Annually Next August 2016</p> <p>Commence Data Collection by 8th October 2016</p>

			occupational therapy technicians role along with the management team and speech and language therapist.		
Delivery of safe and effective care					
10	The health board is required to provide HIW with details as to how it will ensure that risk assessments are completed in full in the future. This is in order to ensure that risks to service users are identified, monitored and where possible, reduced or prevented.	2.1	<p>Management supervision is being implemented at Twyn Glas. The focus of the supervision will include quality assurance of documentation, ensuring compliance with legislation and policy.</p> <p>All documentation within the records at Twyn Glas have been reviewed and updated as necessary.</p>	Chris Jones Assistant Head of Specialist Services	To be completed by 8 th October 2016
				Chris Jones Assistant Head of Specialist Services	Completed 27 th May 2016
11	The health board is required to inform HIW of the action taken to ensure that staff have access to appropriate resuscitation equipment for use in the event of a patient emergency (collapse).	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	Chris Jones Assistant Head of Specialist Services	Completed 16 th June

			place.		
12	The health board is required to provide HIW with details of the action taken to ensure full compliance with current medicines management legislation as well as regulatory and professional guidance.	2.6	<p>The staff signatory list has been updated and dated. This will be updated as staff leave or join the team and date at each amendment.</p> <p>The fridge temperature is being recorded daily. A weekly check of this is now undertaken by the management team of the residence ensuring compliance. Issues in recording will be raised immediately with the staff responsible,</p> <p>Medication charts will be checked for issues weekly by nurse registrants and issues raised to the management team for action.</p> <p>The controlled drugs in use at Twyn Glas comply with Schedule 4 of the Misuse of</p>	<p>Chris Jones Assistant Head of Specialist Services</p> <p>Chris Jones Assistant Head of Specialist Services</p> <p>Chris Jones Assistant Head of Specialist Services</p> <p>Chris Jones Assistant Head of</p>	<p>Completed 27th May 2016</p> <p>Completed by 15th July 2016 and ongoing</p> <p>Completed by 15th July 2016 and ongoing.</p> <p>Completed 27th May 2016</p>

			<p>Drugs Act 1971 in terms of storage, ordering, administration, and documentation. There were some practices such as recording the drug in the controlled drug book that have now ceased as a result of the inspection.</p> <p>Two medication cupboards have been purchased and are installed within a locked room, upstairs at Twynglas. Within this area there is now ample room for medication preparation, away from the day to day running of the home.</p>	<p>Specialist Services</p> <p>Chris Jones Assistant Head of Specialist Services</p>	<p>Completed June 2016</p>
13	The health board is advised of the need to inform HIW of the action it intends to take to promote effective communication between staff and service users.	3.2	The occupational therapy technicians, speech and language therapist and nurse registrants at Twyn Glas have been working with service users to promote more effective	Chris Jones Assistant Head of Specialist Services	Completed June 2016 and ongoing.

			<p>communication. Preferred methods of Non verbal communication for each service user is well documented within their daily files. These will be explored further and a communication passport will be developed for each service user. The use of Health Technology equipment (Ipad, Kinect and Projector) will be utilised within this process.</p>		
Quality of management and leadership					
17	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.	7.1	A continuing professional development programme has been developed for the residential services. The programme is designed to ensure that skills are developed relevant to the needs of the service user group and the requirements of statutory and mandatory training.		This commenced August 2015.

			<p>There is an annual performance and development review along with the current introduction of management supervision ensuring that individual staff receive training or development relevant to the needs of the service.</p> <p>To support the training bespoke classroom sessions will be provided for specific items such as mandatory training.</p>		<p>By 8th October.</p> <p>As required began June 2016</p>
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