

Learning Disability Inspection (unannounced)

Hywel Dda University

Health Board, NHS

residential service: 16029

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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, patient, 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 unannounced inspection to an NHS Learning Disability service within Hywel Dda University Health Board on 7 June 2016. Our team for this inspection comprised of an HIW inspection manager (inspection lead), an HIW assistant inspection manager and a clinical peer reviewer.

HIW explored how this 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 service inspected forms part of learning disability services provided within the geographical area served by Hywel Dda University Health Board

It is an inpatient service for people with learning disabilities, specialising in the care of people who have autism spectrum disorders and behaviours that are complex and challenging.

The setting has five beds. There were five patients living there at the time of the inspection.

The service employs a staff team which includes a ward manager (currently on a temporary promotion into the role), registered nurses and support workers. A Consultant works between this unit and another learning disabilities unit nearby.

The service falls under the Mental Health and Learning Disabilities Directorate within Hywel Dda University Health Board.

3. Summary

Overall, we found evidence that this service was not providing good levels of patient centred, individualised care. We also concluded that the service was not delivering safe and effective care. We found that the staff team lacked onsite senior management support. We found that records were very poorly organised, poorly completed and did not provide an accurate record of the support needs of patients, nor the support being provided. The environment was in a poor state of repair, with significant delays in getting maintenance jobs completed.

We had significant concerns about the unit and discussed this at length and in detail with the Health Board. We raised some of our concerns immediately and have already been in in correspondence with the health board about remedial actions needed to address the most concerning issues and tackle the areas of highest risk without delay. There are further improvements needed and this report sets out each of these in detail.

There was a need for significant improvements in a number of areas at this service. In total we have made twenty one recommendations for improvement, across the areas of Patient Experience, the Delivery of Safe and Effective Care and the Management and Leadership at the service. The service requires significant improvement and senior support structures will need to be reviewed to ensure that there is the resource to enable this to be possible.

4. Findings

Quality of patient experience

Overall, the evidence we found indicates that this unit does not provide a good quality of patient experience. Whilst the patients appeared to be happy on the day of our inspection, the overall planning of activities, structure of routines and some of the support being given did not adequately address the patient's needs or provide them with sufficient opportunities to enable them to fulfil their capabilities.

Due to the complexity and level of communication needs of the patient's at this setting, we were unable to seek their views of the service. As the inspection visit was unannounced, there were no family members or carers (outside of the staff team) available to speak to us.

The inspection team's conclusions about the quality of patient experience are therefore drawn from the evidence we found in care and treatment plans, observations we made during the time we spent at the unit and conversations held with staff members about the way in which they support individuals.

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)

A GP visited the unit each week, helping to support the patients health with regular reviews of ongoing physical health needs, ensuring that other health professionals – for example, podiatrists – were accessed appropriately and providing ongoing support to manage pre existing health conditions or illnesses. This meant that patients were receiving input to help manage their health needs in an attempt to maintain and improve their general health.

Patient notes were not very detailed and were hard to follow. For example, we saw evidence that patients had been seen by an optician but the notes did not show when this had been and what the outcome of the appointment was. This means that in the event of any new staff getting to know the needs of the patient, the notes would not provide an accurate record of current and future needs.

Improvement needed

The health needs of individuals should be documented in detail so that all those providing support to them are clear about when routine appointments should take place. This is with the aim of managing ongoing conditions effectively.

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)

The patient group being cared for in this unit had levels of verbal communication which meant that they often needed to use communication aids to help them express themselves and enhance their understanding. We did not see the use of any particular aids during our time at the service.

We asked about whether any of the patients might have a better understanding of Welsh than English but the staff we spoke to were unable to answer this clearly. We saw that some staff spoke in Welsh to each other, in the presence of patients, but then in English to the patients themselves. We were not confident that the impact of speaking Welsh had been properly or carefully considered. It may be that for some of the patients this will have been their first language and is therefore something that staff should be more mindful of and potentially even encourage, if appropriate to individual needs. It may be that staff should also consider what language they speak to each other in when there are patients present.

Improvement needed

Consider properly the impact of using Welsh and English in the presence of and when directly speaking to patients. Ensure that staff members are mindful of patients when they communicate between themselves, doing so at appropriate times only.

We saw an occasion when a staff member entered a patient's bedroom without knocking or asking for permission to enter. The privacy and dignity of patients must be respected at all times and particularly in individual spaces. The practice we saw did not take account of this.

Improvement needed

Staff must be mindful of patients individual rooms and ensure they are as respectful as possible when entering these areas.

We also noted that in a number of bedrooms, there were no curtains or blinds on the windows. At night time, staff told us that they put temporary curtains up – an old sheet was one we noticed. The result of the temporary solution was that windows looked unkempt and bedrooms were not homely, attractive spaces. Staff explained to us that they had been waiting some time (approximately six months) for maintenance staff to come and replace blinds and curtains. This is an unacceptable delay and one which has left patients in bedrooms which cannot easily be made private.

Improvement needed

The health board must urgently address all outstanding works to windows in patient bedrooms so that proper blinds and curtains can be used.

Improvement needed

The system for escalating any delay in response from maintenance should also be reviewed by the unit manager in order to avoid such long waits as this in future.

Improvement needed

The health board must review the arrangement between maintenance and learning disability services to ensure that response times and requests are appropriately and reasonably prioritised to enable those patients, for whom this is their home, to live in as pleasant an environment as possible.

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)

Whilst we found that the staff team at the unit were considerate and showed genuine care towards the patients, we did not find any evidence to demonstrate that they were actively considering or encouraging the development of independent living skills. There were no active plans in place to look for any other placements for these individuals and the unit was being viewed as their long term home.

We raised concerns about this; the unit is clinical and activities are lacking. Patients could potentially receive a better quality of life in a more homely, setting.

Improvement needed

The health board must review the appropriateness of the setting and ensure that patients are being supported with activities which are maximising their potential to be placed in more homely services.

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)

Daily routines varied between patients in accordance with their likes and dislikes. However, activities and access to activities in the community were limited. Some of the activities being offered to patients were limited and provided little opportunity for stimulation or for engaging with the local community, neither did they work on improving independent living skills. There was a lack of variety and little access to local services.

The routines we saw indicated that the patients were not being given sufficient appropriate opportunities to improve their health needs. Staff did not provide any evidence to demonstrate that they planned to increase the level of activities; nor that they understood the reasons why doing so would be beneficial to the quality of care being provided.

We asked the health board to review this urgently so that people are being helped to be as independent and have as good a quality of life as possible.

Improvement needed

During our inspection, HIW raised concerns about the poor quality of activities being offered to the patients in this unit and asked them to review the approach to support and care being provided at the unit. HIW request a detailed response demonstrating what has been and will be done to tackle this.

We saw that where there were particular risks to individual patients, for example, a tendency to try and ingest / eat soap, the staff had responded to this by removing the soap from the bathrooms. They had failed to consider the needs of the other patients adequately in doing so and staff

told us that patients only used water to wash their hands after using the toilet. In the event of any contagious illnesses, water alone would be insufficient to adequately reduce cross infection between patients. This is one example of the practice we found but there were other examples whereby risk management strategies put in place for individuals were being applied to all patients. This appeared to be due to a lack of planning and appropriate interventions to tackle the risk whilst respecting other individual needs.

Improvement needed

This service was not providing good levels of individualised care, and staff did not demonstrate good understanding of why it is important to ensure that care is carefully planned for each individual. The health board must review the knowledge and competence of staff working at this service. Care needs should be reassessed by a multidisciplinary team to ensure that individual restrictions are not being applied to all patients.

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)

There were patients at the unit who had restrictions in place, under both the Deprivation of Liberty Safeguards (DoLS) and under the Mental Health Act. The particular restrictions in place were documented to differing degrees within their respective care plans. However, we found that the entries made were not dated and signed and did not always contain the reasons for the restrictions, nor the rationale behind support strategies.

Improvement needed

In respect of any restrictions placed on patients under the Mental Health Act or Deprivation of Liberty Safeguards (DoLS), all documentation should be clearly written, explain and refer to all restrictions clearly.

On the day we visited, we saw staff allowing patients to have choice in their daily routine, such as when to go out, when to be left alone and when to have their meals, snacks and drinks.

Staff were managing continence care needs by waking one patient at a certain time each morning. We were not confident that they had

sufficiently explored all possible solutions to help them in supporting the patient as appropriately as possible and we requested that they review this. The review should take account of the fact that management plans must respect privacy, dignity and patient choice.

Improvement needed

The health board should review the continence care being delivered to patients to ensure that it is in line with best practice, and respects the privacy, dignity and choice of individuals.

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)

Patients were supported to maintain as close contact with their families as possible.

The service has accreditation from The National Autistic Society who visit and speak with families and patients to gain their views. Apart from this, the unit itself does not have a recognised system for seeking patient and relative feedback. There should be consideration to use suitable forms of communication and aids so that patients can communicate how they feel about various aspects of the service.

Improvement needed

The health board should give consideration to implementing their own system for seeking feedback from those involved in receiving care from them.

Delivery of safe and effective care

We found many instances where standards of care being delivered were not in accordance with best practice and where an absence of care planning from a full multidisciplinary team meant that patients were not receiving the most appropriate care for their needs.

Overall, we have concluded that the service was not delivering safe and effective care. This was because of the number and seriousness of the shortfalls we found. We have made the health board aware of all concerns and asked them to urgently address the quality of care and standards that we found at this service.

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 there was a lack of understanding amongst staff at this unit about what would constitute the practice of seclusion to manage patient needs. Staff were classifying some of the care and support they were providing as segregation, and not as seclusion. Due to this, the appropriate risk assessments and safeguards that should be in place to ensure the continued health and safety of staff and any patient being secluded had not been considered and were not in place.

We raised our concerns with regards to the practice referred to by members of staff as segregation. However, during the inspection the health board were unable to provide a policy for this practice referred to as segregation. Without an appropriate policy surrounding this practice it lacks the safeguards that should be in place for patients and members of staff.

At the inspection feedback it was agreed by the health board that this practice would be reviewed and an appropriate policy developed to ensure that patients and members of staff are safeguarded.

Improvement needed

The health board should revisit the seclusion policy and ensure that it can be used to support staff adequately in managing challenging behaviours.

Ensure that staff understand what constitutes seclusion.

Ensure that appropriate safeguards are in place to protect staff and patients when they are left alone for any periods.

We also saw that some of the strategies used to manage challenging behaviours were not in line with best practice positive behaviour management (PBM) strategies. We were concerned about this and discussed it with the unit manager. We were told that many staff at the unit had done additional PBM training and therefore the unit manager considered that they had sufficient expertise in house to implement PBM strategies and did not often need to ask for outside, expert advice. We were concerned about this and have asked the health board to ensure that a full multidisciplinary team is re-established so that there is holistic input into patient support plans.

Improvement needed

Review the use of PBM strategies at the unit and ensure that these are the most appropriate interventions possible.

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

There was evidence that services users were being given some support to access the kitchen to help with the preparation of meals. This was in accordance with support plans to maximise choice and independence.

In general, the foods on offer did not appear to be well balanced and the lunch on offer during our visit comprised of a substantial amount of pizza with, by contrast, a small amount of salad. Although the salad looked fresh and appetising, it did not make up a sufficient amount of the meal. Latest guidelines, such as the 'eat well plate' recommend a higher proportion of fruit and vegetables to carbohydrate and fats. We recommend the menu and food choices be reviewed in line with this to ensure they are as balanced as possible. Staff should also ensure that patients are supported to make an informed choice about their diet, helping them to understand the risks of overeating and choosing unhealthy options over healthy options.

Improvement needed

The menu choices should be reviewed to ensure they are as balanced as possible and contain sufficient fruit and vegetables to meet current expert guidance and best practice.

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 did not inspect medication management at the unit during this inspection. This was because our concerns in other areas were significant and required us to redirect our time towards these other areas.

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)

There were policies in place for safeguarding. Staff had received training and they were able to discuss a small number of occasions when they had made referrals for consideration under adult protection procedures which demonstrated that they were confident enough to apply the principles in practice.

We were not confident about the appropriateness of some of the behaviour management systems we saw in place and we advised the health board to review these by holding multidisciplinary team meetings to review the patients care plans. Some of our concerns in this area were dealt with under our immediate assurance process, which meant that we wrote to the health board within 48 hours of our inspection visit and have had a response from them already. We were assured that they were taking appropriate remedial actions to address what we highlighted but they must also ensure that the lessons learnt from these findings are shared more widely across this and other learning disability services within the health board.

- The specific areas we requested that they review were:
- The understanding of staff and use of seclusion
- The use of restraint in behaviour management

The level of physical contact that is deemed appropriate and safe to provide reassurance and comfort to patients without crossing professional boundaries. Consideration should be given to whether any contact in personal space is appropriate.

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 were not confident that the practices for care, treatment and decision making we saw were in line with best practice and evidence. The particular areas where we raised concerns were:

- **The provision of continence care in line with specific behavioural needs**
- **Infection prevention and control throughout the unit**
- **Nutritional support, ensuring that meals are balanced and ensuring that patients are supported to have as much input as possible in meal choice and preparation**
- **Use of positive behaviour management strategies**
- **The application of restrictive behaviour management strategies**

No specific recommendation is made in this regard as all areas have been dealt with separately in other areas of the report.

We also noted that multidisciplinary meetings had comprised of nursing staff and medical staff with an absence of therapy staff and positive behaviour staff who could provide the rounded, holistic input necessary to achieve the best possible support plans. We acknowledge that at times this has been down to resource availability but this must be addressed to ensure that patients are receiving the best care possible.

Improvement needed

Multidisciplinary reviews have not included all members of the multidisciplinary team and therefore support plans have not been truly holistic and have lacked the expert guidance in some areas. The health board must ensure that patients for whom they provide specialist learning disability care are given this input into their support planning and treatment, ensuring that they explore all available options for securing the expert resource necessary for holistic care planning.

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

Patients had complex communication needs. We were told that there were communication aids in place for some individuals but we did not see any of these in use. In general, we noted that the unit was bare and clinical. There were few pictures or pictorial signs used to help get around the unit. We did not see particular evidence to support that supporting communication needs was high priority. We also noted that there was limited input from speech and language therapy.

Improvement needed

Review the communication support offered to patients and ensure that opportunities are taken to maximise their understanding and contribution through the use of appropriate aids and strategies.

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)

Patient care records were held in paper form and some were also available electronically. Overall, the standard of recording was poor. The paper records held the most detail but these were hard to follow, lacked detail and often did not form a clear chronological order. This means that new members of staff, or staff returning from periods of leave would not be able to rely on the records as an accurate way of updating them about any changes. Records also did not provide the opportunity evaluation of the care and treatment and would not give sufficient detail for any unfamiliar member of staff to be able to provide patients with the level of support they needed in specific circumstances.

Improvement needed

The health board must review the standard of records kept at the unit. The detail recorded at the point at which we inspected was insufficient to provide staff with an accurate, reliable record of individual support needs. The records were badly organised and poorly maintained; we noted a lack of dates and signatures which meant that it was not possible to establish how recent the entries were.

These insufficiencies must be addressed.

Quality of management and leadership

Overall, our findings have led us to conclude that on site management of this unit was weak. We also did not find sufficient evidence of support from senior management to address the issues we found. We were also concerned at the extent to which the health board was seemingly unsighted as to the level of issues we found during our inspection and what this indicates about the effectiveness of the governance arrangements that are in place. We have asked the health board to address the issues found at this unit and to consider the issues and implications on a wider scale.

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.

The learning disability directorate covers services across three counties with a significant amount of miles in between some of the services. We were not confident that this arrangement and spread of staff was sufficient to meet the needs within these services which are complex and demanding. We also noted that there are a limited number of learning disability trained nurses and staff amongst senior management, plus a lack of key multidisciplinary support staff which makes this a challenging area to work in in terms of accessing specialist knowledge.

Unit staff told us that a number of changes at senior management level over the previous years have caused some uncertainties and lack of clarity about the direction of services in future and has at times meant that decisions have been delayed. We were shown a copy of the management structure for the learning disability service and noted that it appeared to be very complex.

The structure chart indicated that senior management were attempting to put structures in place in a bid to address governance and leadership shortfalls but the feedback we had from staff at the unit suggested that as yet the unit itself was not realising these benefits. It is therefore not clear whether the structures are the right means of ensuring strong leadership and governance of a challenging unit with a challenging patient population.

Improvement needed

Ensure that the management structure is sufficient to support the needs of the service. Review the structure chart to ensure that unit staff

understand who is in leadership roles within the learning disability directorate.

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))

There was a Band 7 nurse in charge of the unit but there were no band 6 nurses and as a result the unit leader was largely unsupported in her on site role. Due to the areas and scale of weakness we found throughout the inspection, we could not be confident that this management arrangement was sufficient to meet the needs of the service adequately and as such, it should be reviewed.

Improvement needed

In light of our findings, the health board must review the management arrangement in place to cover the unit and determine what needs to be done to make this adequate for the complexity of the service, providing HIW with a report of how they have chosen to resolve this.

Access to training in some areas seemed to be limited and there seemed to be limited peer support and evidence that staff were accessing any professional links to help with their personal development and professional competence.

Improvement needed

The Health Board should review staff training at the unit, identifying any gaps and ensuring that staff can access the training and development they need.

The support plans and feedback we had from staff meant that we could not be clear about the opportunities for engagement with specialist services who should be used to support the complex care needs of patients being cared for at this unit.

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 the 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, 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.

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

Health Board: Hywel Dda University Health Board

Date of Inspection: 7 June 2016

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6.	The health needs of individuals should be documented in detail so that all those providing support to them are clear about when routine appointments should take place. This is with the aim of managing ongoing conditions effectively.	1.1	Current Position The Mental Health Learning Disability (MHL) Service utilises an electronic patient record system (FACE), which is accessible from community and hospital sites. In addition the unit keeps a paper based file with copies of care plans and key documents. The in-depth knowledge of staff for the client group is not reflected within the paper based client records in the detail necessary to ensure person centred care could be delivered by new staff. Written health records are		

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<p>difficult to locate on the unit and are not specific enough. All qualified staff have received Record Keeping training within the past 12 months.</p> <p>Input from visiting the GP for one session every week. However, ward rounds fluctuate in regularity and Consultant Psychiatrist not in attendance at each ward round.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Professional Lead Nurse has undertaken an urgent review of all health records of all clients on Ty Bryn and has provided a written report with recommendations to Head of Service. Urgent reviews of all five clients undertaken with full involvement of the Multidisciplinary Team (MDT) to review current care plans, risk assessments and behaviour support plans. 	<p>Professional Lead Nurse for LD</p> <p>Ward Manager</p>	<p>28.07.16</p> <p>07.11.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			Actions Planned <ul style="list-style-type: none"> ● Undertake a full reassessment of each individual as per recommendations to include as a minimum:- <ul style="list-style-type: none"> ○ A functional analysis of current behaviour that records function of behaviour ○ a baseline of current frequency, intensity and duration of behaviour ○ a full skills assessment that identifies skills achieved and skill deficits ○ a full sensory assessment and profile of sensory needs ○ a communication assessment that informs best ways of interacting with individuals and advises of alternative/more appropriate ways of communicating need ● Develop an individual profile which collates all necessary health needs and incorporates Active Support as a key 	Ward Manager/ Consultant Psychiatrist	07.11.16
				Ty Bryn Multi Disciplinary Team	15.08.16

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<p>component of care.</p> <ul style="list-style-type: none"> • Set weekly clinical liaison meeting between Consultant Psychiatrist, Speciality Doctor, GP and Ty Bryn staff. • Ward Manager to address poor documentation skills with staff during team meeting and individually at supervision. • Develop methodology and conduct a system of audit to ensure compliance with standards of record keeping. 	<p>Consultant Psychiatrist</p> <p>Ward Manager</p> <p>Service Manager</p>	<p>30.09.16</p> <p>30.09.16</p> <p>14.10.16</p>
6.	Consider properly the impact of using Welsh and English in the presence of and when directly speaking to patients. Ensure that staff members are mindful of patients when they communicate between themselves, doing so at appropriate times only.	4.1	<p>Current Position Preferred language is documented in the electronic record system in the CTP. However, paper records held on the unit is unclear in regard to clients' first language and / or preference to language spoken. Communication Aids and objects of reference are not readily accessible.</p> <p>Actions Planned</p> <ul style="list-style-type: none"> • All Care Plans must clearly identify individual needs or 	<p>Ward Manager</p>	<p>19.08.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<p>preferences in relation to first language and level of comprehension</p> <ul style="list-style-type: none"> • Complete communication assessments and develop profiles that inform best ways of interacting with individuals and advise on alternative/more appropriate ways of communicating • All staff must complete the E-Learning Welsh Language module. • SALT practitioners to provide training on Communication to all staff • Ward Manager to regularly remind staff at team meetings and through supervision about the use of appropriate and timely communication between themselves. 	<p>Head of Speech and Language Therapy (SALT)</p> <p>Ward Manager</p> <p>Head of SALT MHLD</p> <p>Ward Manager</p>	<p>30.09.16</p> <p>30.09.16</p> <p>28.10.16</p> <p>30.09.16</p>
7.	Staff must be mindful of patients' individual rooms and ensure they are as respectful as possible when entering these areas.	4.1	<p>Current Position</p> <p>Understanding of privacy, dignity, and the rights of clients amongst staff appears to vary significantly.</p>		

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<p>Although the majority of staff have undertaken the E-Learning module on Privacy and Dignity there would appear to be gaps in their knowledge.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Learning & Development have been contacted to scope options for provision of training/reflective sessions on Privacy & Dignity. <p>Actions Planned</p> <ul style="list-style-type: none"> Review staff training records and ensure 100% compliance with the E-Learning module on "Dignity & Respect". Ensure Ward manager informs all staff of expected behaviour at individual supervision sessions. Training / Reflective sessions to be identified to raise awareness and discussion around Health Board's recently launched Organisational Values. Engage Health Care Coordinators to undertake 	<p>Service Manager</p> <p>Ward Manager Ward Manager</p> <p>Service Manager</p> <p>Ward Manager</p>	<p>04.08.16</p> <p>30.09.16</p> <p>26.08.16</p> <p>30.09.16</p> <p>28.10.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			'Observations of Care' when visiting unit and report findings to Service Manager. Any concerns will in turn be escalated to Head of Service.		
7.	The health board must urgently address all outstanding works to windows in patient bedrooms so that proper blinds and curtains can be used.	4.1	<p>Current Position Lack of curtains and blinds in patient rooms were being addressed by the ward manager.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> • Operations Manager (Estates) has been asked to ensure urgent action on replacing curtains and blinds for all bedrooms. • Bi-monthly meetings between ward managers, Service Manager and Estates department have been re-established to monitor and address ongoing maintenance and estates issues. <p>Actions Planned</p> <ul style="list-style-type: none"> • Review list of all outstanding repairs and action 	<p>Head of Estates</p> <p>Service Manager</p> <p>Service Manager</p>	<p>04.08.16</p> <p>01.08.16</p> <p>26.08.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> Escalate findings to Assistant Director of Estates / Assistant Director MH&LD and agree a programme of work. Ward Manager to escalate to Service Manager any urgent maintenance issues outside of bi-monthly meetings where they are not being resolved in a timely manner. 	Head of Service Ward Manager	26.08.16 22.08.16
7.	The system for escalating any delay in response from maintenance should also be reviewed by the unit manager in order to avoid such long waits as this in future.	4.1	<p>Current Position There has been a lack of regular escalation of concerns over maintenance issues to Service Manager.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Service Manager has been provided with a current list of outstanding repairs for Ty Bryn. Bi-monthly meetings arranged with Ward Manager, Service Manager and Estates Operations Manager commencing 15.08.16 	Estates Team Ward Manager	01.08.16 03.08.16

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			Actions Planned <ul style="list-style-type: none"> Ward Manager to meet with Service Manager to prioritise outstanding repairs required Ward Manager and Head of Service to agree system of escalating estates concerns outside the bi-monthly meetings Link any lack of progress to Assistant Director (MH&LD) using formal supervision structure, and if applicable to capital and estates meetings. 	Service Manager Ward Manager Head of Service	15.08.2016 22.08.16 26.08.16
7.	The health board must review the arrangement between maintenance and learning disability services to ensure that response times and requests are appropriately and reasonably prioritised to enable those patients, for whom this is their home, to live in as pleasant an environment as possible.	4.1	Current Position There is currently no arrangement to review and prioritise estates and maintenance issues. Actions To Date <ul style="list-style-type: none"> Bi-monthly meetings arranged with Ward Manager, Service Manager and Estates Operations Manager commencing 15.08.16 Actions Planned <ul style="list-style-type: none"> Link any lack of progress to 	Service Manager Head of Service	 03.08.16 26.08.16

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			Assistant Director (MH&LD) using formal supervision structure, and if applicable to capital and estates meetings.		
8	The health board must review the appropriateness of the setting and ensure that patients are being supported with activities which are maximising their potential to be placed in more homely services.	6.1	<p>Current Position</p> <p>All clients have Care Coordinators whose role it is to ensure their clients' needs are being met in an appropriate setting. All clients have Care And Treatment Plans in place but it is acknowledged these need further development. All clients have Care and Treatment Plan reviews in line with Mental Health Legislation. Involvement of the Independent Mental Capacity Advocate (IMCA) in clinical reviews for all five clients. The Learning Disabilities (LD) Programme Board has recently been established following a review of Inpatient Facilities during 2015/16 and a subsequent draft Options Appraisal was submitted to this Board. The Programme Board will consider the future service delivery of Learning Disability Inpatient facilities to ensure the Health Board</p>		

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			<p>meets the needs of the local population more effectively</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Care and Treatment Plan annual reviews for two clients have taken place with family / carers involvement to discuss current and future service needs. <p>Actions Planned</p> <ul style="list-style-type: none"> Care and Treatment Plan Annual Reviews planned for remaining 3 clients with family / carer involvement to discuss current and future service needs. MDT to provide a report outlining options for future service provision for all five clients. Additional and ongoing MDT reviews to be planned to ensure clients' needs are being appropriately met in a timely manner. Family /carer and IMCA involvement must be assured at these reviews. 	<p>Care Co-ordinator / Consultant</p> <p>Care Co-ordinator / Consultant</p> <p>Care Co-ordinator / Consultant</p> <p>Care Co-ordinator / Consultant</p>	<p>13.07.16</p> <p>30.09.16</p> <p>14.10.16</p> <p>30.09.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
8.	During our inspection, HIW raised concerns about the poor quality of activities being offered to the patients in this unit and asked them to review the approach to support and care being provided at the unit. HIW request a detailed response demonstrating what has been and will be done to tackle this.	6.1	<p>Current Position Activity programme has not had wide MDT input into its development and as such does not evidence opportunities to maximise client potential. There are no active support plans and activities appear to be risk averse and non-progressive.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Urgent review completed of all health records and the activity programmes of all clients on Ty Bryn with a written report with recommendations. <p>Actions Planned</p> <ul style="list-style-type: none"> Ward Manager to implement recommendations in the report developed by the professional lead Nurse to commence immediately. Undertake a review of daytime opportunities that shows new experiences are encouraged and tried and that review/change of activity occurs regularly to avoid 	<p>Professional Lead Nurse</p> <p>Ward Manager</p> <p>Occupational Therapist</p>	<p>14.06.16</p> <p>30.11.16</p> <p>16.09.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<p>restriction of opportunity.</p> <ul style="list-style-type: none"> To enhance the current system whereby views of individuals, advocates and families are reflected in decisions made about how support and opportunities are currently provided. Personal goals to be set that have value for the client, support choice; and with supportive documentation as to decision making. MDT to review existing risk assessments and develop enhanced risk assessments for all activities which addresses the need for positive risk taking. Establishment of a model of Service User /Peer Review 	<p>Ward Manager</p> <p>Care Co-ordinator / Consultant</p> <p>Care Co-ordinator / Consultant</p> <p>Head of Nursing</p>	<p>30.09.16</p> <p>30.09.16</p> <p>16.09.16</p> <p>18.11.16</p>
9.	This service was not providing good levels of individualised care, and staff did not demonstrate good understanding of why it is important to ensure that care is carefully planned for each individual. The	6.1 and 6.2	<p>Current Position</p> <p>A review of the health records show a lack of individualised, person centred care which is the adopted approach within Learning Disability services. The revised electronic</p>		

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	<p>health board must review the knowledge and competence of staff working at this service. Care needs should be reassessed by a multidisciplinary team to ensure that individual restrictions are not being applied to all patients.</p>		<p>patient record (Care Partner) includes a function to upload all paper based profiles into one system.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> • Training Matrix developed for completion with staff to support identification of immediate training needs • Full involvement of the extended MDT with prompt access to advice from other professionals <p>Actions Planned</p> <ul style="list-style-type: none"> • A full reassessment of each individual to include as a minimum <ul style="list-style-type: none"> ○ a functional analysis of current behaviour that records function of behaviour ○ a baseline of current frequency, intensity and duration of behaviour ○ a full skills assessment that identifies skills achieved and skill deficits 	<p>Service Manager</p> <p>Ward Manager / Consultant Psychiatrist</p> <p>Ward Manager / Consultant Psychiatrist</p>	<p>20.07.16</p> <p>13.07.16</p> <p>07.11.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> ○ a full sensory assessment and profile of sensory needs ○ a communication assessment. ● Utilise revised electronic patient record system (Care Partner) for the individual profile format that collates all necessary information in one place and incorporates Active Support as a key component of care. ● Staff training on active support and positive risk management ● Undertake a review of staff training to date and scope staff views on further training needs. Agree and action any identified Learning and Development needs. 	<p>Ward Manager / Care co-ordinator</p> <p>Positive Behavioural Intervention & Support (PBIS)</p> <p>Ward Manager / Service Manager</p>	<p>07.11.16</p> <p>16.09.16</p> <p>30.09.16</p>
9.	In respect of any restrictions placed on patients under the Mental Health Act or Deprivation of Liberty	2.7	<p>Current Position</p> <p>Variance in quality of documentation in relation to paperwork associated</p>		

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
	Safeguards (DoLS), all documentation should be clearly written, explain and refer to all restrictions clearly.		<p>with legal restrictions under the Deprivation of Liberty Safeguards. Poor evidence of decision making behind rationale for restrictions. The Mental Health (MH) Act Administration department scrutinises all legal documental related to the MH Act.</p> <p>Actions Planned</p> <ul style="list-style-type: none"> • Care Plans to be updated with full involvement of the MDT and Best Interest Assessors to evidence the rationale for restrictions on clients. • Ward Manager to address record keeping compliance with staff through team meetings and individually within supervision. 	<p>Ward Manager /Care co-ordinator / Consultant Psychiatrist Ward Manager</p>	<p>22.08.16</p> <p>30.09.16</p>
10.	The health board should review the continence care being delivered to patients to ensure that it is in line with best practice, and respects the privacy, dignity and choice of individuals.	6.1 and 3.1	<p>Current Position</p> <p>It is unclear when continence care was last reviewed for the individual concerned. There is no documentation to support that the Continence care provided is evidence based, individualised or addresses issues around privacy</p>		

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			and dignity. Actions to date <ul style="list-style-type: none"> Referral made to the Continence Advisory Nurse, to ensure that it is in line with best practice, and respects the privacy, dignity and choice of the individuals. 	Care Co-ordinator	01.08.16
10.	The health board should give consideration to implementing their own system for seeking feedback from those involved in receiving care from them.	6.3	Current Position In addition to the National Autistic Society annual review, the Annual Health Board Fundamentals of Care Survey is undertaken each Autumn. Survey includes staff, client and carers' views and feedback as to the service provided. Pro-active IMCA support is provided to seek the thoughts of the clients, although additional methods can be explored. Actions Planned <ul style="list-style-type: none"> Learning Disabilities Service management team and Ty Bryn MDT to further enhance current methods of gaining feedback from those receiving the service (eg. Talking Mats). 	Service Manager / Head of SALT MHLD / IMCA	30.09.16

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Delivery of safe and effective care					
11.	<p>The health board should revisit the seclusion policy and ensure that it can be used to support staff adequately in managing challenging behaviours.</p> <p>Ensure that staff understand what constitutes seclusion.</p> <p>Ensure that appropriate safeguards are in place to protect staff and patients when they are left alone for any periods.</p>	2.7	<p>Current Position</p> <p>There is a varying understanding of what constitutes segregation / seclusion in the unit.</p> <p>Positive Behavioural Management (PBM) Lead Instructor works closely with staff in the education of least restrictive practices.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Group of Professionals across disciplines have been identified to engage with a review of the Health Board Seclusion policy. <p>Actions Planned</p> <ul style="list-style-type: none"> Health Board Seclusion Policy is to be reviewed and updated in line with National and NICE Guidelines regarding Restrictive Practices. Staff will be reminded of, and trained in the use of the current Seclusion Policy. 	<p>Head of Nursing</p> <p>Head of Nursing</p> <p>Professional Lead Nurse</p>	<p>25.07.16</p> <p>30.12.16</p> <p>30.09.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> Link with local and National Learning Disability Networks to identify best practice and inform the revision of the Seclusion Policy. 	Professional Lead Nurse / Head of Service	25.11.16
12.	Review the use of PBM strategies at the unit and ensure that these are the most appropriate interventions possible.	2.7	<p>Current Position All staff are up to date with mandatory PBM training. External support from Positive Behavioural Intervention Support (PBIS) in the development of Behaviour Support Plans has been lacking. Poor documentation exists which could be misinterpreted or lacks the detail necessary to safely prevent incidents or manage interventions.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Professional Lead Nurse has undertaken an urgent review of all health records of all clients on Ty Bryn and has provided a written report with recommendations as set out in the Actions Planned. <p>Actions Planned</p>	Professional Lead Nurse	14.06.16

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> Enhance existing Patient Behaviour Support plans that are progressive and achievable in all environments measured against NICE NG11 Standards (Challenging Behaviour and Learning Disabilities). Review PBM training provided to staff team. Consideration to be given for bespoke training in situ to address appropriateness of techniques currently being utilised. 	Psychologist / PBIS PBM Training Lead	30.09.16 30.09.16
12	The menu choices should be reviewed to ensure they are as balanced as possible and contain sufficient fruit and vegetables to meet current expert guidance and best practice.	1.1 and 2.5	<p>Current Position Concerns had recently been raised by the Service Manager in June 16 in relation to the nature of the food being purchased for the clients.</p> <p>Actions to date</p> <ul style="list-style-type: none"> Audit completed of 12 months worth of purchases to better understand this. Ward Manager has engaged with the Nutritional Group programme 	Patients Welfare Manager Ward Manager	24.06.16 20.05.16

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> Audit findings presented to Ward Manager and at the Learning Disability Business Meeting <p>Actions Planned</p> <ul style="list-style-type: none"> Ward Manager to develop an action plan developed on audit findings, implement and report on progress against same. 	<p>Service Manager</p> <p>Ward Manager</p>	<p>25.07.16</p> <p>16.09.16</p>
14.	Multidisciplinary reviews have not included all members of the multidisciplinary team and therefore support plans have not been truly holistic and have lacked the expert guidance in some areas. The health board must ensure that patients for whom they provide specialist learning disability care are given this input into their support planning and treatment, ensuring that they explore all available options for securing the expert resource necessary for holistic care planning.	3.1	<p>Current Position</p> <p>The Multidisciplinary Team on the ward has been lacking input from various disciplines working within the community teams for some time. New management of the Community Team Learning Disabilities (CTLDs) has shown progress with increasing this input but more work is required to ensure consistent and sustainable involvement. This is particularly evident in the need for Speech & Language Therapy, and Positive Behavioural Intervention Service involvement.</p> <p>A new Occupational Therapy post was developed for the two inpatient</p>		28.07.16

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			<p>wards and was successfully recruited to in June 2016. There is regular IMCA and Independent Mental Health Advocacy (IMHA) involvement for all five clients ensuring the client's voice is considered and input into their own care is adhered to.</p> <p>Actions To Date</p> <ul style="list-style-type: none"> Urgent Multidisciplinary meetings to re-assess behaviour management and care plans for all five clients have been held. <p>Actions Planned</p> <ul style="list-style-type: none"> CTLD Team Leads to ensure greater, regular multidisciplinary involvement on the inpatient wards with particular regard to Speech and Language input and PBIS input. A full Multidisciplinary reassessment of each individual to include as a minimum <ul style="list-style-type: none"> a functional analysis of current behaviour that records function of 	<p>Care co-ordinator / Ward Manager</p> <p>CTLD Managers / Service Manager</p> <p>Care Co-ordinator / Consultant Psychiatrist</p>	<p>26.08.16</p> <p>07.11.16</p>

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			behaviour <ul style="list-style-type: none"> ○ a baseline of current frequency, intensity and duration of behaviour ○ a full skills assessment that identifies skills achieved and skill deficits ○ a full sensory assessment and profile of sensory needs ○ a communication assessment 		
15.	Review the communication support offered to patients and ensure that opportunities are taken to maximise their understanding and contribution through the use of appropriate aids and strategies.	3.2	<p>Current Position Communication Aids are present on the ward but difficult to access and do not support staff in the timely interventions required in responding to client need.</p> <p>Lack of Speech and Language Therapy input has resulted in out of date communication assessments being utilised.</p>		

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			Actions Planned <ul style="list-style-type: none"> Ensure speech and language therapy support is provided to Ty Bryn and that all clients have a communication assessment and plan in place with regular review dates set. 	Head of SALT MHLD	26.08.16
15.	<p>The health board must review the standard of records kept at the unit. The detail recorded at the point at which we inspected was insufficient to provide staff with an accurate, reliable record of individual support needs. The records were badly organised and poorly maintained; we noted a lack of dates and signatures which meant that it was not possible to establish how recent the entries were.</p> <p>These insufficiencies must be addressed.</p>	3.5	Current Position A combination of electronic and paper based records are kept on all clients. The introduction of an updated electronic record system (Care Partner) has identified the need to transfer paper based records into word documents which can then be uploaded into the electronic record. The MHLD Directorate has an established Audit process for CTP care plans. All Qualified nursing staff have received training in Record Keeping within the last 12 months. Actions to date <ul style="list-style-type: none"> Review standards of records kept at the Unit. 	Professional Lead Nurse	14.06.16

Page Number	Improvement Needed	Health and Care Standard	Service Action	Responsible Officer	Timescale
			Actions Planned <ul style="list-style-type: none"> • Ensure records reflect person centred approach to behaviour management plan, care plan and current goal setting. • Set regular clinical liaison meeting between Consultant Psychiatrist, Speciality Doctor, GP and Ty Bryn staff. • Ward Manager to address variable documentation skills with staff during individual supervision. • To undertake repeat audit of clinical records in line with HB record keeping standards. 	Consultant / Care co-ordinator Consultant Ward Manager Professional Lead Nurse	07.11.16 10.08.16 30.09.16 16.12.16
Quality of management and leadership					
	Ensure that the management structure is sufficient to support the needs of the service. Review the structure chart to ensure that unit staff understand who is in leadership roles within the learning disability directorate.	7.1	Current Position Band 7 Ward Manager is currently in an Interim Position. Regular supervision takes place with the Service Manager to ensure all concerns are escalated. Ward Manager attends Multidisciplinary Reference Group		

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			<p>monthly which is concerned with governance arrangements within the service. Ward Manager also attends the monthly Business Meeting (Dashboard).</p> <p>The Learning Disability service has an agreed operating model resulting from a revised service structure</p> <p>Actions to date</p> <ul style="list-style-type: none"> • Review undertaken of the management structure of the Learning Disabilities Service and communicated to all staff working within the service. • • Review of the staffing skill mix at Ty Bryn completed 	<p>Assistant Director MHLD / Head of Service</p> <p>Assistant Director MHLD / Head of Service / Head of Nursing</p>	<p>23.01.15</p> <p>20.05.16</p>
	In light of our findings, the health board must review the management arrangement in place to cover the unit and determine what needs to be done to make this adequate for the	7.1	<p>Actions Planned</p> <ul style="list-style-type: none"> • Advertise full-time substantive Band 7 Ward Manager. 	Service Manager	19.08.16

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	complexity of the service, providing HIW with a report of how they have chosen to resolve this.				
18.	The Health Board should review staff training at the unit, identifying any gaps and ensuring that staff can access the training they need.	7.1	<p>Current Position Staff Training in mandatory and essential requirements shows excellent compliance rates. However, it is clear from the findings that there is an over reliance on annual updates being the preferred method of keeping staff up to date and to provide evidenced based care rather than individualised and bespoke training and development plans for each staff member appropriate to the client group.</p> <p>Actions Planned</p> <ul style="list-style-type: none"> Undertake a review of staff training to date and scope staff views on further training needs. Agree and action any identified Learning and Development needs. 	Ward Manager / Service Manager	30.09.16

Service representative:

Name (print): Libby Ryan-Davies

Title: Director Mental Health & Learning Disabilities

Date: 4th August 2016