

Learning Disability Inspection (unannounced)

**Aneurin Bevan University
Health Board, NHS
residential service**

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	6
	Quality of patient experience	6
	Delivery of safe and effective care	11
	Quality of management and leadership	16
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 16 June 2016. The service was operated and managed by Aneurin Bevan University Health Board (ABUHB). Our team, for the inspection, comprised of two HIW assistant inspection managers 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 small residential setting we inspected forms part of learning disability services provided within the geographical area known as Aneurin Bevan University Health Board.

The service provides care, treatment and support to a maximum of five people with learning disabilities at any one time; patients being of mixed gender on occasions. At the time of our inspection, five individuals were being accommodated at the premises.

The staff team includes one manager (a registered nurse) who manages this and one other setting, approximately 6 miles away. There is also a deputy manager role who works across both settings and a team consisting of registered nurses, healthcare support workers and one occupational health assistant (vacant at the time of our inspection). The team could also access other health and social care professionals from time to time, in accordance with patients' changing, identified needs.

All patients are registered with local GPs.

The service falls under the Learning Disabilities Directorate within ABUHB. The Learning Disabilities Directorate sits within the Mental Health and Learning Disabilities Division of the health board.

3. Summary

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

Overall, we found that the health, safety and welfare of the patients were being seen as a priority by the staff in this service. It was evident that the staff team placed a considerable emphasis on ensuring that patient's (and their families') experience of care and support was positive.

This is what we found the service did well:

- We saw staff treating patients with kindness, compassion and respect.
- Improvement activities such as audits and improvement meetings were being implemented.
- A person centred approach was evident within care plans.
- We found that there were effective management, governance and leadership arrangements in place at this service.

This is what we recommend the service could improve:

- Care plans, risk assessments and all documentation should be fully completed, signed and dated where this is required.
- Empowering patients to receive advocacy services and family/carers to give feedback on the service on an ongoing basis.
- We found there was a need to develop the daily/weekly programme of social activities for each patient in accordance with their preferences, wishes and abilities.
- A review of the environmental risk assessment should be undertaken periodically.

We issued an immediate assurance letter in respect of this inspection. This was to seek assurance from the health board on the action taken or being taken in relation to:

- The staff's ongoing training compliance, access to supervision and ensuring appropriate skill mix.
- Ensuring that all patients had up to date risk assessments in place and that staff review and manage patients' risks on an ongoing basis, with assessments being signed and updated where this was necessary.

At the time of this report the health board had provided HIW with sufficient assurance that these matters were being/would be resolved within an appropriate timescale.

4. Findings

Quality of patient experience

Patients appeared settled and content with the care and treatment being provided. We saw staff being kind and respectful with patients and there was a positive atmosphere evident from staff on duty. Patients' personal care needs were being well supported and managed. The environment was clean and well kept in the main, although there were some areas that required attention and refurbishment.

Improvements were needed to ensure that relevant health screening programmes were being accessed and to ensure that the development and review of daily activities programmes was undertaken.

Improvements were also required to ensure that one Deprivation of Liberty Safeguards (DOLS)¹ assessment process was pursued and patients' personal purchases policy was reviewed. A review of advocacy service needs was and of processes for gathering feedback from families was required.

Staying healthy

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

We found that all patients were supported to stay healthy. Patients were registered with local general practitioners and had been supported to have an annual health check. Patients also had access to other health care professionals (such as community nurses, dentistry, orthotic services) for advice and support as and when required. Given the age and gender of the

¹ The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

patients the manager should clarify whether relevant health screening programmes have been accessed for individuals.

During the inspection the staff team were supporting one patient during an admission to hospital for an ongoing medical need. The staff team had been pro-active in highlighting and querying the patient's ongoing medical needs, verifying the appropriate use of non-allergenic products in line with the individual's health passport details. Staff told us that they always ensure, once an individual was admitted on to a general hospital ward, that the patient's resuscitation plans/instructions were communicated to hospital staff.

We saw that patients were supported to manage their complex health conditions, such as epilepsy, dementia and other physical health needs, which required clinical input. These plans included elements of Positive Behavioural Support ², with evidence of multi-disciplinary team involvement and preventative interventions in relation to health, well-being and behaviour.

Improvement needed

Staff must clarify whether patients have been supported to access relevant health screening programmes and support patients to do this where necessary.

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)

During our inspection patients were being treated with dignity and respect. We observed good team working and staff interactions with each patient were kind, unhurried and there was a positive and relaxed atmosphere noted.

Patients had access to their own bedrooms and, in line with their assessed needs, received staff support to meet their personal hygiene needs. Some bedrooms had a shared/interconnected bathroom area. The manager is

² Positive Behavioural Support (PBS) is person centred model that applies evidence based interventions to improve an individual's communication and independence skills and thereby enhance their quality of life.

advised to ensure that care plans identify practices which maintain individuals' privacy and dignity in light of the shared access issue.

There were ample private spaces available within the environment to allow patients to meet staff and visitors in a confidential place. We observed that staff knocked prior to entering patient rooms and bathrooms to ensure that privacy and dignity was being maintained.

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)

In general we found that patients received timely access to care and treatment. There was a committed, hardworking and knowledgeable staff team in place with good team-working evident. During the inspection we saw that the staff team were visibly stretched managing the day to day tasks such as supporting patients with morning routines and personal care support, cleaning, cooking and shopping. This limited the opportunities to engage patients in meaningful activities and staff had difficulties keeping some aspects of records management up to date, including risk assessments. However, we found no significant delays to aspects of care and treatment in the cases we reviewed.

Individual care

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

We looked at three patient records. Overall we found good examples of care coordination between the staff team, multidisciplinary team and wider health professionals. Patients had multidisciplinary assessments based on their individual needs and these were used to inform their ongoing and future care and treatment. Patients had access to the right equipment to help them meet their needs.

Patients' activity planners required review and development, as there were limited community activities scheduled.

The patients being accommodated had significant learning disability/communication needs, and/or dementia care needs and therefore required a high level of support. Generally we saw a person centred and detailed support plan in respect of individuals, to help manage their needs and provide support in an individualised way.

Improvement needed

Staff must ensure that all patients have access to appropriate activities.

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)

Staff were clear about their roles and working in line with the principles of the Mental Capacity Act. None of the patients were subject to detention under the Mental Health Act. There were four Deprivation of Liberty Safeguards (DOLS) authorisations in place at the time of the inspection.

Staff told us that an application had been made in December 2015 for one patients' DOLS authorisation and that at the time of the inspection, this had not yet been granted. The manager had been pro-active in attempting to resolve this, however to no avail.

We noted that one patient had been supported to purchase an item for their bedroom. Following discussion with senior managers, the health board acknowledged that responsibility to purchase such items resided with the health board and not the individual. The health board agreed to arrange that the cost of that item be reimbursed to that individual.

Improvement needed

The health board must ensure that a DOLS authorisation for the patient indicated is in place to ensure the health board's statutory duties are met.

The health board should review its policy relating to purchasing of items and ensure that responsibility for purchases Re-imburement should be made in respect of items purchased by patients, if required.

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 and open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

Family input was both supported and encouraged by the service. There was an information leaflet displayed in the manager's office regarding advocacy services, but we were informed that there was no advocate involvement at present.

Informal feedback from family was stated as being positive in the main but staff did not keep records of patient or family/carer feedback.

Improvement needed

The health board should review whether there is a need for an advocacy/IMCA role for any individuals and ensure appropriate access to advocacy services.

Staff must ensure they empower patients and their families to describe their experiences with a view to listening and learning from feedback to make improvements.

Delivery of safe and effective care

Overall we found that care and treatment was delivered safely and effectively. Patients' safety within the environment had been appropriately considered and managed. For example, specialist equipment had been serviced as required and risk assessments were in place. Patients' medicines were safely stored and administered. There were appropriate Protection of Vulnerable Adults (POVA) procedures in place. There were aspects of the environment that we have asked the health board to review to ensure patients are as comfortable and safe as possible.

Improvements were needed to ensure that safe working practices in regards to compliance with guidance on the Control of Substances Hazardous to Health Regulations (COSHH) are being maintained. Fire risk assessments should be kept up to date. Staff must monitor and maintain the recommended temperature within the clinical room and for the medication refrigerator and ensure that medication records are accurately signed and updated. We have also asked the health board to review the personal records management.

We asked the health board through an immediate assurance letter to make improvements to ensure that all patients' risk assessments were kept up to date. At the time of the report this issue had been resolved.

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)

A tour of the premises confirmed that personal equipment such as hoists had been serviced as required and the manager confirmed that slings used for manual handling were given a regular visual check for safety. Portable electrical testing was also seen to be up to date. The manager confirmed that the lift at the premises was of a type that could be used in the event of fire and the servicing of this was also up to date.

The environment was generally pleasant and well maintained, but there were some areas that needed attention. Seating areas within the home were tired and needed replacing e.g. settee covers were faded and worn; the seating area at the entrance had a large tear in the foam and was not safe for use and new

blinds/curtains were being arranged in one area. We were told that these decorative issues were in the process of being addressed.

There were large gardens and a patio area available for the use of patients and these were pleasant and generally well kept. However there were redundant household items awaiting removal and the patio would benefit from a power wash. It was not clear whether direct access to the patio area was possible for those patients who required wheelchair use and we advised the manager to review access. Areas which needed to be secure within the garden area were seen to be secure for the safety of the patients.

The following issues were brought to the manager's attention during the inspection, that related to patient safety;

- A storage room near to the managers' office upstairs was unlocked. This room was cluttered, held combustible items and other items that could present a risk to patients, such as an electrical circuit box and stocks of cleaning products, which could potentially be ingested. There was also an adjacent small out-building used for sensory therapy and we noted cleaning products not securely stored.
- The managers' office fire-door was being wedged open during our visit, at times when it was not occupied. The small waste height window in that room did not have the window restrictor secured and therefore posed a potential fall risk to patients.
- A small cupboard under the stair area in the lounge was unsecured. This cupboard housed an electrical circuit box and also housed fire extinguishers. We advised the manager to seek clarification from the fire service in respect of this. The cupboard was cluttered, with a small table, redundant sofa cushions and other items, which could pose a fire risk and which also hampered access to the fire extinguishers.

Improvement needed

The health board must ensure that:

- ***Improvements are made to ensure that all patients' risk assessments are kept up to date and are signed and dated.***
- ***There is compliance with guidance on the Control of Substances Hazardous to Health Regulations.***
- ***The areas outlined in the report which house electrical control boxes are made safe.***

- ***Fire doors and windows with restrictors are secured at all times.***

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 a domestic sized kitchen, with a dining table, which patients could use (with the support of staff) to make drinks and access snacks and meals throughout the day and evening. Patients' meals were prepared by members of the staff team. Patient weight charts were being maintained and there was a patient placemat process in use at mealtimes which gave good information of patients' needs and likes.

Patients were observed at various times being supported with drinks to remain hydrated and to have their lunch.

Staff told us that the daily food budget allocated to each patient and the weekly cleaning materials budget had not been reviewed for sometime. Discussions with the senior management team confirmed that this something that would be taken under review to ensure that budgets were up to date and sufficient.

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

The manager had recently undertaken an audit of medication and reported no significant issues.

Medication was being stored in a secure clinical room. No controlled drugs were on-site during the inspection visit. A record of disposed medication was being maintained and the record of staff signatures was up to date.

We saw that the temperature of the clinical room and medication refrigerators were over recommended temperatures. Medication records were well kept in the main. However, on one record we saw that one set of staff initials had been fully deleted instead of using single line deletion. On another medication record, we saw that a signature was absent for the administration of a depot injection.

Improvement needed

Staff must ensure that temperatures within the clinical room and for the medication refrigerator are monitored and maintained at the recommended temperature.

Staff must ensure that medication records are accurately signed and updated.

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 told us that there had been no complaints or safeguarding issues raised in the last 12 months. The service had access to Protection of Vulnerable Adults (PoVA) guidance, to inform how PoVA processes and procedures would be followed if required. There was a whistleblowing policy in place for staff and the manager planned to attach this to the staff notice board for ease of access.

The setting had a written procedure in place to enable individuals to raise concerns and complaints. The health board was in the process of amending the complaints information to ensure compliance with the 'Putting Things Right', requirements³. The manager is advised to ensure that the up to date complaints information is made easily accessible to patients/family at all times.

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 considered three patient records and care plans and these had clear indexes, were well organised and held comprehensive detail of patients assessed needs. There was a person-centred approach noted.

There was evidence of preventative interventions in relation to health, well-being and behaviour. Secondary preventative strategies and reactive strategies were documented in the care records, with reference to physical health needs being made throughout the care plans. This indicated that there was a holistic and comprehensive approach to identifying and responding to patient needs.

³ **Putting Things Right** are the current arrangements for the management of concerns raised in relation to NHS services in Wales.

The manager stated that the service was originally set up as a challenging behaviour setting, but in respect of the current patients, behavioural challenges were significantly decreased, with incidents now being a rare occurrence. The care plans included elements of Positive Behavioural Support, to ensure that any issues were managed through early intervention and positive approaches.

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 patient. Given patients' complex communication difficulties, this was achieved in part, through communicating with their families, representatives and other health and social care professionals. There were comprehensive 'who I am' records that demonstrated this person centred approach.

Visual timetables and planners were in place, both in the kitchen and on personal files, with speech and language input. This meant that patients had access to accessible visual information.

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)

Security of records needed to be improved. Whilst there were lockable cabinets in place, keys were left in the filing cabinet doors. The managers' office and staff room also contained personal records and these had not been secured when unoccupied. This meant that sensitive and personal records could potentially be accessed by unauthorised people.

Improvement needed

The health board must ensure that personal records are stored securely.

Quality of Management and Leadership

We found that there were effective management, governance and leadership arrangements in place at this service. This is because we spoke with staff (including both the manager and the deputy manager) and senior health board managers and found that the exchange of information between all concerned was well established. 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. There was a stable staff team present, with low turnover of staff. Staff told us that they enjoyed working there and we saw good team work.

An improvement was needed to ensure that the frequency of access to multi-disciplinary team meetings was reviewed to ensure that sufficient opportunity to discuss the patients' ongoing needs is provided throughout the year.

We asked the health board through an immediate assurance letter to improve staff's ongoing training compliance, access to supervision and ensure there was an appropriate skill mix on duty. At the time of the report we had received sufficient assurance that these concerns were being addressed.

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.

Suitable arrangements were in place to monitor and improve care systems and processes for the benefit of patients. Senior management had recently begun the process of implementing improvement activities such as audits and improvement meetings. We advised the health board to formalise and record the process for senior management audit visits and to ensure these are undertaken periodically as assurance that standards are being maintained in key areas.

Senior managers have told recent HIW inspection teams about the future plans of health board learning disability residential services. The health board's Mental Health and Learning Disabilities Partnership Board have been working

with relevant local authorities during the past 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 ABUHB; 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)

An appropriate skill mix of staff was in place to support patients' individual needs. There was a team of registered nurses and healthcare support workers and an occupational therapy assistant was soon to be appointed. The team were supported in caring for patients by other health and social care professionals from time to time, in accordance with patients' changing, identified needs. Night shifts were not currently covered with a member of nursing staff. There was an on-call system in place, should staff require advice or support out of hours and evidence of this was noted on the staff notice board in the managers' office. A person in charge was designated for each shift. Bank staff were available to cover shifts at short notice. Agency staff were not being used.

Staff told us that access to multi-disciplinary team meetings (MDTs) to discuss patients' ongoing needs had been occurring on a 6 monthly basis. The manager of the service felt that the opportunity to discuss patients' needs at MDTs on a 3 monthly basis was more appropriate and was in the process of requesting this.

There was a committed and knowledgeable staff team. However during the inspection we saw that the staff team were visibly stretched managing the day to day tasks such as supporting patients with morning routines and personal care support, cleaning, cooking and shopping.

Staff were having difficulties keeping some aspects of records management up to date. We also found that staff supervision was not being undertaken and staff training, including around a number of mandatory topics, was not up to date.

This meant we could not be assured that there were sufficient numbers of staff with the training required to meet patients' needs.

Improvement needed

The health board should review the frequency of access to multi-disciplinary team meetings to ensure that sufficient opportunity to discuss the patients' ongoing needs is provided throughout the year.

The health board must ensure that; Staff completes key mandatory training; staff supervision is brought up to date; staffing levels at the home are sufficient to meet patients' assessed needs; a review of the skill mix in terms of the level and grade of staff on duty during night shifts is undertaken.

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 *learning disability 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

Service: 16018

Date of Inspection: 16 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
7	Staff must clarify whether patients have been supported to access relevant health screening programmes and support patients to do this where necessary.	1.1	Service users will be supported to access relevant health screening programmes as appropriate. Where service users do access such programmes this will be clearly documented in the service user's records.	Chris Jones Assistant Head of Specialist Services	Ongoing
9	Staff must ensure that all patients have access to appropriate activities.	6.1	The Directorate has recently implemented an Occupational Therapy Technician post within the home whose role will be to ensure that appropriate individual activity programmes are in place for all service users.	Chris Jones Assistant Head of Specialist Services	By the end of September 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Implementation of these programmes will be reviewed and updated on a regular basis.		
9	The health board must ensure that a DOLS authorisation for the patient indicated is in place to ensure the health board's statutory duties are met.	6.2	Delays in meeting the demand for DOLS requests is a national as well as a local issue and in response to this the Department of Health, Welsh Government and the Gwent Consortium have adopted a screening system to prioritise the requests and this had been adopted across Wales. The screening tool helps to identify high priority applications unfortunately a waiting list is generated for those screened as low priority. The Directorate will ensure that the DOLS team is contacted on a regular basis to check on progress of the application	Chris Jones Assistant Head of Specialist Services	Ongoing
9	The health board should review its policy relating to purchasing of items and ensure that responsibility for purchases Reimbursement should be made in respect of items purchased by patients, if required.	6.2	The Directorate is in discussion with the Health Board's Charitable Funds Manager / Patients Monies Manager to ensure that there are clear	Julie Hall Directorate Services Manager	By the end of September 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			guidelines in place to determine equipment that should / could be purchased by service users e.g. social activities, items service users choose to purchase etc. The Directorate Management Team is clear that essential items or items that have a therapeutic value should be purchased by the Health Board and not the service user. Where this has not been the case the Directorate will ensure that the service user is reimbursed.		
10	The health board should review whether there is a need for an advocacy/IMCA role for any individuals and ensure appropriate access to advocacy services.	6.3	Where service users do not have relatives, the IMCA will be invited to all care and treatment planning meetings and will be involved in all best interest decisions where the person lacks capacity to make those decisions themselves.	Chris Jones Assistant Head of Specialist Services	Ongoing
10	Staff must ensure they empower patients and their families to describe their experiences with a view to listening and learning from feedback to make improvements.	6.3	The Health Board uses the Health and Care Standards Monitoring System to gather and	Chris Jones Assistant Head of Specialist	Annually November

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>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 occupational therapy technician's role in conjunction with the management team and speech and language therapist.</p>	Services	<p>Annually</p> <p>Next October 2016</p> <p>Commence Data Collection by 8th October 2016</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Delivery of safe and effective care					
12	The health board must ensure that: Improvements are made to ensure that all patients' risk assessments are kept up to date and are signed and dated.	2.1	All risk assessments have been reviewed, signed and updated as necessary by the relevant key worker. Managerial supervision processes are being rolled out at setting 16018 which will include quality assurance checks of the health records including ensuring that documents are complete signed and dated.	Chris Jones Assistant Head of Specialist Services	Completed Commenced 22 nd June 2016 with Registered Nurses this will be an ongoing process at least every 8 weeks for each member of staff.
12	The health board must ensure that: There is compliance with guidance on the Control of Substances Hazardous to Health Regulations.	2.1	All products that were stored inappropriately have been removed and are now stored in accordance with the guidance on the Control of Substances Hazardous to Health Regulations. The Directorate will ensure that	Chris Jones Assistant Head of Specialist Services	Completed Ongoing

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			ongoing compliance with the guidelines is monitored on a regular basis		
12	The health board must ensure that: The areas outlined in the report which house electrical control boxes are made safe.	2.1	The areas outlined in the report have been cleared of all items that pose a fire risk. The Directorate will ensure that such areas are checked on a periodic basis to ensure they remain free of such items.	Chris Jones Assistant Head of Specialist Services	Completed Ongoing
12	Staff must ensure that Fire doors and windows with restrictors are secured at all times.	2.1	Windows are now secured with restrictors and will be included in relevant environmental checks to ensure that the restrictors remain in place The Directorate will ensure that fire doors remain closed at all times. Compliance will be included in periodic environmental checks	Chris Jones Assistant Head of Specialist Services	Completed / Ongoing Ongoing
13	Staff must ensure that temperatures within the clinical room and for the medication refrigerator are monitored and maintained at the recommended temperature.	2.6	A process has been put into place to ensure that temperatures within the clinical room and the medication refrigerator are checked on a daily basis. The	Chris Jones Assistant Head of Specialist Services	Complete Ongoing

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Directorate will give consideration as to whether clinical room can be relocated to an alternative location to enable the environment to be maintained as the recommended temperature		
14	Staff must ensure that medication records are accurately signed and updated	2.6	Medication records are checked on each shift to ensure they are accurately signed and updated	Chris Jones Assistant Head of Specialist Services	Ongoing
15	The health board must ensure that personal records are stored securely	3.5	The Directorate will ensure that personal records are stored securely in locked filing cabinets at all times. Periodic checks will be undertaken to ensure compliance is maintained	Chris Jones Assistant Head of Specialist Services	Ongoing
Quality of management and leadership					
18	The health board should review the frequency of access to multi-disciplinary team meetings to ensure that sufficient opportunity to discuss the patients' ongoing needs is provided through out the year	7.1	All service users have had a multi-disciplinary team meeting within the last two months. MDTs will be arranged at a frequency in accordance with individual service users' needs but no less than 6 monthly. In addition, there	Chris Jones Assistant Head of Specialist Services	Completed / Ongoing

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			will be an in-house clinical review of service users needs on a 3 monthly basis		
18	The health board must ensure that; Staff completes key mandatory training; staff supervision is brought up to date; staffing levels at the home are sufficient to meet patients' assessed needs; a review of the skill mix in terms of the level and grade of staff on duty during night shifts is undertaken.	7.1	<p>The skill mix and number of staff at setting 16018 has been reviewed. The staffing establishment is to be improved by adding in a band 2 healthcare support worker during the Monday-Friday 9-5 period.</p> <p>An extra computer will be provided at setting 16018 to complete online training.</p> <p>Classroom sessions are being booked to support compliance with statutory training.</p> <p>A review of mandatory training courses has been undertaken due to the high number of courses requested of staff.</p> <p>Managerial Supervision is being rolled out at setting 16018 and will be ongoing at least every eight weeks in frequency. The</p>	Chris Jones Assistant Head of Specialist Services	<p>Completed</p> <p>September 2016</p> <p>Commenced / ongoing</p> <p>Completed</p> <p>Commenced 22nd June 2016 with Registered</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>supervision will focus on staff wellbeing, development needs and quality assurance. As part of the supervision individual accountability for statutory and mandatory training and record keeping will be relayed and supported in terms of ensuring time management.</p> <p>The grade and skill mix of staff required on night shift remains appropriate since training will be rolled out within a short period of time.</p>		Nurses this will be an ongoing process at least every 8 weeks for each member of staff.

Service representative:

Name: Chris Jones

Title: Assistant Head of Specialist Services

Date: 12th August 2016