

Learning Disability Inspection (unannounced)

**Aneurin Bevan University
Health Board, Learning
Disability Residential Unit
(Reference 16032)**

Inspection date: 23 June 2016

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1. Introduction

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

HIW's primary focus is on:

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

HIW completed an inspection at a small learning disability residential unit (reference 16032) on 23 June 2016. Our team, for the inspection, comprised of one HIW inspection manager and a clinical peer reviewer.

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

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

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

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

2. Context

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

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

The service is set in one house and provides care for up to five patients.

The staff team includes one manager, who is a registered nurse and oversees this and a second residential service. The manager is supported by a deputy manager across both services. The house has a dedicated team of registered nurses and healthcare support workers. Teams could also access multidisciplinary services from the Community Learning Disability Team (CLDT) including psychology, occupational therapy, physiotherapy, speech and language therapy and art therapies along with specialist behaviour support from the Intensive Support Team.

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

3. Summary

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

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

This is what we found the service did well:

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

This is what we recommend the service could improve:

- Empowering patients and carers to give feedback on the service on an ongoing basis and ensuring complaints information is easily accessible.
- Staff should be supported to keep up to date with training to help support their professional development.
- A system to monitor Deprivation of Liberty Safeguards (DOLS)¹ authorisations needs to be established at the setting.

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.

4. Findings

Quality of patient experience

We saw staff treating people with kindness and respect and patients were supported to stay healthy. We saw that staff upheld patients' rights and supported patients to be as independent as possible. Patient care plans were full and detailed and gave an accurate, up to date reflection of the care provided. However, hospital passports were not in place for the patients.

The health board should consider how to improve processes to enable patients and families to give ongoing feedback. It was felt that members of staff would record negative feedback; however they often didn't document any positive feedback that they received.

There was no embedded system in place to monitor DOLS which had resulted in DoLS authorisations expiring and incomplete documentation maintained at the setting

Staying healthy

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

Overall we found that patients were supported to stay healthy.

We found that patients were registered with GPs, who carried out home visits if required, and patients received annual health checks. At the time of our inspection members of staff were unable to provide us with hospital passports² for the patients and therefore we concluded that these were not in place. Hospital passports are required to ensure that if a patient is admitted to a

² Hospital passport is a document which contains important information about someone with a learning disability and provides hospital staff with important information about them and their health when they are admitted to hospital.

hospital that the members of staff working at the hospital have up-to-date information about supporting the person.

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

Improvement needed

The health board must ensure that hospital passports are in place for patients and that these are kept up-to-date.

Dignified care

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

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

We saw that patients had access to their own private rooms which were highly personalised and individualised with their own belongings. Patients we met with clearly valued their rooms and felt ownership over their private spaces.

There was enough space in the houses to provide private places where people could meet with staff and visitors confidentially. We found that the environment as a whole had been created to meet individual patient's needs.

We saw that patients were supported to be as independent as possible in taking care of their personal hygiene, with staff providing assistance where needed. Patients were supported by staff to maintain contact with their families and friends.

Timely care

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

right staff (Standard 5.1)

We saw that patients' current needs were being met by the staff team. We reviewed three patients' care notes, one set evidenced regular multidisciplinary team (MDT) involvement. However, there was not evidence in the care notes for the other two patients of recent MDT involvement. We raised this with the team on the day of the inspection and it was identified that the minutes of the latest MDT meetings were held within the community team where the MDT were based. We were supplied with emailed copies of the most recent MDT minutes during the inspection; these should be readily available at the residential setting.

Improvement needed

The health board must ensure that MDT minutes are readily available at the residential setting.

It was positive to note that all three sets of patient records had up-to-date Care and Treatment Plans in place and an appointed care co-ordinator under the Mental Health (Wales) Measure 2010.

Senior staff at the health board had initiated discussions with the local authority in regards to further provisions of the service and how best to meet patient needs.

Individual care

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

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

There was a focus on helping patients to be as independent as possible. We saw good examples of how staff had worked with patients to help achieve this both on long term and more short term goals.

Each patient had their own written care plan, risk assessment and a number of other specific assessments to help guide staff in supporting them, such as Positive Behaviour Support plans and epilepsy profiles. These described in detail what patients could do for themselves and what help and support they

needed from staff. We saw that these were updated regularly to reflect patients' current needs.

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

Patients had care and treatment plans as required under the Mental Health (Wales) Measure 2010³. We saw these had been reviewed and were up-to-date.

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

Patients had access to the right equipment to help meet their needs.

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

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

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

³ The Mental Health (Wales) Measure 2010 is a law made by the Welsh Government which will help people with mental health problems in four different ways.

<http://gov.wales/topics/health/nhswales/mental-health-services/measure/?lang=en>

However, we identified that for one patient that their DoLS authorisation had expired in December 2015, there was not a new referral made for this patient until February 2016. We also noted that for another patient that not all the DoLS documentation was on file, whilst it had not been sent to the setting, this omission had not been identified by staff at the setting. There was no embedded DoLS monitoring system in place at the setting to prevent these issues occurring or reoccurring in the future.

Reviewing staff training records showed a deficit in the completion of Mental Capacity Act and DOLS training, with only the minority of staff completing the health board's training. This is an area that requires improvement.

We found that there was a lack of regular independent advocacy service input to the setting; however this could be referred to when required. Some family members were active in providing support for their family members and airing their views with members of staff.

Improvement needed

The health board must ensure that there is an embedded DoLS monitoring system in place to uphold patients' rights.

The health board must ensure that training deficits in Mental Capacity Act and DoLS are rectified.

The health board must review the independent advocacy input to the setting and consider how this can be increased.

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)

On an individual level we found that patient likes and dislikes were included in discussions around their care, treatment and plans for the future.

There were no formal procedures for providing feedback to the service for patients, their families or any other individuals involved with the service. There was no information displayed at the setting about how to make a complaint. When Staff received concerns these would be recorded and acted upon, using the health board's Putting Things Right procedures when required.

However, speaking to staff it was evident that they rarely recorded any positive feedback that they receive. It would be beneficial if positive feedback was recorded to demonstrate practice which could be shared within the setting and the health board's learning disabilities directorate.

Improvement needed

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

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

Delivery of safe and effective care.

Overall we found that patients received safe and effective care. Patients' medicines were safely managed and members of staff supported patients' to meet their nutritional needs.

Staff adapted the way they communicated with patients' to help them to understand. Staff used approaches such as Positive Behaviour Support to put the patient at the centre of their care and support.

Improvement was also needed to ensure that all members of staff were up to date with basic life support training, including cardiopulmonary resuscitation (CPR), fire safety and health and safety training.

Safe care

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

We found that patients' health, safety and welfare were protected. We found that staff had adapted the environment to meet people's needs and to ensure that the safety of patients was maintained.

We saw that staff had completed training on Protection of Vulnerable Adults (PoVA), however there were deficits for some members of staff in other areas of training such as health and safety, fire safety, violence and aggression. It is important for the safety of patients and staff that staff training is maintained in these areas.

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

We were told that in the event of a patient emergency (collapse), the emergency services would be called to attend. Following our recent inspections to other learning disability within the health board where resuscitation equipment was not available, the health board had supplied all learning disability residential setting with resuscitation equipment for use before the emergency services arrived. This was positive to see, however at the time of our inspection the equipment had not been unpacked from the recent delivery.

In addition, the training records we saw showed that five of the 22 members of staff required updated basic life support training, including CPR training.

Improvement Needed

The health board must ensure that the emergency equipment is ready to be used if required.

The health board must ensure staff attend basic life support and CPR training as a matter of priority.

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

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

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

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

Members of staff raised their concerns that the food budget for the house had not been reviewed for a number of years and that they felt that the food budget was not sufficient for the patients at the setting due to their level of activity and mobility. It was felt that the health board had made a decision on the same food budget that each residential learning disability service received without the consideration for the patient group and their level of activities.

Improvement Needed

The health board must review the food budget for the learning disability residential services to ensure it is appropriate for the patient groups.

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

We found that people's medication was managed safely at the setting. There was a medication policy in place and we found that patients' medicines were

managed, administered and recorded safely. We observed one medication round that was undertaken by two trained healthcare support workers to a high professional standard. We saw that people's medications were reviewed to ensure they were still appropriate.

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

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

The health board had a protection of vulnerable adults and child protection policy in place for staff to follow when they had concerns around potential abuse. Members of staff told us and staff questionnaires indicated that staff felt comfortable in raising concerns with management.

All members of staff had completed POVA training and some members of staff talked us through the process of how they had reported a concern. We found that suitable and appropriate action had been taken.

Effective care

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

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

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

Management staff talked us through the process of incidents management and we found that there were appropriate processes in place to report, review and

record incidents. Incidents were reported through DATIX (the health board's incidents management system), management staff reviewed the incident to take necessary steps and these were reviewed by senior management and other relevant parties where required, to take action. Incidents, themes and patterns were discussed at wider quality and patient safety forums within the health board.

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

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

Information displayed at the setting was accessible in terms of patients' daily routines, staff on duty and meals. Patients had access to accessible information in regards to their care and treatment. There was a lack of accessible written information on display in regards to advocacy, complaints and general information about the home.

Record keeping

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

The health board had recently carried out a full documentation audit across learning disability services and implemented a new system of case file management and organisation. The standard of record keeping at the setting was very good; the files were organised, sectioned off, comprehensive and clear.

Patient files were kept in the kitchen which was securely locked when not in use and only accessed with staff accompanying patients. The rationale for the files being located in the kitchen is that they were easily accessible to members of staff when the staff are most likely to need them. However, the files were not stored securely within the locked kitchen and were freely accessible to anyone who was in there. It would be beneficial for the confidentiality of the patients if the files were securely stored within the kitchen to prevent unauthorised access.

Improvement Needed

The health board must ensure that files are securely stored within the kitchen when the files are not in use.

Quality of management and leadership

There was an established team of health care support workers who evidenced great skills and knowledge of the patient group. Staff we spoke with had a passion for their work with patients. However, a number of staff expressed that they felt isolated from management and the decisions taken regarding their jobs.

We saw that not all staff had completed training in mandatory topics and we have asked the health board to address this.

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.

There was assurance that there were suitable arrangements in place to monitor and improve the care systems and processes in place for the benefit of service users. This is because senior management had recently begun the process of implementing improvement activities such as audits and improvement meetings. The programme of audits that each setting managers will be undertaking across the learning Difficulty services within ABUHB, has been provided to HIW. It is advised that ABUHB formalise and record the process for senior management audit visits and that these are undertaken periodically as another layer of 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 18 months to explore, plan and deliver future service models which are best suited to the identified needs, preferences and wishes of individuals in receipt of learning disability residential services. This complex piece of work related to residential services across the geographical area covered by Aneurin Bevan University Health Board; involvement of service users, their families and representatives being planned to ensure their future involvement in making services even better.

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

Some members of staff working at the setting expressed that they felt quite isolated from managers who worked across different residential settings. This impacted upon their communication and involvement in decisions regarding their jobs. Staff also told us that team meetings and quality improvement meetings hadn't happened recently. It was clear that staff working at the setting communicated effectively in other ways such as through staff handovers and informally exchanging information.

Improvement Needed

The health board must review the managerial input to the setting to ensure that members of staff are supported and involved in decisions regarding their jobs.

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))

At the time of our inspection the staffing at the unit was predominantly undertaken by an established team of health care support workers who evidenced great skills and knowledge of the patient group. There was limited input to the unit from registered nurses; three registered nurses were working 1.6 FTE (full time equivalent) registered nurses. In addition the manager and deputy manager who were both qualified nurses split their time between this residential setting and another health board residential setting. Whilst there was limited input from registered nurses during our discussions with ward staff and senior management it was clear that the staff skill mix needed had been assessed and was being monitored to ensure that it was appropriate for the settings requirements.

Throughout the report we have described that not all staff were up to date with elements of the health board's mandatory training. For those staff who were not up to date with training, the health board should explore the reasons why and where needed support the staff to attend training.

Improvement Needed

The health board should explore the reasons why members of staff are not up to date with mandatory training and where needed support staff to attend training required.

Next steps

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

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

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

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

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

5. Methodology

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

Figure 1: Health and Care Standards



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

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

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

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

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

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

Appendix A

Learning Disability Service: Improvement Plan

Service: Reference 16032

Date of Inspection: 23 June 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The health board must ensure that hospital passports are in place for patients and that these are kept up-to-date.	1.1	All hospital passports have been written for each of the service users. They will be reviewed at least annually or reviewed if the service user's needs change.	Chris Jones Assistant Head of Specialist Services	30 th June 2016 Completed
7	The health board must ensure that MDT minutes are readily available at the residential setting.	5.1	The latest copies of MDT minutes for each of the service users have been placed within the Health Records. Care Coordinators will ensure that future MDT Minutes are copied into the Health Records.	Chris Jones Assistant Head of Specialist Services	30 th June 2016 Completed
9	The health board must ensure that there is an embedded DoLS monitoring system in place to uphold patients' rights.	6.2	A reminder has been added to the staff diary 2 months prior to DoLS expiry dates. This will ensure that the application process is given sufficient time in relation to the assessments required.	Chris Jones Assistant Head of Specialist Services	30 th June 2016 Completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
9	The health board must ensure that training deficits in Mental Capacity Act and DoLS are rectified.	6.2	Mental capacity Act online training is available and will form part of the Registered Nursing induction programme. Any qualified staff currently in post will undertake the training online if they have not already undertaken equivalent training. An update regarding MCA and DoLS will be provided to Support workers through the CPD programme. DoLS training will be rolled out to Qualified staff through the CPD programme.	Chris Jones Assistant Head of Specialist Services	By December 2016
9	The health board must review the independent advocacy input to the setting and consider how this can be increased.	6.2	Independent advocates will be invited to attend all service user meetings and reviews with at least 3 weeks notice. This will ensure that the Advocate has ample time to meet with the service user beforehand.	Chris Jones Assistant Head of Specialist Services	7 th September 2016 ongoing
10	The health board should consider how to empower patients and families to describe their experiences of services on an ongoing basis, with a view to listening and learning from feedback to make improvements.	6.3	The Health Board uses the Health and Care Standards Monitoring System to gather and report on relatives and representatives feedback on fundamentals of care. Events for families and representatives will be held at the residential services performance and service reviews. This will allow	Chris Jones Assistant Head of Specialist Services	7 th September ongoing

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			for questions to be directed towards both the residence team and management team and also to make suggestions, raise concerns and provide compliments.		
10	Complaints information should be easily accessible to patients and families at all times.	6.3	An easy read leaflet has been developed and made available at the home to ensure service users and their families have complaints information to hand.	Chris Jones Assistant Head of Specialist Services	24 th August 2016
Delivery of safe and effective care					
12	The health board must ensure that the emergency equipment is ready to be used if required.	2.1	The resuscitation service has been contacted and advised on appropriate equipment for use in the residential setting. Laerdal masks and portable suction machines have been ordered and are now in place.	Chris Jones Assistant Head of Specialist Services	30 th June 2016 Complete
12	The health board must ensure staff attend basic life support and CPR training as a matter of priority.	2.1	Basic Life Support and training on the use of the resuscitation equipment is being delivered via the CPD programme.	Chris Jones Assistant Head of Specialist Services	By 31st October 2016
12	The health board must review the food budget for the learning disability residential services to ensure it is appropriate for the patient groups.	2.5	The business management team is reviewing the food budget and will amend it to an appropriate level upon its conclusion.	Chris Jones Assistant Head of Specialist Services	By 30 th November 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
15	The health board must ensure that files are securely stored within the kitchen when the files are not in use.	3.5	Files will be stored in a locked cupboard within the kitchen until required for use.	Chris Jones Assistant Head of Specialist Services	1 st September 2016
Quality of management and leadership					
17	The health board must review the managerial input to the setting to ensure that members of staff are supported and involved in decisions regarding their jobs.	Governance, Leadership and accountability	<p>The residential manager or his deputy are available at the home on a Monday – Friday basis.</p> <p>Management Supervision is being rolled out to all staff and will take place at least every 8 weeks. This will allow staff the opportunity to discuss aspects of their job with the reviewer and also to escalate concerns.</p> <p>A specific discussion regarding a review of residential services was held at the staff meeting 7th July 2016 by the Directorate Manager. Staff have been encouraged to talk about any concerns directly with the Directorate Manager, Residential Manager or Assistant Head of Specialist Services as and when needed on an individual basis.</p>	Chris Jones Assistant Head of Specialist Services	<p>Current and ongoing</p> <p>Supervision Roll out by 30th November 2016</p> <p>7th July 2016 and to be updated regularly as more information is available.</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
17	The health board should explore the reasons why members of staff are not up to date with mandatory training and where needed support staff to attend training required.	7.1	<p>Staff training will be monitored through managerial supervision and Performance and Development Reviews.</p> <p>Compliance with statutory and mandatory training is monitored by the business management team at a high level so that concerns can be identified and managed through the management structure. Issues reported by staff to attend training has been collected and the following will be provided to enable them to attend to this;</p> <ul style="list-style-type: none"> • Staff to be facilitated to attend basic training on how to use computers. • Staff to attend classroom training to ensure statutory courses are maintained. • Staff to become cascade trainers for certain courses such as manual handling to improve compliance. • Devise a time table whereby staff access PC. 	Chris Jones Assistant Head of Specialist Services	<p>By 30th November 2016</p> <p>Monthly current and ongoing</p> <p>By March 2017</p> <p>Current and ongoing</p> <p>By March 2017</p> <p>November 2016</p>

Service representative:

Name (print): **Chris Jones**

Title: **Assistant Head of Specialist Services**

Date: **7th September 2016**