Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Learning Disability Inspection (unannounced)

Hywel Dda University Health Board, Learning Disability Service

14 July 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.
Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

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

Digital ISBN 978-1-4734-7491-8

Contents

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 service users 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 the learning disability service on 14 July 2016. Our team, for the inspection, comprised of two HIW inspectors and a learning disability peer reviewer.

HIW explored how the learning disability 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 service users 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 is a small residential unit providing care for up to four service users with learning disabilities. There were four service users of mixed gender living there at the time of the inspection.

The service had a staff team which includes healthcare support workers. The manager responsible for day to day management at the service was on long-term sick leave at the time of our inspection. We were told that a multi-disciplinary team were involved with service users, including a psychiatrist, physiotherapist, speech and language therapist and occupational therapist.

Following our discussions with Hywel Dda University Health Board, we understanding that the learning disability service building is the responsibility of Pembrokeshire Housing Association, but care is provided by the learning disability and mental health directorate within Hywel Dda University Health Board. Therefore, the health board considers the service to be providing supported living for service users.

Due to the complexity of the arrangements around service provision, questions were raised regarding the appropriate registration/regulation of this and other residential learning disability services within the health board. At the time of publication of this report, discussions were being held between the relevant organisations regarding the regulation of these services.

3. Summary

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

Overall, we could not be assured that the service was delivering safe and effective care. Although we found that the staff were caring, hard working and committed to meeting the needs of patients. We had significant concerns in the following areas:

- Current care plans and risk assessments were not accessible due to IT issues over the past weeks, therefore we could not be assured that service users' health, safety and welfare were protected
- The manager had been on long-term sick leave since end of May 2016 and staff had been without direct management support since this time
- Staffing levels had repeatedly been an issue. Often this meant that there was not enough staff to meet the needs of service users
- Improvements were needed regarding medicines management, including clear guidance being given to staff on administration of medication
- Fire protection arrangements were not adequate
- Staffing levels were compromising patient quality of life as daily and weekly activities to promote well-being could often not be supported.

Due to the seriousness of our findings from this inspection, we raised our concerns to the health board on the day of inspection and via an immediate assurance letter, requiring the health board to take urgent action to address our findings. These findings are detailed within Appendix A of this report. HIW also met with representatives from the health board to seek further information and clarification on immediate improvements made.

At the time of publication of this report although HIW had received an action plan from the health board outlining the planned improvements; we were not assured regarding the detail of the actions and therefore discussions continue to clarify these issues.

4. Findings

Quality of patient experience

Although we saw that patients were treated respectfully and with kindness, we observed staff shortages which had a negative impact on the service user's quality of life.

We were concerned to find that access to current care plans and risk assessments were unavailable due to IT issues. Because of the concerns this raised regarding service user safety, we dealt with this issue through our immediate assurance process.

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

Therefore, our conclusions about the quality of service users experience are drawn from the evidence we found, 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)

We looked at how service users were helped to stay healthy.

Staff told us that service users at the unit were registered with a local GP who they were helped to see according to their needs and where they received an annual health check.

Service users had health passports in place, in the event of hospital admission. Staff told us that due to the complex physical health conditions of service users, some service users had recent hospital stays.

We were not able to review patient notes during this inspection and we have discussed this under 'individual care' further below.

Staff explained that service users were heavily dependent on them to help manage their health conditions and personal care needs. All service users were wheelchair users and needed the use of hoists to help with their care needs.

Staff told us that service users had weekly activity plans where they were supported by staff to enjoy activities to promote their wellbeing, such as swimming and visiting the shops. However, due to staff shortages, these activities could not be adequately supported. We understood this had been an issue since the end of May 2016. We were therefore concerned this was compromising service user's quality of life.

Improvement needed

The health board should ensure that there are sufficient support arrangements in place to enable service users to participate in activities to promote their well-being.

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 this inspection, we made limited observations about how service users were treated with dignity and respect. This was because our concerns in other areas were significant and required us to redirect our time towards these other areas.

The interactions we observed between staff and service users were positive and showed that service users were treated with kindness and compassion. All service users had their own bedrooms, which were personalised with their own belongings. Staff could describe the individual likes and dislikes of individual service users. All service users appeared well cared for and were supported with personal grooming.

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 looked at if service users have the right care, at the right time, in the right way and in the right place.

Staff appeared to have a good understanding of the service users' individual care needs, but we were not able to verify this in documentation. All service users had been living at the unit for many years and appeared settled there. Staff we spoke to had been working with the service users for many years and were committed to meeting their needs. However, we were not able to determine how care needs had been assessed and how these were met or if timely care was provided, because care plans were not available. We have detailed our concerns regarding this under 'individual care'.

Staff told us that a multi disciplinary health care team had been involved in the service user's care and treatment. However, we could not verify this in patient's care plans. Staff were unsure how often multi disciplinary team meetings were held and believed these were conducted off site and organised by the psychiatrist.

Improvement needed

The health board should ensure there is co-ordinated communication with multi disciplinary team members and regular multi disciplinary meetings take place.

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 how care is planned, delivered and recorded. Whilst we found that the staff team of support workers were considerate and showed genuine care towards the service users, current care plans and risk assessments were unavailable.

Staff explained they were having difficulties accessing the health board's IT system where all care plans and risk assessments were stored. We were also told that the computer at the service had crashed and data stored locally on the hard drive had been lost. Although care plans and risk assessments were stored centrally, meaning they were not lost, many staff were unable to access them through the IT system. It was also unclear if any information relating to service users had been lost on the computer hard drive. We were told these issues happened over two weeks previously and staff had been in contact with

IT services within the health board regarding this. As a result, we were concerned because we saw that staff were working without access to current care plans and risk assessments for service users. This meant that there was no available documentation as to how care that may have been assessed had been delegated to staff. No interim arrangements had been put in place and no daily records of care for service users were being made.

Staff also told us that the mental health of one of the service users had recently deteriorated, meaning they had become distressed and anxious. This indicated that a review of the service user's care plan and risk assessment was needed, but this had not been conducted. We observed in this case that the individual may also have benefited from a positive behavioural support plan. Furthermore, the support worker staff would have benefited from the information that such a plan would have provided to guide their work.

Our concerns in this area and lack of guidance available for staff were dealt with under our immediate assurance process, which meant that we wrote to the health board within two working days of our inspection requiring the health board to take urgent action to address our findings.

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)

We looked at how service user's rights are upheld.

Staff told us that no service users had restrictions in place under the Mental Health Act. Staff also told us that they believed mental capacity assessments had been completed by the psychiatrist involved with the service users, but we were unable to see evidence of this. Therefore, staff were working without knowledge of the exact needs of the individual service users.

Improvement needed

The health board should ensure that up-to-date mental capacity act assessments are in place and available for staff.

We asked about advocacy arrangements and staff told us that some service users had advocacy from family members who were involved in their care. They also understood there to be an advocate for one patient who did not have family involvement, but were not certain about the details of these arrangements. On the day of inspection, no clear information on this was available within the unit for either staff or service users.

Improvement needed

The health board should ensure that service users have access to advocacy support and clear guidance on advocacy arrangements is available.

Staff told us that Deprivation of Liberty Safeguards (DoLS) were not in place for service users. We were concerned by this because all service users were not free to leave the unit and needed continuous supervision. In speaking to staff, we found that knowledge around this was poor and staff could also not recall conducting training in either Mental Capacity Act or DoLS. Following the inspection, the health board confirmed the legal position regarding DoLS and explained that DoLS did not apply because the service was operating as 'supported living'. As a result, applications had been made to the Court of Protection for service users, but these had not progressed in a timely way. Our concerns in this area were dealt with under our immediate assurance process. Further details of this are provided in Appendix A.

Staff told us that they encouraged service users to keep in contact with their families. However, due to staff shortages, they were unable to support service users with visiting their families, if family members were unable to come to the unit. This particularly affected one patient who had lost contact with her Mother since she had moved into a care home. Staff told us that this service user's advocate wanted to ensure they were supported by staff to visit their Mother, but these plans had not progressed further. Staff also acknowledged that the lack of family contact could be related to the service user's deterioration in mental health.

Improvement needed

Service users should be supported to keep in contact with their families. Specifically, the health board should consider how service users can maintain contact with family members who may be unable to visit them.

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)

We did not inspect listening and learning from feedback at the service during this inspection. This was because our concerns in other areas were significant and required us to redirect our time towards these other areas.

Delivery of safe and effective care

We could not be assured the service was 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)

Overall, we could not be assured that service users' health, safety and welfare were protected. This is because, as previously stated, at the time of inspection risk assessments and care plans for service users were not available.

In general, the environment and equipment in place was visibly suitable and we found the unit was visibly clean and tidy. We saw that appropriate equipment for the safety of service users was in place, including hoists and patient beds and staff told us this was in good working order. However, we saw there was a large amount of mould in the shower room which needed to be addressed without delay. Staff told us that they had made the maintenance team of the building aware of this a number of weeks ago, but it had not yet been dealt with.

Improvement needed

The health board, as the responsible provider of care for service users, should escalate maintenance repairs needed to the bathroom with the owning authority of the building to ensure these issues are addressed without delay.

During our inspection, we were concerned that service users were not sufficiently protected from the risk of fire. We saw that all residents needed assistance with mobility, many needing the use of hoists. Despite the risk due to the vulnerability of service users, fire evacuation and personal evacuation plans were not in place. There was also no evidence that fire drills were conducted.

We were also told that due to the issues with the computer system, staff had not had consistent access to the health board's system for reporting patient safety incidents (known as DATIX) for over two weeks. Some staff had login

details which enabled them to access this, but not all. This meant that there may not be access to DATIX on every shift; therefore, there may be a delay in the service reporting incidents and delay in the investigation of incidents by the health board.

Our concerns regarding fire safety and access to DATIX were dealt with under our immediate assurance process. Further details of this are provided in Appendix A.

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

Most service users had some difficulties with eating a drinking. We observed staff assisting service users with eating and drinking during the inspection. Staff had appeared to have a good understanding of the nutrition needs of each service user and also of their food and drink preferences. Staff told us that they would always try to meet individual preferences where possible.

Staff explained that speech and language therapists had assessed each service user and advised about support around eating and drinking, such as thickening of drinks and liquidation of food to prevent choking. However, clear guidance on this was not readily available.

Improvement needed

The health board should ensure that there is clear guidance available for staff regarding each service user's eating and drinking needs.

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

We looked at if service user's medicines are safely and appropriately managed. Overall, we could not be assured that an appropriate medicines management system was in place.

On the day of inspection, we found that one service user was prescribed Diazepam medication. The medication was kept securely in a locked cabinet. Staff told us that they administered diazepam as PRN (medication given as needed within prescribed instructions). However, there was no clear guidance for staff about the administration of this medication and no available documented prescription or PRN protocol was available. There was also no clear guidance regarding the administration of medicines and how this is enabled for delegation to support worker staff.

We raised this with senior staff at the health board. Although there was a lengthy health board wide medicines management policy in place, there was no available local risk assessment with associated local policy in place within this individual service area.

Improvement needed

The health board is required to undertake a full risk assessment and implement a local policy for this service to provide a safe framework for staff, especially support workers, who require clear succinct procedures to follow to support the safety of the service users.

We saw that the general medication charts were available and had been signed by staff. Although no classified controlled drugs were present, on the day of inspection we could not see if the administration of diazepam had been recorded. Following the inspection, the health board confirmed that this was recorded by staff, but the reason for administering this had not always been recorded. We also found that there were no clear records of receiving and the returning of medication. Clear and consistent medication audits had not been performed by the pharmacy or the unit.

Our concerns regarding medicines management were dealt with under our immediate assurance process. Further details of this are provided in Appendix A.

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)

We looked at whether service users were being protected from abuse.

While we felt that staff were caring and were committed to protecting the welfare of the service users, we could not be confident that there were robust arrangements around safeguarding. This is because staff training records were not available, meaning we could not determine if safeguarding training was up-to-date. A safeguarding policy was available on the health board intranet, but not all staff were able to access this due to the issues with their IT system.

We also observed staff adopting a technique to help manage the distress of a service user which could be considered restrictive. We saw that a service user was visibly distressed and was moving forward in their wheelchair. To manage this, staff tilted the back of the service user's wheelchair so they were sitting in a reclined position. We talked to staff about this and they felt this was making the service user more comfortable. However, staff had not considered that this

practice could be restricting the movement of the service user and/or inhibiting their choice.

Improvement needed

Staff in this service must be fully aware, supported by training and education, about safeguarding, human rights and the mental capacity act to ensure that service users are safeguarded and that service user's best interests are always maintained.

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 looked at if service user's care and treatment is best practice to meet their individual needs.

Overall, we were not confident that the practices for care, treatment and decision making were in line with best practice and evidence. Although staff knew service users well and could describe in detail their individual health care needs, we were concerned that care plans were not available to staff, due to the IT issues experienced. There were no interim arrangements to address this. Therefore, we could not be assured that service users were safe and protected from avoidable harm.

Staff told us that positive behavioural support plans were not in place and felt these were not needed. However, we observed some patient behaviour which could benefit from this approach.

We dealt with these issues under the immediate assurance process. Further details can be found in Appendix A.

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

We did not look in detail at this area during the inspection. This was because our concerns in other areas were significant and required us to redirect our time towards these other areas.

We observed that service users had difficulties in communicating verbally. We were told that staff did not use communication aids, but we saw staff adapting their approach and identifying what service users wanted. We were not able to

confirm how service users were consulted about their care and treatment, as records were not available.

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)

Overall, we were concerned about the arrangements for record keeping at the service. Due to the IT issues at the time of the inspection and for some weeks prior, records had not been available to staff to support their work and to ensure that service user's needs were being met effectively or safely.

Whilst we understand that an IT system/computer failure is a rare occurrence and this was unfortunate to coincide with our inspection, the health board is responsible for ensuring that personal and patient data is protected and records are available for staff. We were concerned that there could be personal and patient information stored on the computer hard drive which is now lost.

We sought assurance from the health board through our immediate assurance process that appropriate actions have or are being taken to investigate if the loss of personal data has occurred, indicating a breach of the Data Protection Act. Further details are provided in Appendix A.

Quality of management and leadership

The nature and seriousness of our findings from this inspection highlight failings regarding the management and governance arrangements at this service. Our main concerns related to the lack of management support for staff since the manager went on long-term sick leave and staff shortages, meaning that there were occasions when there was not enough staff available to meet service user needs.

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 nature and seriousness of our findings from this inspection highlight failings regarding the management and governance arrangements at this service.

On the day of our inspection, we found that staff, who were Band 3 support workers, were working at the service with very remote management. Although staff were seen to be dedicated to their work and caring in their approach to service users, there was no identified individual in charge or leading the shift within the support worker team.

Staff told us that their manager had been on long-term sick leave since end of May 2016. Therefore, staff had been working without management support since this time. Although staff were aware of the on call arrangements at the health board and knew to contact the service manager (who worked across a number of areas and covered a wide geographical area) for any issues, no interim registered professional or clear line management arrangements had been put in place at the service. At the time of inspection, we were also not confident there were clear lines of professional accountability in place within the health board.

Staff told us that they had done their best to share the management responsibilities between them, including shift rotas. However, the shift coordinator was not indicated on the rotas or hand over notes.

The senior management team at the health board attended this inspection and were evidently hard working and competent. However, through discussions, we found that the senior team covered a very large number and range of services, which were geographically spread out across the heath board region. Because of this large remit, we were concerned that the senior team would find it difficult

to be available to provide the support needed at this learning disability service, given the current situation regarding staffing levels and the absence of the manager.

We dealt with these issues under our immediate assurance process. Further details can be found in Appendix A.

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))

We found that there was not enough staff with the right skills and leadership available to meet service user needs.

There was a low turnover of staff working at service and staff members had worked at the service for many years. However, on speaking to staff and looking at the staffing rotas we found that staffing levels had repeatedly been an issue over the last two months. Often this meant that there were not enough staff to meet the needs of service users. A number of part-time staff had recently increased their hours to assist, but there were still shortages.

Staff told us that one service user needed a staffing ratio of two staff members to one service user because their mental health had recently deteriorated. However, we saw that there were a number of occasions when only two members of staff were on shift for the entire unit. Although we were later told by the health board that there was no formal evidence to indicate this increased staffing ratio was needed, the dependency of service users was not monitored. It also became evident that a review of the staffing establishment was needed. We could also not find evidence that staffing ratios for service users had been formally considered.

The senior team told us that there are plans to obtain two unregistered bank staff to assist with staff shortages. However, we were told there had been significant difficulties in obtaining these placements due to a lack of response from the health board bank office. Following the inspection, the health board explained that they are experiencing significant issues in recruiting learning disability staff in this area.

We were also concerned that there was no formal system to monitor staff training, either at the service or by the health board management team, including whether mandatory training was up-to-date. No records of staff training were available for us to see on the day of inspection and no training

matrix was in place. Staff acknowledged that mandatory training was likely to be out-of-date.

We were also concerned about the lack of management support for staff. Staff told us that they were a happy and hard working team and had done their best to cope in the absence of their manager, but they acknowledged this had been difficult.

We dealt with these issues under the immediate assurance process. Further details can be found in Appendix A.

5. Next steps

This inspection has resulted in the immediate need for the learning disability service to complete two improvement plans to address the immediate concerns we identified and to address the other key findings from the inspection (Appendix A).

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.

6. Methodology

The 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: 16024

Date of Inspection: 14 July 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
IMMEDIATE ASSURANCE					
	<u>Care plans and risk assessments were unavailable</u> During our inspection, we found that current care plans and risk assessments were not available for patients at setting 16024. Staff told us that positive behavioural support plans were not in place and felt these were not needed. However, we observed patient behaviours which would benefit from this approach.	3.1 & 3.5	All four Care Plans, Core Assessments and Risk Profiles are on FACE (electronic records system). All are in date and individualised. A Share Drive has been made available. All staff have current IDs to be able to access the network and all Health Board systems.	Professional Lead Nurse / Interim Team Lead	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Staff explained that there had been a complete failure of the computer system where all care plans and risk assessments were stored. We were told this had happened over two weeks previously and staff had been in contact with IT services regarding this. We understood that all data had been lost as the computer hard drive had been damaged and there were no back-up arrangements for this information. This meant that staff were working without access to current care plans and risk assessments for patients. No emergency care plans and risk assessments had been put in place. **We seek assurance that:** • **New care plans and risk assessments are put in place urgently for all patients at the unit** • **There are robust arrangements to ensure**			Care Plans, Core Assessments and Risk Profiles have been printed off to provide a hard copy and stored in a locked cabinet. A link person within the local Informatics team has been identified to address any access to network issues.	Professional Lead Nurse / Interim Team Lead Informatics Lead	Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	that patient information is protected and there are sufficient back-up arrangements for electronic records • **There are effective systems available at the unit** • **Appropriate actions have or are being taken in relation to the accidental loss of personal data and breach of Data Protection Act Schedule 1 (7)** • **Appropriate actions have or are being taken to report this incident to Welsh Government, due to the impact on continuing needs of patients.**		Access to Networks Matrix had been developed to identify gaps in access to network systems. Network passwords have been reset for all staff and staff observed logging on to systems and given step by step guides, which are located next to the PC. Staff to complete Access to Networks Matrix to identify gaps and any training needs. All future paper based patient documentation will be uploaded to FACE Care Partners for staff to access. Interim Team Leader is organising dates with the CTLD to undertake 'Network Training Days'. This includes full team participation in reviewing all tenants' current care plans, behaviour support plans and risk assessments, including those not currently open to the Community Learning Disabilities Team. Any skill deficits or training identified by	Service Manager IT & Professional Lead Nurse / Interim Team Lead Professional Lead Nurse / Interim Team Lead to identify training needs. Professional Lead Nurse / Interim Team Lead Professional Lead Nurse / Interim Team Lead	Complete Complete Complete Complete November / December 2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			therapists will be delivered on the day to the staff team. Individualised one to one skills sessions will be delivered to all staff members where IT skills have been identified as requiring improvements. The previous hard drive which recently crashed has been sent to an external IT company to undertake an initial assessment of the files that are recoverable; the list of recoverable files had been received by the service for review. It has been confirmed there is no reportable breach. All information was backed up to a memory stick.	Residential Team Leads / Service Improvement lead Director MHLD	F/up sessions to be offered during December 2016 Complete
<u>Insufficient management support</u> On the day of our inspection, we found only unregistered staff were working at the service. Staff told us that the registered nurse manager	3.1 & 7.1		Team Leader had had final sickness review and confirmed retirement on the basis of ill health. The Band 6 vacancy will be advertised within the next couple of weeks and recruitment is estimated to take approximately 3 months. Band 5/6 cover for the unit will be	Service Manager	

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	had been on long-term sick leave since May 2016. Therefore, staff had been working without management support since this time. No interim management arrangements and clear lines of professional accountability had been put in place. Staff told us that they had done their best to share the management responsibilities between them, including shift rotas. However, the shift coordinator was not indicated on the rotas or hand over notes. Staff told us that they were aware of the on call management arrangements within the health board, but senior staff had found it difficult to visit the unit regularly. **We seek assurance that urgent management arrangements are put in**		advertised as an expression of interest from existing staff in the Community to ensure cover. Staff are fully aware of management lines of accountability and who to escalate concerns to within and out of hours, and this has been reinforced. Professional lines of accountability have been in place for two years to the Professional Lead Nurse for LD. An Operating Model was approved in January 2015 at the Learning Disability Dashboard (business) meeting outlining Governance and Assurance arrangements within the Service through to the Directorate Governance structures. A visit to setting 16024 on the 3rd November by the Head of Service and Service Manager provided an opportunity to confirm these arrangements and discuss with staff any ongoing concerns. Professional Lead Nurse for Learning	Head of Service	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
place to ensure that staff have sufficient management support from a registered nurse. Furthermore, that there are clear lines of managerial and professional accountability.			Disabilities is acting as Interim Team Lead at setting 16024 for a minimum three month period. The Interim Lead will now undertake a supervisory role for all the inpatient units at a Band 7 and additional cover at Band 6/7 will be recruited to provide support for shifts. A review of the role of shift co-ordinator has been undertaken and this job role will be evaluated, discussions with Union representatives clarify that these additional duties will require a re-validation of the grade. This will also ensure that the cover arrangements in Begelly and Bro Myrddin are also appropriate. Team meetings have been re-established on a monthly basis and will be minuted to include feedback from: • LD Dashboard (Business) meeting • MDT Reference Group (Clinical Governanace) • Risk Register meeting	Professional Lead Nurse / Interim Team Lead	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			• Service Objectives meeting.		
			Information had been re-circulated to all Learning Disability staff on how to escalate clinical and / or managerial concerns in the form of a memo. Service Manager had visited on a few occasions and maintains regular phone contact to ensure staff are supported.	Service Manager	Complete
			Shift Coordinators have been identified and indicated on both the Handover record and Duty Rota. There has since been a challenge by staff side representatives. Service Manager is meeting union representatives to review this role and look at the grading. (as above).	Professional Lead Nurse / Interim Team Lead	7.11.2016
			Interim Team Lead is coordinating dates for formalised group and individual supervision with all staff.	Professional Lead Nurse / Interim Team Lead	Complete
			Interim Team Lead is coordinating dates for supervisions for those staff not up to date (currently 9 of the 15 have been completed and those who haven't	Professional Lead Nurse / Interim Team Lead	Review 1.12.2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			including 3 on sick are arranging dates for later this month).		
	<u>Insufficient staffing levels</u> On speaking to staff and looking at the staffing rotas we found that staffing levels had repeatedly been an issue over the last few months. Often this meant that there were not enough staff of the correct skill mix to meet the needs of patients. We were told that one patient needed a staffing ratio of 2:1, but we saw that there were a number of occasions when only two members of staff were on shift for the entire unit. It also became evident that a review of the staffing establishment was needed. We understand there are plans to obtain two unregistered bank staff for 30 hours a week. However, the service manager told us there had been difficulties in obtaining these placements.	3.1 & 7.1	Recent long term sickness has contributed to lower levels of staffing. A review of patient dependency has been concluded and concluded the requirement for 3 support workers for the day shift and one sleeping, one waking at night. A review of the current staff compliment has identified that there is a need to review the staffing structure to ensure adequate cover. This will include a revised structure that addresses the availability of a shift co-ordinator and Grade 5/6 for shifts. The DATIX reporting system will record any shifts where there was inappropriate cover. The DATIX reporting system will alert Managers of any ongoing patterns. Staff are to link with the Band 7 immediately of any staffing shortfall and agency staff have been put in place as an interim.	Service Manager / Head of Service	30.11.2016

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
We seek assurance that: • **Patient dependency levels are monitored and a review of staffing establishment is conducted based upon these levels** • **Staffing levels are urgently addressed and difficulties in obtaining staff are escalated without delay** • **The health board has appropriate escalation systems when insufficient staffing levels are indicated.**			In addition adverts for LD Bank Staff have been circulated and 19 applicants are being interviewed on 1st December. Additional 30hr vacancy to be recruited as a permanent post. Existing part time staff have increased hours to support colleagues Flexible cover from another unit in Pembrokeshire are supporting the staffing complement Where appropriate, activities combined with residents from another unit to ensure they were not cancelled. Audit of duty rotas to take place to identify number of occasions in the last six months where staffing levels fell below requirements. Approval of immediate agency staff to support current staff team Agreement given to support additional employment of a Health Care Support	Professional Lead Nurse / Interim Team Lead Director MHLD Assistant Director MH&LD	Complete Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Worker to meet the 2:1 assessed needs of the tenants.		
			All tenants within this supported living environment have been allocated professionals from the Pembrokeshire Community Team Learning Disabilities (CTLD).	CTLD Team Manager	Complete
			Work is underway with the Bank Office to ensure recruitment of a pool of available and appropriately trained staff to support the units.	Service Manager	Interviews 1.12.2016
			Flexible approaches to workforce to be explored with Social Services / Domiciliary Care / Direct Payments, this will be included as part of the transforming LD agenda and will put forward longer term more sustainable options for the delivery of residential care and will include reviewing registration requirements.	Head of Service	On-going
			The Professional Lead Nurse has assessed the tenants' care needs and has developed a 24 hour time-table for each individual identifying routine activities as well as activities to enable	Professional Lead Nurse / Interim Team Lead / CTLD Social Care Team Lead	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			the tenants to participate more fully in the community. This is based on an active support approach. These time tables have identified gaps in staffing to support the planned activities and has led to the decision to recruit two additional part-time activity coordinators for setting 16024 Multidisciplinary Team reviews for each of the tenants have been arranged and the 24 hour time-tables for each individual will be reviewed at these meetings as will the individual care needs and any requirements for further support from the multidisciplinary team (from Pembrokeshire Community Team Learning Disabilities)	Professional Lead Nurse / Interim Team Lead / CTLD Social Care Team Lead	Complete
	<u>Insufficient medication management</u> On the day of inspection, we found that diazepam was prescribed for one of the patients. Staff told us that they administered diazepam as PRN, but there was no clear guidance for staff	2.6	Staff currently dispense, administer and sign for medication in pairs. Diazepam PRN is signed for on the back of the MAR sheets with rationale for administration. The Policy requires staff to contact on call before giving Diazepam and there is a PRN protocol, staff have been reminded of these	Professional Lead Nurse / Interim Team Lead	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
about the administration of medication and no PRN protocol was available. Although no classified controlled drugs were present, the administration of diazepam was not recorded. We also found that records of receiving and the returning of medication were missing. Clear and consistent medication audits had not been performed by the pharmacy or the unit. **We seek assurance that robust and safe arrangements for medicines management are in place and staff are given clear guidance about the administration and recording of medication.**			processes. Health Board Medicines Policy and the All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers has been printed off and attached in a clear pocket on the Medication cupboard. Staff have been reminded of the need to read and understand both of these documents. Staff have been made aware that Level 3 Agored Training will be made available to them later in 2016 once the training pack has been approved by the Health Board. Interim Team Lead has developed a one page document for staff covering the recording of administration of medication (attached to medicine cupboard) Boots Pharmacy have been contacted to provide evidence of their audit trail in addition to records of medication dispensed to, and returned from the unit. Pharmacy Lead has undertaken a medication review.	Pharmacy Lead for Mental Health & Learning Disabilities	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Pharmacy Lead for Mental Health and Learning Disabilities has been asked to advise on a comprehensive audit of settings where there is community pharmacy input. Review storage of all medicines not provided by Community Pharmacy in blister packs Interim Training on medication management has commenced to address any shortfall before the Agored Training has been approved. Review of Best Interest decisions to take place around the use of covert medication when given with food or drink. The Health Board is developing a Training Pack for HCSWs which will require approval by Learning & Development Department, and approval by Agored. It is expected Health Board wide training will commence in October 2016 to all HCSWs administering	Senior Nurse for Medicines Management Multidisciplinary Team Senior Nurse for Medicine Management	Complete Complete 10.10.16

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			medication. Medication Management training has commenced and will be delivered to 100% of the staff team prior to approval of the Agored training pack. Pharmacy Lead to liaise with Boots Pharmacy to ensure correct labelling on medication and that it meets legal requirements. Standard Operating Procedure to be developed for the recording and returning of medications. Process for the receipt and destruction of medication being developed for community homes A competency assessment checklist has also been developed and undertaken with some of the staff to review their medication practice	Pharmacy Lead for Mental Health & Learning Disabilities Senior Nurse for Medicines Management Pharmacy Lead for Mental Health & Learning Disabilities Professional Lead Nurse / Interim Team Lead	Complete Complete Complete On-going

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	<u>Fire evacuation and personal evacuation plans were unavailable</u> During our inspection, saw that all residents were elderly and needed assistance with mobility, many needing the use of hoists. Despite the risk due to the vulnerability of patients, fire evacuation and personal evacuation plans were not in place. There was also no evidence that fire drills were conducted. **We seek assurance that all appropriate measures to ensure that patients are sufficiently protected from the risk of fire are urgently put into place.**	2.1	There is an existing Fire Defence Plan at the unit which had been reviewed and updated in January 2015. Planned reviews by Health Board Fire Officers take place bi-annually. The Fire Defence Plan includes generic evacuation plans for tenants, however, did not include Individualised Personal Evacuation Plans. Fire Officer has completed a further audit of the Fire Defence Plan and unit The Interim Team Lead has completed Individualised Personal Evacuation Plans for all four tenants A working Draft Fire Defence Plan has been developed. Floor layouts provided by Pembrokeshire Housing Association do not match actual layout so cannot be added to the Defence Plan at this time. Further minor alterations need to be made to the Plan but it can be utilised by staff immediately. The Fire Officer has requested that the Fire Service undertake a Home Safety	 Pembrokeshire Fire Officer Interim Team Lead Pembrokeshire Fire Officer	 Complete Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Check The Fire Officer will be undertaking a Fire Evacuation Drill. Dates to be confirmed.		10.10.16
	<u>Staff Training</u> Staff training records were not available to review. On speaking with staff it was found that training, including mandatory training, was not up to date. There was no system to monitor training, either at unit or Health Board level.		Personnel files that hold individual staff training records are kept in a locked filing cabinet. The key to the records cabinet is now being kept in a locked safe in the home. The Health Board ESR system does not have "live" records of staff training therefore a review of all training will be undertaken with all staff as part of their PADR. Replacement key for locked cabinet has been obtained and key safe in situ.		
			Key cupboards with a multi-digit code to store cabinet keys have been ordered. This will mean they are safe on the units and only relevant people have access to	Interim Team Lead / Service Manager	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			keys ensuring information is managed securely in line with information governance policies. Training matrix developed by service manager for completion with staff to identify team training needs, this record is contained within their personnel files Develop team and individual training plans Confirm schedule of dates for 2016 for group supervision / individual supervision and PADRs where they have not taken place.	Service Manager Interim Manager / Professional Lead Nurse	Complete Complete
In investigating the issues set out in this letter, the health board should pay particular attention to the role of management and leadership. **HIW requires assurance from the health board on the urgent action that it will take to identify any**			The senior management team recognise that issues have been raised as a consequence of the HIW inspection that the service were not aware of, despite supervision structures being in place. The senior management team recognise the need to provide greater opportunities for the teams who deliver services to		

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
management, leadership or governance weaknesses that have: • **Contributed to the occurrence of issues found in our inspection** • **Led to the issues not being detected and then resolved by the health board.**			raise and escalate concerns to senior management. Managers at all levels need to ensure that tolerance to unacceptable standards of service or environments of care is not present in any service across the Directorate. The Professional Lead Nurse (member of the Learning Disabilities management team) has been appointed to setting 16024 on a permanent basis to provide leadership and management support. The Professional Lead Nurse has developed a monthly residential services forum to include risk management ; communications; estates issues; and will report from and to: - LD Dashboard (Business) meeting - MDT Reference Group (Clinical Governance) - Risk Register meeting - Service Objectives meeting **Actions Planned** Appointment of a substantive Residential	Head of Service Professional Lead Nurse / Interim Team Lead Head of Service	Complete Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Services Lead to provide operational management and leadership to setting 16024, [information redacted], and [information redacted] residential units. This post will form part of the Learning Disabilities management structure and will be a key member of the meetings outlined above. Initial feedback has highlighted the need for a wider review of the structures and the need for re-evaluation of the co-ordinator post and more band 6 cover in each unit. Senior team to implement a mechanism by which all senior managers visit all ward and departments to ensure key messages are communicate. It is not enough to rely on the management hierarchy for some messages as it is vital for some that messages have been relayed. The senior management team to assess how information flows to and from service through the structures in some	Director of MH&LD	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			key areas including: • Estates • Staffing pressures, changes • Clinical issues • Learning lessons		
IMPROVEMENT ACTION PLAN					
Quality of the patient experience					
6	The health board should ensure that there are sufficient support arrangements in place to enable service users to participate in activities to promote their well-being.	1.1	The Professional Lead Nurse has assessed the tenants' care needs and has developed a 24 hour time-table for each individual identifying routine activities as well as activities to enable the tenants to participate more fully in the community. This is based on an active support approach. These time tables have identified gaps in staffing to support the planned activities and has led to the decision to recruit two additional part-time activity coordinators for setting 16024. Approval of immediate agency staff to support current staff team	Service Manager Professional Lead Nurse / Interim Team Lead / Community	Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
				Team Learning Disabilities (CTLD) Social Care Team Lead	
			Request made to local on-contract agencies to provide additional staffing with relevant learning disability experience.	Director Mental Health and Learning Disabilities (MH&LD)	Complete
			One individual has had a social care review and Direct Payments have been recommended for this tenant	Interim Team Lead	Complete
7	The health board should ensure there is co-ordinated communication with multi disciplinary team members and regular multi disciplinary meetings take place.	5.1	History of little involvement from the Community Team Learning Disabilities and a subsequent lack of case management, and reviews of care plans and risk assessments from a multidisciplinary perspective.		
			Team Meetings have been re-established on a monthly basis and will be minuted to include feedback from:	Professional Lead Nurse / Interim Team	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			- Learning Disabilities Dashboard (Business) meeting - Multi Disciplinary Team (MDT) Reference Group (Clinical Governance) - Risk Register meeting - Service Objectives meeting Interim Team Lead will arrange MDTs involving setting 16024 staff team and Pembrokeshire CTLD staff on a six monthly basis or as needs change. Interim Team Lead is organising dates with the CTLD to undertake 'Network Training Days'. This includes full team participation in reviewing all tenants' current care plans, behaviour support plans and risk assessments, including those not currently open to the CTLD. Any skills deficits or training identified by therapists will be delivered on the day to the staff team. Interim Team Lead to ensure multi-	Lead CTLD Team Manager / Interim Team Lead Professional Lead Nurse / Interim Team Lead	Complete End Nov/beginning Dec

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			disciplinary approach to delivering care, with support as required. Te network training days referred to above promote this.	Interim Team Lead	30.09.16
8	The health board should ensure that up-to-date mental capacity act assessments are in place and available for staff.	6.2	Review of clients' tenancies led to completion of capacity assessments in October 2015. Advice was sought from the Health Board Mental Capacity Act (MCA) Lead and from Welsh Health Legal Services setting out actions to progress Court of Protection applications for tenants of supported living services in Pembrokeshire; these were not progressed in a timely way. The Deprivation of Liberty Scheme (DoLs) can only be used to authorise deprivation of liberty in a hospital or registered care home therefore Court of Protection is the only route for the tenants of the supported living services; DoLs training has not been deemed appropriate for the staff in these services however there is a gap in MCA training. Staff had no access to those mental capacity assessments that had been completed		

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Updated Capacity Assessments undertaken Records of mental capacity assessments to be held in the care records.	Consultant Psychiatrist Interim Team Lead	Complete Complete
9	The health board should ensure that service users have access to advocacy support and clear guidance on advocacy arrangements is available.	6.2	One tenant has access to advocacy services and three tenants are not receiving this service. Interim Team leader to reopen discussions with families around referral to advocacy service and refer tenants to Pembrokeshire People First for advocacy support where agreed. Interim Team Leader to contact Pembrokeshire People First for their information leaflet and provide families with the leaflet where agreed. Interim Team leader to circulate the Pembrokeshire People First information leaflet to staff and reinforce at the next team meeting to ensure all staff are aware.	Interim Team Lead Interim Team Lead Interim Team Lead	Complete Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			Interim Team Leader to invite tenants' advocates to future MDTs	Interim Team Lead	
9	Service users should be supported to keep in contact with their families. Specifically, the health board should consider how service users can maintain contact with family members who may be unable to visit them.	6.2	The management team were unaware that family visits were not happening as part of cancelled activities. Additional staffing will be provided to enable planned family visits. Family frequently visit setting 16024 and one patient is being supported to visit her mum who is in a Nursing Home.	Interim Team Lead	21.10.16
Delivery of safe and effective care					
10	The health board, as the responsible provider of care for service users, should escalate maintenance repairs needed to the bathroom with the owning authority of the building to ensure these issues are addressed without delay.	2.1	The management team were unaware of the significant patch of mould in the shower room. Interim Team Leader has contacted Pembrokeshire Housing Association and made them aware of the maintenance repairs required. Pembrokeshire Housing Association assessed the maintenance work required and repaired the mould with a temporary fix on 18.07.16 further work	Interim Team Lead Interim Team Lead	Complete Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			required and chased up. The interim Team Leader will undertake a weekly walk about of setting 16024 with the lead Healthcare support worker to identify any works required by the Pembrokeshire Housing Association. The Interim Team Leader will notify any works required and escalate the identified issues to the Service Manager and this will be reported through the Service's management meeting. Additionally, maintenance issues will be a standing agenda item at the monthly setting 16024 staff meeting. Pembrokeshire Housing Association to undertake the identified maintenance repairs (in particular the bathroom) during a planned holiday for the tenants, week commencing 03.10.16.	Interim Team Lead Interim Team Lead	Complete Complete
11	The health board should ensure that there is clear guidance available for staff regarding each service user's	2.5	All tenants have current eating and drinking guidelines available on Functional Analysis of the Care Environment (FACE), electronic record		

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	eating and drinking needs.		system. However staff were unable to produce them on the day of inspection. All staff have been reminded of eating and drinking guidelines for each tenant, and paper copies have been placed in the individuals' record. Thickener training by Nutilis to be provided with speech and language therapy support. Eating and drinking guidance will be written into each tenant's "This is Me" profile. Speech and language therapy to reassess tenants' eating and drinking skills and update guidance as required.	Interim Team Lead Therapies Lead Interim Team Lead Therapist Lead	Complete Complete Complete Complete
12	The health board is required to undertake a full risk assessment and implement a local policy for this service to provide a safe framework for staff, especially support workers, who require clear succinct procedures to follow to support the safety of the service users.	2.6	Current guidelines available to the staff dated back to Pembrokeshire and Derwen NHS Trust, and although remain relevant, they had not been reviewed or updated in the intervening period. Regular meetings had taken place between the Service Manager and the Senior Nurse for Medicines Management on how to progress the *All Wales Guidance for Health Boards in Respect*		

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			of Medicines and Health Care Support Workers. Interim Team Lead has developed a one page document for staff covering the recording of administration of medication. Staff have been made aware and reminded of their roles and responsibilities in the administration of medication. There is regular presence and input of a registered nurse within the unit to monitor the administration of medication by the HCSW. Interim Team Lead has developed a one page document for staff covering the recording of administration of medication. Staff have been made aware and reminded of their roles and responsibilities in the administration of medication. There is regular presence and input of a registered nurse within the unit to monitor the administration of medication	Interim Team Lead	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			by the HCSW **Actions Planned** Senior Nurse for Medicines Management will complete a risk assessment and share the findings with all staff. Senior Nurse for Medicines Management will write Standard Operating Procedures regarding the delegation of responsibility to health care support workers (in relation to medication management) Medication Management training has commenced and will be delivered to 100% of the staff team prior to approval of the Agored training pack.	Senior Nurse for Medicines Management	30.09.16 Complete
13	Staff in this service must be fully aware, supported by training and education, about safeguarding, human rights and the mental capacity act to ensure that service users are safeguarded and that service user's best interests are always maintained.	2.7	Training compliance is under review as described in previous section re staff training records. Access to Network issues have been resolved and all staff are now able to access Health Board Intranet pages where current policies are stored. A laptop has been ordered so staff can have more flexible internet access.	Interim Team Lead	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			MCA Lead to deliver training to staff at setting 16024 and to discuss case scenarios at the home including potential restrictive practices. Interim Team Lead to ensure 100% compliance amongst the staff team with mandatory training in Safeguarding Levels 1 and 2 80% compliance by end of September. 100% by end of November. Interim Team Lead to ensure 100% compliance amongst the staff team with mandatory training in Dignity and Respect	MCA Lead Interim Team Lead Interim Team Lead	24.11.2016 28.11.16 30.09.16
Quality of management and leadership					
	See immediate assurance improvements above				

Service representative:

Name (print): **Julie Denley**

Title: **Interim Director of Mental Health and Learning Disabilities**

Date: **20.12.2016**