Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Learning Disability Inspection (unannounced)

Hywel Dda University Health Board, NHS residential service (Ref 16250)

Inspection date: 13 February 2017

Publication date: 15 May 2017

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 978-1-4734-9701-6

Contents

Introduction

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

HIW's primary focus is on:

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

HIW completed an unannounced follow-up inspection at a residential NHS Learning Disability service operated and managed by Hywel Dda University Health Board on 13 February 2017. Our team for this inspection comprised of a HIW inspection manager (inspection lead), a HIW assistant inspection manager and two clinical peer reviewers.

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

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

- Quality of 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.

Context

The unit inspected, forms part of learning disability services provided within the geographical area served by Hywel Dda University Health Board.

The unit provides residential placements for a maximum of six people with severe learning disabilities, autism and challenging behaviours, some of whom may be detained under the Mental Health Act[1]. One of the single rooms has, however, been converted to an activities area in the past twelve months. There were five male patients living at the unit, at the time of this inspection.

The service employs a staff team which includes a unit manager (who was temporarily promoted into the role during 2013), together with a team of registered nurses and support workers. A Consultant Psychiatrist works between this unit and another learning disabilities service nearby.

The service is managed and operated overall, by the combined Mental Health/Learning Disabilities Directorate within Hywel Dda University Health Board.

.

[1] The Mental Health Act is the law which sets out when you can be admitted, detained and treated in hospital against your wishes. It is also known as being 'sectioned'. For this to happen, certain people must agree that you have a mental disorder that requires a stay in hospital.

Summary

This report relates to an unannounced follow-up inspection completed by HIW on the 13 February 2017 to check the health board's progress on areas for improvement highlighted at the previous inspection (7 June 2016).

We found evidence that some improvements had been made to the unit environment. We were also able to confirm that some improvements had been made in relation to maintaining patients' dignity and the provision of healthier meals.

However, at this inspection we found that there was no up to date operational policy, or similar guide in place to set out the direction of this particular service. This meant that there was an overall lack of clarity with regard to aspects of internal governance, audit activity and quality assurance systems and processes to guide unit staff in providing safe and effective care.

In addition, we found that collaboration between senior health board managers and the staff team at this service needed to be strengthened. Staff working at the unit also offered their consent to highlight that they felt the need for more support from senior managers in terms of addressing the complex, changing needs of the patients in receipt of care and treatment. This gave the impression that senior managers may not be sufficiently sighted on the governance, quality and safety arrangements in place.

The inspection team had a number of concerns about the approach taken by senior managers to the provision of leadership, and staff capacity issues. Such issues had been brought to the attention of the health board in the past within a letter from HIW to the Chief Executive (12 July 2011), during our last inspection (2016) and continue to have a potentially negative effect on the health, safety and welfare of patients living at the unit.

The health board is therefore required to address the need for robust leadership, governance arrangements, staff sufficiency and the vision for this service as a matter of priority.

This is what we found the service did well:

- Staff sickness and absence was generally low and the unit team worked very well together
- We were able to confirm that staff treated patients and each other, with patience and kindness
- The unit was managed and run by a staff team who demonstrated a commitment to provide safe and effective care. More specifically,

discussions held with staff and the interim unit manager, highlighted that they were aware of service issues which required improvement and had a clear commitment to addressing those

- We were able to confirm that independent mental health advocates and independent mental capacity advocates were available to patients

These are some of the matters that the service still needs to improve as they remain unresolved since our previous inspection:

- The health board is required to provide HIW with a comprehensive description of how it will ensure that equality and human rights is embedded across the functions and delivery of learning disability services. This is in accordance with statutory requirements and Mental Capacity Act (2005) legislation

- The health board is required to ensure that people's health, safety and welfare are actively promoted and protected at times when seclusion arrangements are adopted. This is in response to patient behaviours that challenge

- The health board is required to arrange more suitable, appropriate organisational structures and management systems for infection prevention, control (IPC) and decontamination. This is to ensure that the physical environment is maintained and cleaned to a standard that facilitates IPC and releases staff to spend more time with patients each day

- The health board is required to ensure that health care professionals in the form of an extended multidisciplinary team work in partnership with each other to protect and improve the health and wellbeing of patients in receipt of care and treatment. This matter was raised at the previous inspection and therefore remains unresolved

- There were insufficient numbers of registered nursing staff working within the unit at the time of this inspection. We acknowledged that the health board generally had a formal process for the overall management of safe staffing levels (which aimed to provide the best staff cover possible at all times). However, the staffing situation at this unit had resulted in registered nurses working regular overtime to fill the 'gaps'; some shifts being 13 and a half hours (once or twice every week). Such arrangements would not be acceptable in the medium to long term

Improvements identified in relation to all other areas of the running and management of the residential service can be seen throughout this report, and within Appendix A.

Given the number and nature of improvements identified at the previous inspection and the limited progress made since June 2016, HIW took steps to meet with key representatives from the health board to seek further information and clarification on the action they intended to take. This was to ensure the delivery of safe and effective care across learning disability services.

4. Findings

Quality of patient experience

We were able to confirm that some progress had been made in relation to improving the unit environment which enhanced patients' dignity and privacy. In addition, staff had completed further training on the topic of Welsh language awareness.

However, we identified the need for the health board to describe how it would ensure that equality and human rights was embedded across the functions and delivery of learning disability services in accordance with statutory requirements and Mental Capacity Act (2005) legislation. In addition, some improvements were still required with regard to aspects of record-keeping and communication with patients.

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)

During our previous inspection, we found there was a lack of clarity around the organisation and outcome of routine patient appointments at local hospitals, dentists and opticians. This meant that we were unable to confirm whether particular aspects of patients' health needs were being met.

At this inspection, we found evidence of the provision of dental healthcare and optician appointments for one person. We were further able to establish that fortnightly visits from a local GP took place (out of hours and additional support being available as and when needed outside of those visits). During the alternate Tuesday morning visits, the GP provided medical support to patients with long term health conditions and completed annual medical reviews as required, throughout the year. We were told that any routine or non-urgent patient hospital appointments were followed up and acted on by the GP; urgent health issues being dealt with by the Consultant/specialty Doctor linked to the unit.

However, care records still failed to show that all five patients had been provided with the opportunity for eye health checks dental care and podiatry. Whilst we understood that some individuals were unable to tolerate regular checks, the health board was advised of the need to establish clear and

suitable arrangements in place to ensure that patients received care in direct response to their identified changing, complex needs.

Improvement needed

The health board is required to provide HIW with a detailed description of the action taken/to be taken to ensure that patients' physical health needs are clearly identified and addressed. This matter was raised at the previous inspection.

We found that some progress had been made in terms of a full reassessment of patients' needs. This matter was described within the health board's improvement plan (dated August 2016) and was due for completion during November 2016. However, on in-depth exploration of two patient records and consideration of some of the content of the remaining three, we were unable to find satisfactory recorded evidence to support the health board's assurances.

HIW met with Health Board representatives following the inspection with regard to the above (and other service related) matters and have since been provided with verbal and written assurance that Positive Behaviour Intervention and Support[2] (PBIS) and Psychology professionals have commenced work with the five patients living at the unit as a means of developing a holistic Positive Behaviour Plan for each person.

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)

This follow-up routine inspection visit was unannounced, so unfortunately there were no family members or carers (outside of the staff team) available to speak to us. In addition, it was not possible for those receiving care, to offer a detailed account about what life was like for them whilst living at the unit. This was due to identified, complex difficulties with verbal and non verbal communication. We were, however, able to establish that some patients felt comfortable and were enjoying their day.

[2] Positive Behaviour Intervention Support (PBIS) is an approach that can be used to improve individuals' safety and promote positive behaviour.

The inspection team's conclusions about the quality of patient experience were therefore largely drawn from the evidence found in care and treatment plans, medical notes and from conversations held with staff-as was the case during our previous inspection (June 2016).

During our 2016 inspection the health board was required to ensure that staff members were mindful of patients' communication needs and preferences at times when they spoke with one another in Welsh. This was as a means of treating individuals in a respectful way.

We therefore held discussions with the unit manager about progress made and were informed that staff had completed training on the topic of Welsh Language Awareness during 2016. The staff training matrix supported this. In addition, we were told that patients' records now contained reference to their understanding and preferences in terms of the use of the English and Welsh languages respectively. This was as a means of optimising and encouraging two way conversation as far as possible.

HIW had previously identified that the patients living at the unit needed the assistance of communication aids to help them express themselves and enhance their understanding of aspects of their daily care. We did not however see any communication aids in use during that visit.

At this inspection, we were able to confirm the use of a 'Go Talk'[3] device and 'widgit[4]' health products, the use of which had been approved by the speech and language therapist. We also saw that the staff team had access to picture cards to assist patients in identifying what they wished to do and what was about to happen next in their day. However, the picture cards were stored in an office drawer and were not used during this follow-up inspection. We were subsequently informed that the use of such aids were in accordance with

[3] A 'Go Talk' is a battery powered communication device that can be used by people who cannot communicate well by speaking. Another person (a carer or friend, for example) records messages – any messages the person will likely need, in any language, dialect or accent which enables them to "say" what they want with the push of a button.

[4] Widgit Health products and symbols have been designed in partnership with healthcare professionals to meet the communication needs of service users. In routine health care, clear communication improves the effectiveness of diagnosis and treatment, leading to quicker and more effective recovery. By providing communication support, Widgit products aim to improve the inclusion of, and outcomes for, patients, especially those who have a communication need.

guidelines produced by speech and language therapy professionals and information contained within the 'Total Communication' board.

We were also told that an iPad was due to be purchased to enable one particular patient to communicate; an assessment having been requested with the electronic assistive technology department at Rookwood.

We had previously seen that there were no curtains or blinds fitted at the windows of patients individual rooms. This impacted negatively on their privacy and dignity.

During this inspection, we found that such matters had been addressed. Patient bedrooms were also individualised to an extent and appeared clean and tidy.

We found that staff treated patients, and each other with respect, patience and kindness (as during our previous inspection); patients being addressed by their preferred name. We also saw staff spending time with patients for the purpose of promoting conversation and support with table top activities. This meant that staff placed a focus on actively listening to patients with a view to responding to their needs.

Since our last inspection, the flooring in the lounge and one patient area had been replaced. The patient's kitchen had also been freshly painted. However, there was a large crack in a wall above a door in an area occupied by a patient. The crack also extended almost across the entire length of the same wall and required structural repair; the door frame having been subject to temporary strengthening to prevent further damage. We were told that new risk assessments were due to be completed in this regard, with a view to addressing this issue. It remains the case however, that the work had not been scheduled to take place since our last inspection.

Improvement needed

The health board is required to inform HIW how it will ensure that remedial work required at the unit (now and in the future), will be completed as soon as possible to ensure the health, safety and welfare of patients and staff. This was an area of service provision identified for improvement during the HIW 2016 inspection and remains unresolved.

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 had previously found (during 2016) that the staff team were considerate and showed genuine care towards the patients. However we did not find any evidence to demonstrate that patients were proactively encouraged or supported to become as independent as possible, in accordance with their identified abilities and skills.

In addition, there had been no active plans in place to consider whether the residential unit remained the most appropriate environment for patients to receive long term care. This had been discussed with senior managers at that time.

The resulting health board action plan (August 2016) stated that reviews of patients' care and treatment plans would be undertaken and the multidisciplinary team (MDT) would ensure that patients' needs would be met in a timely manner (between September and October 2016). This was in order to determine whether patients were being cared for in the most appropriate environment. We were not, however, provided with any evidence at this inspection to indicate that the health board had delivered its agreed action in this area.

Following the inspection visit, the health board provided us with written confirmation that expressions of interest were being explored from appropriate private learning disability healthcare providers. We were also informed that the outcome of that exercise would be discussed at patient multidisciplinary meetings during 2017.

Improvement needed

The health board is required to inform HIW of the action to be taken to review whether patients' placements at the unit remain appropriate and alternative accommodation explored for long term care purposes. This issue remains outstanding from the HIW 2016 inspection.

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)

During our previous inspection, HIW had raised concerns about the limited availability and variety of the social and leisure activities offered to patients. Consequently, the health board had been required to provide us with a detailed response, demonstrating what they intended to do, to tackle the issue.

The health board's completed improvement plan cited six different forms of action to be completed between September and November 2016, one of which related to the need for an MDT review of existing patient risk assessments.

At this inspection, we found that the range of social and leisure activities available to patients had improved. We also saw that the one unoccupied room at the unit had been converted to an activities area. However, the room was full of equipment and would not comfortably seat more than two people in its present state. We did not see that the room was used during our visit.

Additionally, in the absence of an established extended MDT, patient risk assessments had not been fully developed and activities that patients engaged with did not result in any clear written outcomes or future plans to assist staff on a day to day basis.

We held conversations with the unit manager and staff team which revealed that the part-time occupational therapist (OT) (who had recently begun working with the unit team) planned to assist with the review and improvement of activities available to patients. We were also made aware that the OT had accompanied one patient to attend a community based activity for part of the inspection day.

Whilst we acknowledge that there was some evidence of an active support model[5] in place, activity plans were not signed by any member of staff as being the author. However, there were no dates to indicate when the activity commenced, no link to patients' baseline skills assessments, goal planning or skills development. In addition, one patient's record mentioned that the availability of OT was becoming more fixed and inflexible. This may impact negatively on any progress made to date, in terms of planning patient care to promote independence.

The previous HIW inspection team highlighted the need for improvements to the provision of individualised care. Specifically, there was an instance whereby all soap was removed from bathing areas as some patients had a tendency to eat such products. This general approach emphasised the lack of individual risk

[5] An active support model is a method of supporting people with a learning disability to engage in meaningful activities and relationships as active participants. The model is based on using ordinary everyday activities to encourage choice and engagement, and to increase independence.

assessments and may have prevented some patients from maintaining good hand hygiene independently.

Similarly, at this inspection, we found that paper held assessments and individual care planning records were either incomplete. We also found the need for paper held patient records to reflect care and assessment information held electronically. This is because:

- One patient's autism assessment was seen on file. However, there was no review date applied and no name of the individual who completed the review. Neither were there recommendations or any form of action plan developed-post review
- The total communication factsheet in a patient's records made reference to the need for the use of a total communication approach to assist them. However, there was no description of what the patient specifically required in that regard
- A patient's behavioural support plan printed (23/6/15) suggested that an annual review was required. However we were unable to find evidence that a review had taken place. Remaining risk assessments in the same file were incomplete and/or contained limited information

HIW met with key individuals from the health board following this inspection and found that there was a need for the service to ensure that electronic and paper records held at the unit accurately identified patients' holistic needs and the approach required to assist them. This was to assist staff in providing care and support to individuals on a day to day basis.

Improvement needed

The health board is required to provide HIW with details of how it will evidence that patients' physical and emotional well-being and independence is maximised now, and in the future.

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)

Previously, we had found there were patients at the unit who had Deprivation of Liberty Safeguards (DoLS)[6] in place. The particular restrictions were documented to differing degrees, within patient's respective care plans. However, we found that the entries made were not dated and signed and did not always contain the reasons for the restrictions, or the rationale behind the support strategies in use.

At this inspection, we considered the content of documentation relating to a patient's DoLS review. As a result, we noted that decisions about the restrictions in place had not been made by a full multi-disciplinary team, but in a ward round with minimal representation from professionals other than nurses and doctors. In addition, there was no appropriate recording undertaken of the individual's behaviour. This meant that there was a lack of clarity as to how staff should proceed with key aspects of care provision.

The patient's DoLS review contained 12 separate conditions (which was a large number) as a means of minimising restrictions to the patient's day to day care and also made reference to the lack of progress made by the health board, in response to the HIW 2016 inspection findings (this being relevant in terms of the patient's care). Following the inspection, the health board informed us that the rationale for delays in relation to care restrictions had been discussed and that members of the MDT were now satisfied that the service was able to evidence progress at a sufficient pace.

Additionally, we were unable to find recorded evidence of patients' mental capacity and were told that Doctors were responsible for assessing that aspect of care. Neither were we able to find evidence as to whether best interests meetings had taken place, or whether patients were supported and encouraged in any way to participate in agreeing their plans of care. Patients' rights' may therefore be compromised.

---

[6] DoLS are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. They refer to the extra safeguards needed if restrictions and restraint used in the care of a person, will deprive them of their liberty. The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital.

Improvement needed

The health board is required to provide HIW with a comprehensive description of how it will ensure that equality and human rights is embedded across the functions and delivery of learning disability services in accordance with statutory requirements and Mental Capacity Act (2005) legislation.

We were able to confirm that an independent mental health advocate (IMHA)[7] was available to one patient living at the unit; independent mental capacity advocates providing support to other individuals as required.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is nor, 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)

During our previous and current inspection, we were able to confirm that the unit received visits from representatives of The National Autistic Society who would speak with families and patients to gain their views. Apart from this however, there were no other means of regularly seeking patient and relative feedback in order to identify improvements needed and take action.

At this visit, we were able to confirm that visits from The National Autistic society continued and that feedback was provided by Independent Mental Health Advocates on occasions. We were also informed that patients' and their families had been given the opportunity to provide their views on the unit's services during recent completion of the health board's annual fundamentals of care survey. The result of that survey were not however available to the inspection team.

We viewed the content of a sample of completed datix[8] forms at this inspection. Whilst we were able to confirm that the reasons for their completion was

[7] An IMHA is an independent advocate who is trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

appropriate, we could not find any recorded evidence of outcome of pro-active measures taken to minimise the repeat of such events. We were also not assured that staff were provided with feedback/debriefing, or the opportunity to learn from patient incidents.

Improvement needed

The health board is required to inform HIW of the action to be taken to ensure that staff are provided with appropriate support following incidents recorded via datix. This is in order that lessons can be learned with a view to minimising the risk of repeated patient incidents.

[8] The datix system enables incident reports to be submitted from hospitals, ambulance stations, GP practices and independent contractors. This improves rates of reporting, promotes ownership of risk and prompts services to put measures in place to reduce the risk of such incidents re-occurring.

Delivery of safe and effective care

Whilst staff working at the unit made every effort to provide patients with safe and effective care, we found the need for a number of improvements to service provision, some of which were outside of the control of the immediate staff team.

We found there remained a need to establish an extended multidisciplinary team to regularly assess, plan and monitor the delivery of care and treatment to patients living at the unit. This matter was raised with the health board during our previous inspection. Service improvement also remained outstanding in relation to a number of matters which included seclusion arrangements and the recording of plans for patient care. New issues identified related to aspects of medicines management.

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)

During our 2016 inspection, we found that there was a lack of understanding among staff working at the unit about what constituted the practice of seclusion to manage patients' behaviours that challenged. For example, staff were classifying some of the care and support they were providing as segregation, and not as seclusion. As a result, the appropriate risk assessments and safeguards that should have been in place to ensure the continued health and safety of patients and staff were not in place.

In addition, we found that some of the approaches being used to manage behaviours that challenged were not in accordance with best practice positive behaviour management (PBM) strategies.

During our current visit, we found that matters relating to the 'seclusion' of patients at Ty Bryn largely remain unresolved; our previous and current findings being endorsed by the content of a recent DoLS review which had also resulted in a referral to the local adult protection team by a relevant person's representative. Additionally, we discovered that the health board was still awaiting legal guidance on the definition of seclusion-some eight months after our initial inspection. We were though informed that meetings were continuing between learning disability services staff and other health board employees about this issue.

At the time of this inspection, there was a draft seclusion policy in place, and we were told that the staff team had been engaged in its development and use to date. We were also made aware that in instances where patients were 'secluded', staff were required to record patient observations every 30 minutes which included details of all interactions between them and the patient(s) concerned.

There remained a number of concerns with the current arrangements however, as patients may not always be visible within their personally designated areas of the unit. In addition, we were made aware of instances whereby staff had sustained injuries when attempting to assist and care for, patients.

Improvement needed

The health board is required to provide HIW with a full description of the action to be taken (including clear timescales) to ensure that people's health, safety and welfare are actively promoted and protected at times when seclusion arrangements are adopted in response to patient behaviours that challenge.

We thoroughly reviewed the content of two patient's records and viewed key sections of the remaining three. As a result, we found little, or no progress had been made in terms of the need for detailed recording of patients' holistic needs and plans of care. We saw that Brief Behavioural Assessment Tool (BBAT) assessments had been completed in recent months, however there remained an absence of Positive Behaviour Support Plans (PBSPs) and a range of required patient risk assessments (stated as being completed as at 7 November 2016 within the Health Board's improvement plan), were absent.

Whilst the patient electronic records system contained useful and relevant information about patients risk assessments, the patient's paper records in use by the team on a day to day basis did not accurately reflect the information on the electronic system. This had the potential to result in error.

The health board was therefore advised of the need for improvement/accuracy across the content of paper held/electronic records.

Improvement needed

The health board is required to provide HIW with full details about how it will ensure that up to date and relevant patient information is readily available to staff to identify, prioritise and mange real risks that may cause serious harm.

There was no protocol for access to the building, as a result of which, we and other visitors were expected to use the side entrance of the premises where there was no means of alerting staff to arrival. The current arrangements also meant that there was a flow of 'traffic' through an area where patients' records were stored in cabinets which we understood were never locked. Neither was it clear whether patients' visitors were able to access the building via the front entrance, or whether there was a visitors' book in place for them to record their arrival or departure. This raised issues around patient confidentiality and compliance with health and safety and fire safety legislation.

Improvement needed

The health board is required to inform HIW of the action taken/to be taken to ensure that arrangements for access and exit from Ty Bryn, in respect of all who visit, are in-keeping with health and safety and fire safety legislation.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infection. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination)

During the previous and current HIW inspection, we found there were no dedicated, regular housekeeping staff linked to the unit. As a result, the staff team had an extensive list of household tasks to complete by day and night. This reduced the amount of time registered nurses and support workers had to spend with patients.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that there are appropriate organisational structure and management systems in place for IPC and decontamination in place. This is to ensure that the physical environment is maintained and cleaned to a standard that facilitates IPC and releases staff to spend more time with patients.

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

HIW had previously found that the meals on offer to patients did not appear to be well balanced. We had therefore recommended the menu be reviewed to ensure that patients were encouraged to eat in a healthier and balanced way, as far as possible. Staff had also been advised to ensure that patients were

supported to make an informed choice about their diet, helping them to understand the risks of overeating and how to choose healthy food instead of unhealthy options.

Since then, staff had adopted the health board guidelines for ensuring the provision and access to nutritionally balanced foods which came into use during October 2016. We also received a detailed verbal description about the existing healthy eating and calorie counting approach, to improve patient's health and wellbeing.

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

The above Standard was not considered at the previous HIW inspection.

During this visit, we looked at patient's medication charts to determine whether medicines were being prescribed and administered in accordance with Mental Health Act (MHA) 1983 legislation and current professional guidelines. We also looked at the arrangements for the storage and handling of medications. The following issues were identified for improvement:

- There was limited evidence for the use of 'as and when needed' medication. This meant that we were unable to determine whether such ad hoc medication was administered at appropriate times and what effect it had on the patients' concerned
- The medicines room was overstocked with items such as sharps containers
- A number of items stored in cupboards in the medicines room had passed their expiry date and needed to be discarded

Improvement needed

The health board is required to provide HIW with a description of the action taken to ensure that there is compliance with legislation, professional and local guidance for all aspects of medicines management.

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 found there were policies in place for safeguarding. Staff had also received training on this topic as well as positive behaviour management (PBM). This was with the aim of providing the safest possible care to manage challenging behaviours.

We were also made aware that a safeguarding matter was under consideration by the safeguarding team at the time of this inspection.

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)

During the previous HIW inspection, we identified the need for the health board to ensure that patient care, support and treatment provided at the service was assessed, planned, monitored and recorded, by an extended multidisciplinary team (MDT). This was because we found a lack of evidence to demonstrate that MDT meetings and patient reviews were completed on a regular basis; the composition of the MDT also lacking the regular presence of a combination of speech and language therapy (SALT), occupational therapy, psychology and social work.

This meant that the changing unpredictable needs of patients were possibly not being identified, or met. The health board's completed improvement plan (August 2016) claimed that a full MDT re-assessment of each individual would take place by the 7 November 2016. We could not find sufficient evidence to confirm that such re-assessments had taken place in respect of each of the five patients living at the unit.

At this inspection, we found that very little progress had been made; limited and infrequent arrangements being in place for patients' needs to be reviewed regularly by the unit staff together with a partially complete MDT. More specifically, the following applied:

- There was no established/agreed MDT membership
- We were informed that no regular/formal extended MDT meetings had been held at the unit for some considerable time. This meant that the overall physical and mental health needs of the five patients living at the unit were not being reviewed as required
- Patients had access to limited 'part-time' input from a Consultant Psychiatrist (one hour per month was reported). This was of concern

given the complex, unpredictable presentation of the patients in receipt of care and treatment

- There was part-time (2.5 days) occupational therapy time allocated to the unit each week; such input having been recently introduced in recent months
- No social work involvement in reviewing patients' needs

Improvement needed

The health board is required to provide HIW with a full description of the action taken/to be taken to ensure that health care professionals in the form of an extended MDT work in partnership with each other to record how they protect and improve the health and wellbeing of patients in receipt of care and treatment. This matter was raised at the previous inspection and therefore remains unresolved.

Following our meeting with health board representatives after our inspection, we were informed that patient MDT meetings had now been arranged on a quarterly basis throughout 2017.

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)

Aspects of record keeping at our previous and current inspection respectively have been reported in the following sections of this report:

- See section 3.1 above
- The Quality of the Patient Experience-see section 6.1 page 11

Quality of management and leadership

We found that there was no up to date operational policy, or similar guide in place to set out the direction of this particular service. This meant that there was a lack of clarity with regard to aspects of internal governance, audit activity and quality assurance systems and processes to guide the unit team in providing safe and effective care.

In addition, we found that collaboration between senior health board managers and the staff team at this service needed to be strengthened. This was because staff indicated their need for a greater management presence at the service as a means of promoting innovation, improving the delivery of care and planning resources needed. Such issues had been brought to the attention of the health board in the past within a letter from HIW to the Chief Executive (12 July 2011), and during our last inspection (2016).

We found that there were insufficient numbers of registered nursing staff working within the unit at the time of this inspection. This was due to the recent departure of one registered nurse and longer term leave in respect of two other nurses; situations which had impacted on the service during the past twelve months. We acknowledged that the health board generally had a formal process for the overall management of safe staffing levels (which aimed to provide the best staff cover possible at all times).

However, the staffing situation at this unit had resulted in registered nurses working agreed regular overtime to fill the 'gaps'; some shifts being 13 and a half hours (once or twice every week) since 22 January 2017. Such a situation would not be appropriate for a prolonged period of time.

We were able to confirm that staff had received an annual appraisal of their work. Such arrangements provided the opportunity to discuss the effectiveness of training received and to determine what further key skills were required in the future, to assist staff in providing safe and effective care to patients. Staff were also provided with relevant, regular training to support them in their work.

<u>Governance, leadership and accountability</u>

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.

During this follow-up inspection, we found the service to be managed and run by a staff team who demonstrated a commitment to provide safe and effective care. More specifically, discussions held with staff and the interim unit manager, highlighted that they were aware of service issues which required improvement and had a clear commitment to addressing those. This was in order to raise the standard of treatment and support to patients.

Conversations with staff also revealed that they were clear about their roles and responsibilities and described how they supported each other at work on a day to day basis.

We met with senior managers to discuss details about the overall operation of the service and to convey our key findings. As a result, we were informed that there had been a significant change in management personnel within the health board's learning disability services in the past twelve months.

We found that there was no up to date operational policy, or similar guide in place to set out the direction of this particular service. This meant that there was a lack of clarity with regard to aspects of internal governance, audit activity and quality assurance systems and processes to guide unit staff in providing safe and effective care. We were, however, informed after our inspection visit that minutes of the learning disability directorate's Quality and Performance meetings, were regularly made available to the staff team at the unit.

We found that collaboration between senior health board managers and the staff team at this service needed to be strengthened. This was because staff indicated their need for a greater presence at the service as a means of promoting and supporting innovation, improving service delivery and planning resources needed. Such issues had been brought to the attention of the health board in the past within a letter from HIW to the Chief Executive (12 July 2011), and during our last inspection (2016).

Improvement needed

The health board is required to provide HIW with a clear description as to how it will ensure that there are effective governance, leadership and accountability arrangements in place to guide and support the staff working at the service. This is in accordance with the Standards which state that such arrangements are essential for the sustainable delivery of safe, effective person centred care.

We were not provided with any details of how the health board intended to work with relevant local authorities to explore, plan and deliver future learning disability service models. This was in order to ensure that services were best suited to the identified needs, preferences and wishes of individuals in receipt of learning disability residential care, treatment and support. This matter had

resulted in an identified improvement during the combined (Care and Social Services Inspectorate for Wales) CSSIW/HIW review of learning disability services completed on 16-18 December 2015.

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 our previous inspection, HIW found that the management structure associated with the service needed to be improved. For example, we identified the need for staff working at the unit to be provided with named individuals/managers, for support purposes. Additionally, the unit manager had been working in an interim role since 2013.

During this inspection, we were able to confirm that the health board had recently appointed a person to the permanent role of unit manager; the individual concerned expected to join the team during April 2017.

We were also informed that staff sickness/absence was generally low. This meant that patients were in receipt of care from a consistent team.

We found that there were insufficient numbers of registered nursing staff working within the service at the time of this inspection. Specifically, we found that the service was trying to sustain the provision of care to patients following the recent departure of one registered nurse and the absence of two further registered nurses which had impacted on the service over a twelve month period.

Discussions with staff revealed that the health board had taken some action to deal with the nurse deficit in the form of a verbal agreement that they work over and above their contracted hours (with one shift per week at least taking place over 13.5 hours), since 22 January 2017. This was due to the fact that agency staff could not be used to assist the team because of the complex, unpredictable needs of the patients. In addition, we understood there were currently insufficient numbers of suitably qualified bank nurses available across the health board. This ongoing situation had the potential to have a negative effect on the health and well-being of the staff team.

We observed that staff were very busy throughout the day of this inspection. Given the wide range of patients' needs, combined with our overall inspection findings, there were signs that staffing levels were not always adequate. Despite that, we found that the interim unit manager had made every effort to utilise members of the existing team.

Following our inspection, the health board provided us with their intended long term plan for the recruitment and retention of trained learning disability nurses across the directorate. We were also made aware of the ongoing challenges faced by the health board in recruiting to key roles within the PBIS service. This meant staffing insufficiency in the short to medium term had the potential to undermine the delivery of safe and effective care to patients.

Improvement needed

The health board is required to provide HIW with full details of how it will ensure that there are always enough staff in place to work at the service at the right time to meet patients' needs. The health board is also required to inform HIW about how it intends to reduce staff overtime hours and create a shift pattern that is more consistent with optimising individuals' health and well-being.

We looked at staff training information and found that the unit team had been provided with the opportunity to complete relevant sessions (mostly via the use of e-learning) since our previous inspection. We were informed however, that the health board training on the topic of '*Skills to Care*' had been cancelled for the whole of 2016. This was of concern, given the relevance of such training to staff working within learning disability services. No alternative dates had been provided at the time of our inspection.

Discussions with the unit manager though, and information provided by the health board after the inspection, confirmed that a series of 'in-house' staff training sessions had been planned for 2017.

We found that the interim unit manager had established suitable arrangements to develop personal development plans and undertake staff annual appraisals. This meant that there were opportunities to assess the effectiveness of training completed by staff and determine what further key skills were required to assist all members of the team in their work.

Next steps

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

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

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

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

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

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.

Learning Disability Service: **Improvement Plan**

Health Board: **Hywel Dda University Health Board-Learning Disabilities residential service**

Date of Inspection: **13 February 2017**

Action Plan: **Final 20th April 2017**

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
10	The health board is required to inform HIW how it will ensure that remedial work required at the unit (now and in the future), will be completed as soon as possible to ensure the health, safety and welfare of patients and staff. This was an area of service provision identified for improvement during the HIW 2016 inspection and remains unresolved.	4.1	A Capital funding bid for 3 areas has been submitted and prioritised, awaiting feedback from Estate Colleagues for Commencement date. Remedial works to the doorway, bath and decoration To ensure ongoing maintenance issues are addressed in a timely manner, monthly site meetings will be held with Estates colleagues, any unresolved concerns will be escalated via the HoS and Director as appropriate.	Estates/HoS Estates Unit Manager/Estates	Monthly review meetings with estates colleagues. Completed 21st March 2017 Monthly review meetings already commenced

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
11	The health board is required to inform HIW of the action to be taken to review whether patient's placements at the unit remain appropriate and alternative accommodation explored for long term care purposes. This issue remains outstanding from the HIW 2016 inspection.	5.1	2 CTLD Managers identified to lead on the progression of 2 individuals immediately. HoS will contact Director of Social Services Pembrokeshire to ensure a SW is allocated to help progress discharge. Documentation will be improved to record discussions and rationale for decision making with regard to all clients' medium and long term accommodation needs. MDT meetings scheduled over next 3 months. Deprivation of Liberty Safeguards (DoLS) Care Plans will be developed to specifically address the restrictions in place for all clients subject to DoLS including long term accommodation requirements.	 HoS Unit Manager Unit Manager	Completed 27th March 2017 28th March 2017 30th June 2017 30th June 2017
13	The health board is required to provide HIW with details of how it will ensure that patients' physical and emotional well-being is maximised now and in the future.	6.1	Occupational Therapist to address the overcrowded activity room available to clients on the unit and remove any surplus equipment. If storage opportunities are limited within the unit, appropriate storage equipment will be purchased to facilitate this.	Occupational Therapist	30th April 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			Active support training being planned and resource pack has been ordered. Activity plans will be amended to clearly show dates of activities being commenced and reviewed as well as the author of the plan. To be developed as part of the Active Support process	Professional Lead Nurse	Planned roll out of training June 2017
			Administrative support will be provided to the Unit Manager to specifically develop a File Referencing / Location System for all five clients' records. Related paper documents will be kept together in a minimal number of files to avoid confusion and minimise risk. Administrative support will also ensure that all word documents printed out are clearly marked with the author's name and date of creation.	Unit Manager/Business Manager	30th June 2017
			Priority will be given to permanent recruitment of the vacant ward clerk post, which will go out to advert by the end of April 2017.	Service Manager/Business Manager	31st July 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
14	The health board is required to provide HIW with a comprehensive description of how it will ensure that equality and human rights is embedded across the functions and delivery of LD Services in accordance with statutory requirements and Mental Capacity Act legislation.	6.2	The Unit Manager has now recently received the DoLS Care Plans and is developing for all three clients subject to DoLS. These Care Plans will explicitly call out the rationale for restrictions on each client.	Unit Manager	30th June 2017
			DoLs review and documentation should be person centred and be subject to authorisation and sign off. The Head of Nursing is undertaking a review of the DoLs documentation in collaboration with DoLS Coordinator, Steve Hughes, meeting date set for 6th April 2017.	Head of Nursing/DoLS Co-ordinator	31st May 2017
			Analysing of behaviour baseline data to be completed, this analysis will inform the development of bespoke recording mechanisms for ongoing monitoring. Date scheduled for ongoing monitoring design April 11th 2017	Psychologist/PBIS	30th June 2017
			Review ongoing requirements for ongoing behavioural support and develop a model that will support the progression of patients from the Unit.	Psychologist/HoS	31st May 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			Templates for Keyworker meetings will be amended to explicitly record discussions around need for Best Interest Meetings to be held. This will be replicated for MDT and ward round meetings. Subsequent Best Interest Meetings will be clearly identified as such in the record keeping / documentation.	Unit Manager	30th June 2017
15	The health board is required to inform HIW of the action to be taken to ensure staff are provided with appropriate support following incidents recorded via DATIX. This is in order that lessons can be learned with a view to minimising the risk of repeated incidents	6.3	Keyworker meetings will explore learning from events, which is then shared with the wider team and discussions at Ward Round, through using behaviour monitoring tools which will identify proactive measures required. It is acknowledged that this detail will also be included in the Investigation conclusions on DATIX. Health and Care Standards, Fundamentals of Care: A dedicated meeting with the staff team will be arranged for April 2017 to provide feedback from the Staff Survey, and to explore further the comments taken from the Suggestions Box provided for staff.	Unit Manager Unit Manager/Service Manager	30th April 2017 30th April 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			Service Manager will request that the Professional Lead Nurse for Learning Disabilities is given access to the Fundamentals of Care data.	Professional Lead Nurse/Service Manager	31st March 2017
Delivery of safe and effective care					
17	The health board is required to provide HIW with a full description of the action to be taken to ensure that people's health, safety and welfare are actively promoted and protected at times when seclusion arrangements are adopted in response to patient behaviours that challenge.	2.1	MDT meeting on Wednesday 15th March, it was agreed that re-sectioning of the patient would not resolve the longer term element of care, or the questions relating to his segregation, and on that basis it was agreed to complete an application to the Court of Protection on the patients behalf before the end of the current authorisation. We have no control over how quickly this would be seen by a judge, so a short authorisation is being put in place. Behaviour baseline data is currently being analysed in order to inform future plans (see action above 6.2) The draft seclusion Policy will be finalised and agreed through the MH and LD Quality, Safety and Experience Assurance Sub Committee, for ratification at the Clinical Policy Review group, for the Health Board.	Family Law Solicitor/DoLS Co-ordinator Senior Nurse, Quality Assurance and Professional Practice.	See note, subject to Court hearing 31st July 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
17	The health board is required to provide HIW with full details about how it will ensure that up to date and relevant patient information is readily available to staff to identify, prioritise and manage real risks that may cause serious harm	2.1	Face risk profiles have been reviewed and updated for all clients at Ty Bryn, which is evidenced on care plans; this was undertaken in October 2016. The Directorate Business Manager will continue to meet regularly with the Health Boards' Informatics Team in order to progress the uploading of Learning Disability Tools to FACE/Care Partner, in order to maximise the use on the electronic system. In the interim, a File Referencing / Location System will be developed for each Learning Disability Team to enable all staff to be able to locate specific records swiftly and easily. (See action 6.1)	Professional Lead Nurse/Unit Manager Directorate Business Manager	Complete January 2018
17	The health board is required to inform HIW of the action taken/to be taken to ensure that arrangements for access and exit from Ty Bryn, in respect of all who visit, are in keeping with health and safety and fire safety legislation.	2.1	A Protocol has now been written and issued and a sign in/out book adopted. Replacement keys for the filing cabinets have been ordered. The arrangement whereby staff from the Hafan Derwen site accessed the keys for Pool Cars from Ty Bryn, was adding to	Unit Manager Unit Manager Transport & Sustainable Travel Manager	Complete 30th April 2017 30th April 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			unnecessary 'foot fall'. This arrangement will cease with effect from 30th April 2017		
18	The health board is required to inform HIW of the action taken to ensure that there are appropriate organisational structure and management systems in place for IPC and decontamination in place. This is to ensure that the physical environment is maintained and cleaned to a standard that facilitates IPC and releases staff to spend more time with Patients.	2.4	The IPC lead for the Health Board has been asked to undertake a follow up visit and provide a report around any concerns and actions. Infection Control Audits take place on a 2 year cycle across the in-patient units – the next audit is due 2017.	Service Manager/IPC Lead	31st May 2017
19	The health board is required to provide HIW with a description of the action taken to ensure that there is compliance with legislation, professional and local guidance for all aspects of medicines management	2.6	As required medication (PRN) is used infrequently on the unit. When it is utilised there are clear guidelines in place for: rationale, the use of one medication in preference to another; and minimal intervals before a second PRN dose can be repeated. Daily activity records show where medication has been administered with rationale explained and outcome / effect of its use on the client. This is also documented clearly on DATIX if a reportable incident has occurred indicating its use. Medicine charts also show clear		

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			prescribing and administration of PRN medication. The clinical room has received a deep clean and expired items have been removed		
21	The health board is required to provide HIW with a full description of the action taken to ensure that health care professionals in the form of extended MDT work in partnership with each other to record and improve the health and wellbeing of patients in receipt of care and treatment. This matter was raised at the previous inspection and therefore remains unresolved.	3.1	The team has ensured that all five clients receive reassessment of their needs. Some of this work, in particular the sensory assessments are lengthy given such a complex client group, and as such are not complete yet. However, all assessments required have commenced and Network Training Days have either occurred or been planned to bring together the assessments and develop a full analysis for each individual client. MDTs for all clients will be finalised by the end of June 2017. MDT meetings have taken place for all five clients since the inspection in June 2016 and dates have been set for 2017 to occur every three months for each client.	Unit Manager/Psychologist Unit Manager	30th June 2017 30th June 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			The Medical Lead for Learning Disabilities will reaffirm with the Consultant Psychiatrist and Specialist Registrar the need to ensure regular attendance at the Ward Round	Clinical Lead LD	30th April 2017
			Consultant Psychiatrist Job Plan review to take place to review Responsible Clinician duties with respect to the two In-patient units	As above	30th April 2017
Quality of management and leadership					
23	The health board is required to provide HIW with a clear description as to how it will ensure that there are effective governance, leadership and accountability arrangements in place to guide and support the staff working at the service. This is in accordance with the Standards which state that such arrangements are essential for the sustainable delivery of safe, effective person centred care.	Governance, Leadership and accountability	To revise and update the existing Draft Operational Policy and Equality Impact Assessment	Unit Manager	31st July 2017
			Introduce a Clinical Governance meeting for the unit.	Unit Manager	30th April 2017
			Restructure of Learning Disability and Older Adult MH Management includes specific capacity for one service manager to take a lead on the in-patient unit.	HoS	31st March 2017
			A who's who pictorial guide to the Senior Management structure is being developed and will be cascaded to all staff.	Hos/Service Manager	31st May 2017

Page	Improvement Needed	H&C St'ds	Service Action	Responsible Officer	Timescale
			Senior Staff will continue to visit the unit, Shift work impacts on people's experience of seeing senior managers so the Directorate is giving more thought to how this can be addressed		
25	The health board is required to provide HIW with full details of how it will ensure that there are always enough staff in place to work at the service at the right time to meet patients' needs. The health board is also required to inform HIW about how it intends to reduce staff overtime hours and create a shift pattern that is more consistent with optimising individuals' health and well-being.	7.1	A substantive manager for the Unit had been appointed, but has been unable to take up the post due to an urgent health issue; the Manager is due to commence phased return from the 17th April 2017 2 band 5 recruited. One band 5 recruited to the bank The longer term recruitment challenge in relation to learning disability nurses is on the Directorate's Risk Register and the service has developed a recruitment and retention plan.		

Service representative:

Name:

Title:

Date: