

## 1 - Area of Improvement Focus – Staffing Structure

Aim/outcome for the impact of actions taken under this area for improvement:

- There are sufficient numbers of staff employed at Ty Nant to ensure the safety and well-being of young people.
- There is sufficient management capacity to deliver a good service and drive improvement.
- Young people are empowered to contribute to the shaping of the service.

Ref No.	Action	Lead Person	Timescale	Evidence	Notes and progress	Priority Status
1.1	Implement staffing restructure to ensure there are sufficient staff employed for the effective operation of the service.	CF	<del>12.07.21</del> 18.07.21	Staff structure filled in line with DPR proposals.	Staff and union consultations held. Consultation closed. EOI to be returned by 5.7.21. New rota scheduled to commence 18.07.21. <b>UPDATE 8th July: All on track. Successful candidate forms to be completed by HM/JGE. HR to provide fulltimers with contract. UPDATE 15.07.21 - All start on 18.07.21 with exception of RA who is serving 4 week notice.</b>	
1.2	Review the list of flexi staff to ensure we have people who are available to work as and when required and recruit to fill gaps resulting from the restructure.	JGE	30.08.21	Staff structure and rota	Requested that the advert for flexi workers goes out once more. Awaiting translation. The number of positions to be offered based on the response to EOI by 05.07.21. <b>UPDATE 8th July: JD gone to Debbie Leonard for adverts for the posts. UPDATE 15.07.21: Adverts gone out.</b>	
1.3	The Assistant Manager is to be taken off the rota to provide greater managerial support. Assistant Manager to work 37 hours across 7 days to provide greater managerial cover outside of normal business hours.	CF	23.06.2021	Staff rota.	Completed	

1.4	Additional support sourced to realise the required changes in practice.	CF	15.07.21	Contract and support provided for the completion of delegated tasks.	UPDATE 8th July - CF has been in discussion with an independent provider to see if they can provide the required type of support. Discussions continue and other sources are also being explored. UPDATE 15th July: The Principal Social Worker has agreed to provide support with the required improvements to practice.	
1.5	A new staffing rota is implemented for the revised staff structure. Staff rotas allow time to ensure that hand-over sessions, spending time with individual young people, completion of records and planning and carrying out of care programmes, training etc. There are a minimum of 2 wakeful members of staff on shift.	JGE	18.07.21	Staff rota.	UPDATE 8th July: On-track. UPDATE 15.07.21: Staff pleased with rota. JGE noted that easier to cover training and ensure good matching of staff.	
1.7	Young people are involved in the recruitment of new staff.	HM	05.07.21	Recruitment policy changed and implemented from this date.	UPDATE 8th July: YP have been involved in previous interviews. UPDATE 15/07/21: policy been updated and YP to be involved in recruitment of flexi staff next month.	
1.8	Staffing structure and rota is reviewed to ensure it is working as anticipated.	CF	30.10.21			

2 - Area of Improvement Focus – Staff receive the support, training and supervision required to develop their practice						
<b>Aim/outcome for the impact of actions taken under this area for improvement:</b> <ul style="list-style-type: none"> <li>• Young people receive the care and support they need from competent and confident staff.</li> <li>• Young people are looked after by staff who are themselves supported and guided in promoting the young people's welfare.</li> <li>• Young people are looked after by staff who are trained to meet their needs.</li> <li>• All care staff have a clear understanding of their responsibilities ensuring effective delivery of care services to young people</li> </ul>						
Ref. No.	Action	Lead Person	Timescale	Evidence	Progress Update	Priority Status

2.1	All staff within the team have clear areas of responsibility to ensure routine housekeeping tasks are completed.	JGE	21.06.21	Responsibilities matrix devised	Completed. <b>UPDATE 8th July: working well. Compliance to be monitored by JGE on a weekly basis.</b>	
2.2	All new staff have the required qualifications for the role or are working towards them if they don't already possess them.	HM	30/07/21	Review of staff qualifications and enrollment on courses where required	Awaiting outcome of restructure and confirmation of how the posts will be filled. <b>UPDATE 8th July: Completed. Position of staff captured on training matrix. Summary:- Fulltimers: all qualified. Part-timers: x3 starting level 3 in September and 1 due to complete AWIF within 6 weeks.</b>	
2.3	Staff access training on a range of subjects in order to support the holistic needs of young people who have experienced trauma and abuse. Such training to include a range of specialist subject: bullying and harassment, behaviour management and therapeutic care.	HM	<del>16/07/2021</del> 30/07/21 (for training matrix to be filled)	Staff training matrix. JGE responsible for ensuring staff attend when scheduled.	<b>UPDATE 8th July: Matrix developed but dates needed for team training on behaviour management, TIP and PACE . UPDATE 15.07.21 - CF has met with training. Behaviour management dates confirmed and others being sourced.</b>	
2.4	All employed staff to have monthly supervision (and flexi staff to have it every 6 weeks), as a minimum.	JGE	<del>09/07/2021</del> 22.07.21 (for schedule to be put in place)	Schedule of supervision for the year. Data on supervisions to be maintained as part of QA framework..	<b>UPDATE 8th July: JGE planning to complete this week. Update 15.07.21: Partially completed. Initial focus on first month as needed to finalise certain aspects on the rota first. Will now be done for year.</b>	
2.5	Supervision and appraisal templates to be developed to support improvements in the quality of supervision and reflection on practice.	HM	16/07/21	Appropriate templates.	<b>UPDATE 8th July: Appraisal template and draft supervision template circulated for comment. UPDATE 15th July: Revisions made to new supervision template which is now to be adopted.</b>	
2.6	Team meetings for the coming year are diarised on a monthly basis. These will include a discussion of the inspection report, action plan and service developments.	JGE	16/07/21	Meeting scheduled on monthly basis. Meeting minutes to be provided to RI. Staff feedback confirms improved communication and	<b>UPDATE 8th July: JGE diarised for the year. UPDATE 15th July: CF to be invited to meeting at 10am on 21.07.21.</b>	

2.7	Specialist therapeutic support is secured to contribute to the Personal Plan and to provide consultations and reflective sessions for the managers and staff.	CF	30.09.21	Service Level Agreement with provider.	UPDATE 8th July: CF has met with GE to agree how Internal Therapy Service can provide this going forwards.	
2.8	Additional laptops are purchased to promote and facilitate supervision, training and attendance at team meetings.	HM	<del>30/07/2021</del> 30/08/21		UPDATE 8th July - Laptops requested. Update 15.07.21: chased but expected end of August due to ICT delays.	
2.9	Audit of supervision to ensure they are taking place regularly and the quality is of a good standard.	CF	30/09/21	Report summarising findings.		

3 - Area of Improvement Focus – Practice is underpinned by robust policies and procedures						
Aim/outcome for the impact of actions taken under this area for improvement:						
<ul style="list-style-type: none"> <li>• Young people receive the individual support they need when they need it.</li> <li>• Young people’s well-being and personal outcomes are supported in accordance with the statement of purpose</li> <li>• Young people are empowered to contribute to the shaping of the service.</li> </ul>						
Ref. and RA	Action	Lead Person	Timescale	Evidence	Progress Update	Priority Status
3.1	The SOP is reviewed to ensure it (i) reflects the delivery of the service, (ii) lines of accountability, and (iii) is up-to-date. HOS, CIW and yp are informed of changes.	CF	30/07/21	Amended SOP.	UPDATE 15.07.21: Completion pending realisation on some of the other actions.	
3.2	The home undertakes fire drills following the admission of a new cyp or staff member and once a month as a matter of course.	HM	<del>09/07/2021</del> 30.07.21	Amended fire policy and fire drill records.	UPDATE 8th July: Fire drills included on responsibilities matrix (see ref. 2.1) so evidence that they are being completed now. HM to update the policy and risk assessment. UPDATE 15th July: HM liaising with H&S on the final policy - they are visiting the home w/c 26/07/21.	

3.3	Policies and procedures are audited to identify those in need of being updated.	CF	30/07/21			
3.4	Polices are updated where appropriate. Young people are supported to contribute to the development of relevant policies and procedures.	HM / MD / CF	30/08/21	Amended policies shared with HOS. Policies are young person friendly and fit for purpose.		
3.5	Young people and staff receive training and guidance on any changes to policies and procedures.	HM / MD	15/09/21	Training delivered. Changes reflected in practice.	Plan to be devised when we know what policies have been amended.	

**4 - Area of Improvement Focus – Improved practice is directed by high quality assessment and personal planning**

**Aim/outcome for the impact of actions taken under this area for improvement:**

- **All young people have detailed files that accurately describe their care at Ty Nant and promotes their safety wellbeing and development**
  - **Young people have their needs assessed effectively and comprehensively.**
  - **A detailed written Personal Plan outlines how these needs will be met and informs the work undertaken by staff.**
  - **Young people receive the individual support they need when they need it.**
  - **Young people are encouraged and supported to make decisions about their lives and to influence the way the home is run.**
  - **Young people’s needs and outcomes are reviewed regularly in the light of their care and progress at the home.**
  - **Young people enjoy appropriate, positive relationships with staff based on honesty and mutual respect.**
  - **Young people are empowered to contribute to the shaping of the service.**

	Action	Lead Person	Timescale	Evidence	Progress Update	Priority Status
4.1	The structure of files and young people’s records are changed in line with best practice. New Personal Plans and associated documentation are developed to ensure they are the best they can be and young people are fully involved.	CF / KR / HM	06/08/21	New documentation.	Update 15.07.21 - Audit on 12.07.21 identified several areas for change / improvement. Alternative examples of risk assessment and planning documents being gathered. Session planned with KR to develop new documents.	

4.2	Staff are trained on the correct completion of the plans and paperwork. This is to include good practice examples and the importance of evidencing their work with the young person.	CF / KR / HM	13/08/21	Training delivered.	Update 15.07.21 - Planning meeting with KR on 23.07.21 before workshops taking place with staff..	
4.3	Placement plans are consistently reviewed in line with good practice and relevant policy.	HM	Immediate		Plans will be reviewed on a timely basis with immediate effect but their quality will improve as staff are trained and improvements embedded.	
4.4	Young people are consistently supported to contribute to their assessment and planning documents.	HM	13/08/21		Young people will be supported to contribute with immediate effect but the quality will improve as staff are trained and improvements embedded.	
4.5	Audit of placement planning to ensure it is being completed to a high standard	MD / CF	30/09/2021 and 30/11/21	Audit report.		

5- Area of Improvement Focus – Physical environment						
Aim/outcome for the impact of actions taken under this area for improvement:						
<ul style="list-style-type: none"> <li>Young people enjoy a clean, nurturing domestic environment that is stimulating and promotes their development.</li> </ul>						
	Action	Lead Person	Timescale	Evidence	Progress Update as of	Priority Status
5.1	A protective covering is put back on the beam in the smaller bedroom.	JGE	30.07.21		Update 8th July: Corporate property services attending on 13th July for site visit. UPDATE 15th July - On-track.	
5.2	A desk and chair is purchased for each of the bedrooms.	JGE	30.07.21		Update 15th July: Furniture due for arrival on 16.07.21. UPDATE 15th July - On-track.	
5.3	The utility / hobby room is returned to a dining room.	JGE	30.07.21		Update 15th July: On-track.	

## 6 - Area of Improvement Focus – Quality assurance

Aim/outcome for the impact of actions taken under this area for improvement:

- Ty Nant has effective quality assurance arrangements that provide confidence that the service operates in line with legal requirements and its statement of purpose and is supporting young people to a high standard.
- Information obtained through monitoring is used for continued development and improvement of the service.
- The views of young people and families is integral to the quality assurance arrangements.
- Young people can be confident that that the home is carried on with sufficient care, competence and skill to ensure that their care and support needs are appropriately met.
- Quality assurance and governance arrangements ensure that any service shortfalls, including non-compliance with legislation, are identified and addressed in a timely way

	Action	Lead Person	Timescale	Evidence	Progress Update as of	Priority Status
6.1	The policy describing compliance with RISCA and Parts 1-15 of the associated Regulations is updated.	HM	06/08/21	New policy signed off by HOS.		
6.2	The RI develops a policy document for compliance with Parts 16-20 of the Regulations.	CF	06/08/21	New policy signed off by HOS.	Update 15th July - CF to share draft policy.	
6.3	The monitoring documentation gathered is revisited to ensure it is fit for purpose and contains valuable qualitative and quantitative measures.	HM / CF	30/07/21	Performance framework	Update 15th July - HM and CF have done some work and there is a session to pull it together on 22.07.21.	
6.4	The RI undertakes training on the performance of the role.	CF	30/08/21	Training certificate.	Update 15th July - TMR developing RI training. CF has read Statutory Guidance and information and learning resource on SCW.	
6.5	The RI implements the new policy for the proper completion of their legal responsibilities	CF	07/08/21	Report to HOS / SLT.		
6.6	There is an audit of the quality assurance performed by the manager and RI.	TBC	30/09/21	Report.		