Therapy Assistant Practitioner: Demonstrating Practice Logbook

Name: Angela Winter
Supervising Therapist/ Mentor: Sandra Napper
Date commenced: 15th January 2024

The content page includes a check list of evidence to be collected with columns to help correspond the continents.

Contents	Pages	Appendix
1. Log of supporting documents from mentor:	(1)	
a. Log of assessments and goal setting.	(A) 1 – 15	Initial ax, OT Screen + goals + formulation
b. Log of a wide range of assessments.	(B) 16 – 40	Mohost, Reis, leisure Interest checklist wheelchair Referral
c. Log of clinical interventions within scope of practice.	(C) 41 – 72	SS Ref, Active Support wccis + observation.
d. Log of risk a risk assessment and how it informs practice.	(D) 73 – 74	Risk discussion + wccis entry.
e. Report on learner's time and workload management.	(E) 75	Workload + time management.
f. Log of compliance with mandatory training.	(F) 76 – 80	log of Mandatory Training + manual handling Passport
2. Copy of a recent Personal Development Appraisal Review (PDAR).	(2) 81 – 94	PDAR
3. Copy of recent supervision records (at least two).	(3) 95 – 105	Supervision (clinical + managerial)
4. Completed peer review sheet.	(4) 106 – 108	Peer Review.

The Therapy Assistant Practitioner (TAP) demonstration of competencies in the following areas:			
1. Log of supporting documents from mentor:	**Details to include:**	**Date of completion:**	**Mentors signature:**
a. Log of assessments and goal setting.	A completed initial assessment or detailed screening form, including evidence of patient centred goal document.	1, 3, 4 29.01.24	
b. Log of a wide range of assessments.	A minimum of three assessments completed, demonstrating a range of skills and tools.	1, 2, 5, 6, 7 29.01.24	
c. Log of clinical interventions within scope of practice.	A minimum of three interventions completed, demonstrating a range of skills within scope of practice.	2, 8, 9, 10, 11 29.01.24	
d. Log of a risk assessment and how it informs practice.	A completed risk assessment within the workplace, which can include clinical practice or department procedure. This can include case notes, reports, DATIX or professional discussion, which consists of risk identified, how the learner managed the risk and informed progress.	24.01.24	
e. Report on learner's time and workload management.	A completed report with mentor's feedback of the learner's time and workload management. The report can be completed on a word document and will need to be signed and dated. The report will need to include an example of how the learner demonstrates good time and workload management.	29.01.24	
f. Log of compliance with mandatory training.	A copy of the learner's compliance with mandatory training. Compliance is required to be 80% or above.	29.01.24	
2. Copy of a recent Personal Development Appraisal Review (PDAR).	A copy of the most recent PDAR document completed with supervisor / mentor.	June 2023	
3. Copy of recent supervision records.	A minimum of two supervision records, demonstrating attendance and contribution to supervision and agreement to actions.	29.01.24	
4. Copy of peer review document.	An attached copy of the peer review document completed following observations of others presentations.		

This logbook was completed by:
Mentor's name: ....Sandra Napper..... Mentor's signature:..... Date:.....29.01.24.....
Learners name: Angela Winter L Winter 29.01.24.

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Learning Disability Service
Occupational Therapy Screening

To aid consideration of referrals into Learning Disability OT

Name: [redacted] **Date of Birth:** [redacted]
Address: [redacted],
[redacted],
[redacted],
[redacted]
Request made by: [redacted] (Community Nurse)
Contact Details: Caerphilly CLDT 01495 235532
Date: [redacted]

The Referral:
Has the person consented to the referral?
No
Is the person concerned with the issue raised by the referral?
[redacted] has not consented to the referral. The referral is being made in her best interests.

What does the request for Occupational Therapy relate to?
Following a Nursing assessment its apparent that [redacted] has limited occupation and staff would require some support around introducing new activity with structure and Routine. [redacted] will sometimes accept community access, when she reaches the front door, she will make an excuse as "its raining" to avoid going. [redacted] will put her night wear on signally she won't be leaving home. [redacted] requires assessment.

Further information gathered:
[redacted] moved from Weston Super mare to [redacted] in Fleur di Lys approximately 8 weeks ago and some of the staff feel that she has relatively settled in? [redacted] is funded 1-1 hours support and [redacted] reports that staff are requiring support to provide some structure and routine into [redacted]s Day/ week.

[redacted] current routine and structure appears very limited, and [redacted] normally retires to bed at 9:30pm and wakes at 6:30am. Where she will wander around the kitchen and lounge area and will often stand around. She also frequently getting up throughout the night.

[redacted] has increased Anxiety and has Trauma from abuse experienced in her past. Please see power point/ PBS for more information. [redacted] often requires reassurance from staff. [redacted] has history of making allegations in the past.
Staff report that [redacted] likes baking and cooking and likes to write notes/letters (has good writing skills). [redacted] also likes music and has a karaoke. [redacted] has also been out shopping on one occasion with staff where she bought £60 on sweets and chocolates.? Appropriate.

[redacted] is reported to require prompting and some support with her personal care needs and requires support with all other ADLs.

OTTI Observations:
[redacted] appears friendly in nature and approached me several times on my visit to the home. Asking me my name and if I had been to local areas such as London, Cardiff and Pengam. [redacted] is independently Mobile around the home however; she appears to require some support and reassurance from staff for her Activities of Daily Living skills.

Decision:
The decision of this referral will be made by the Occupational Therapist.
Screening and gathering of information were completed by OTTI Angela Winter

Name of OTTI: Angela Winter OT Technician
Signed:
Date: 6th April 2023

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Learning Disability Service
Occupational Therapy Assessment Record

Name: Jason Shorney **EPEX Number:** 11/14750 **Address:** 4 Quantock Close, Ty Newydd Place, Risca **Postcode:** NP11 6QW **Tel No:** 07587242383 (Jason's sister Caroline) Mobile Number **DOB:** 18/08/1973 **Consultant:** Dr David Medhurst **GP:** Dr J C Stacey, Risca Surgery **Next of Kin inc. contact details:** Caroline and Neil (Sister and brother-in-law) Same address.	**Referral/ Admission date:** 3rd August 2022 **Reason for referral/ admission:** OT to support with Environmental adaptations. **Past medical/ MH / LD History:** Downs Syndrome, Epilepsy, IBS, Hip Pain, Gout, B12 deficiency, Hypothyroidism Chronic pain (pelvic floor – under pain specialist) **Key personnel involved:** Dr David Medhurst Psychiatrist and Jade Williams-Community Nurse Caerphilly CLDT. **Potential Risks prior to assessment:**

Service user/ carer understanding of need for assessment:
Jason has given consent for the referral.
Agree level of sharing of information and with whom:
Health MDT

Circumstances leading to admission / referral:
Following review with Dr Medhurst and Jade Community Learning Disability Nurse. A referral has been made to Occupational Therapy for environmental adaptations due to Jasons recent health issues and deterioration in his mobility.

Physical Environmental Assessment:
Type of residence/ Layout and access to areas/ environmental factors that facilitate or inhibit occupations/ Environmental Risks:
Front of the property has very steep 20 steps up to the house, (there are two levels with 9 steps up and a further 11 steps). There is also a long-galvanised rail on left side of steps ascending. Threshold step (into front door (leads into hallway) and side door which leads into dining room area. Jason is reported to not access the stairs or steps unsupervised and always supported. Downstairs consists of lounge, dining room and kitchen area. Jason's bedroom and bathroom is situated upstairs in the property.
Upstairs consists of a family bathroom, Jason bedroom and other bedroom.

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There is access to the front and side of the property to outside garden with a threshold step. Jason is reported to not access the back garden as there are steep steps up to patio area.

Social Environment:

Family+ social networks/ Impact of situation on others/ who they contact in an emergency/factor that facilitate or hinder their social environment:

Jason lives with his sister (Caroline) and brother-in-law (Neil) in a two-bedroom property. Jason attends day service 3 days a week for 3 hours a day.

Professional support network:

Dr David Medhurst and Community Nurse Jade Williams in Caerphilly CLDT.
No social worker involvement.

ADL's / Self Maintenance
Domestic Tasks

Jason is supported with all his ADL/Self maintenance and Domestic Tasks.

Habits and Routines- Past and Present:
(Patterns of occupation- self maintenance, productivity and leisure/ frequency)

Leisure-

Jason previously attended day centre 4 times a day, however, due to covid pandmeic this has reduced significantly and Jason now attends day services for 3 days a week (3 hours only). Jason is reported to like structure to his week. Jason is able to transer in and out of the car independantly and is supervised wherever he goes.

Occupational Performance:

Mobility and transfers-

Jason was observed to be independent with his transfers on and off the dining room and reports to be independent on and off the toilet and two seat sofa and his bed. although sometimes requires some support which is minimal.

Personal care (Washing/ bathing/dressing/ continence/ Make-up/ shaving/ hair care/ nail-care)

Jason requires support with all his personal care needs, ie-washing dressing, shaving. This has no changed, and Jason continues to require support.

Eating and drinking- Not formally assessed but no issues reported by family.

Medication- Not formally assessed

Meaningful Roles- Past and Present:

Son, Brother and brother-in-law.

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Photos above of [redacted] bedroom and family bathroom situated upstairs in the property.

Social Interaction/ Communication:

[redacted] appeared happy to talk to me, his sister reported that he was quieter than normal last couple of days due to his medication. [redacted] appeared happy to talk about things he enjoyed such as his love of rugby and his bird's scrapbook.

Potential Risks Identified during assessment (linked to WARRN)
Not formally assessed

Occupational Formulation:

Goal Planning:

Goal	Plan
Temporary Bathroom Adaptations	[redacted]s sister is purchasing a fold away commode for downstairs. OTTI will look at bath adaptations to encourage and enable [redacted]'s independence when supported by [redacted] (brother-in-law) when getting in and out of the bath.
Referral to Physiotherapy	Emailed [redacted] Community Nurse/Referrer to chase up referral to Physiotherapy due to recent deterioration in [redacted]'s mobility.
Referral to COT for long term adaptation	Discuss possible Referral to COT with Occupational Therapist Jo Irving regarding long term Adaptations.

Signed: Angela Winter- Occupational Therapy Technical instructor
Date: 31st August 2022

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Mental Health and Learning Disabilities Directorate

Occupational Therapy

Goal Summary and Recommendations

Name: Anthony Micheal Davies

Date of Birth: 18/08/1995

EPEX Number: 19/00783

Address: Tawel Fan, Chapel Street, New Tredegar, NP24 6AG

Request made by: Dr David Medhurst

Contact details: (01443) 837210 (House number)

Reason for referral:

Referral was received from Dr David Medhurst (Acting Consulting Psychiatrist within CLDT) to Occupational Therapy to explore the implementation of an activity planner with staff with achieving sensory activities for Anthony as he has little in place currently.

An Occupational Therapy screen was completed by the occupational Therapist Jo Irving and Occupational Therapy Technician Angela Winter, it was identified that some Occupational therapy support may be required to set up visual schedule and to look at activities.

Background Information:

Discussion with Lisa Abraham (Support staff) within the group home regarding occupation and activities that Anthony participates in. Anthony is reported to be non-verbal and requires support with all his personal care needs due to his lack of motivation (Active support?). He is mobile and independently goes back and fore to the toilet throughout the day. Lisa also reports that she feels that Anthony is low in mood. Anthony used to attend day services, however, due to the COVID pandemic this unfortunately stopped.

[redacted] Anthony continues to access the community on a regular basis. He attends YMCA group on Tuesdays 11-3pm where he does a variety of activities such as gardening, arts, and craft. He goes out every Wednesday to the bank with support staff and goes shopping on a Friday and cinema on a Saturday. He also goes out the beach, bowling and goes swimming on an ad-hoc basis. Anthony's evening routine in the home appears quite limited though and is reported to be normally medication, having his tea, putting on his pyjamas and watching TV before bed.

Discussion around the use of activities/ visual schedule for in-house activities. Lisa reports that there is a board up on the wall, but he does not look at it (Would Activities/ visual schedule be appropriate?) Anthony is offered opportunities to participate in activities in-house such as meal prep, laundry, and offered activities such as arts and craft, cooking but refuses all offers. Anthony likes Music, Animals, and Reptiles, and has photos and certificates in his room. [redacted]

<u>In summary</u>

The Occupational Therapy Technical instructor has worked alongside staff to set up a visual schedule for Anthony. The board has now been set up in the kitchen area and this provides Anthony and his staff team information and structure in the visual format of how his day will look. OTTI has also provided activity suggestions for in-house activities and in the community and has provided recording forms for staff to record and document daily activities. As there is no further OTTI work I will be discharging Anthony from my caseload.

[redacted]

Angela winter- Occupational Therapy Technical Instructor

Caerphilly Community Learning Disability Team

Telephone: (01495) 235532

Using a Visual Schedule Board for [redacted]

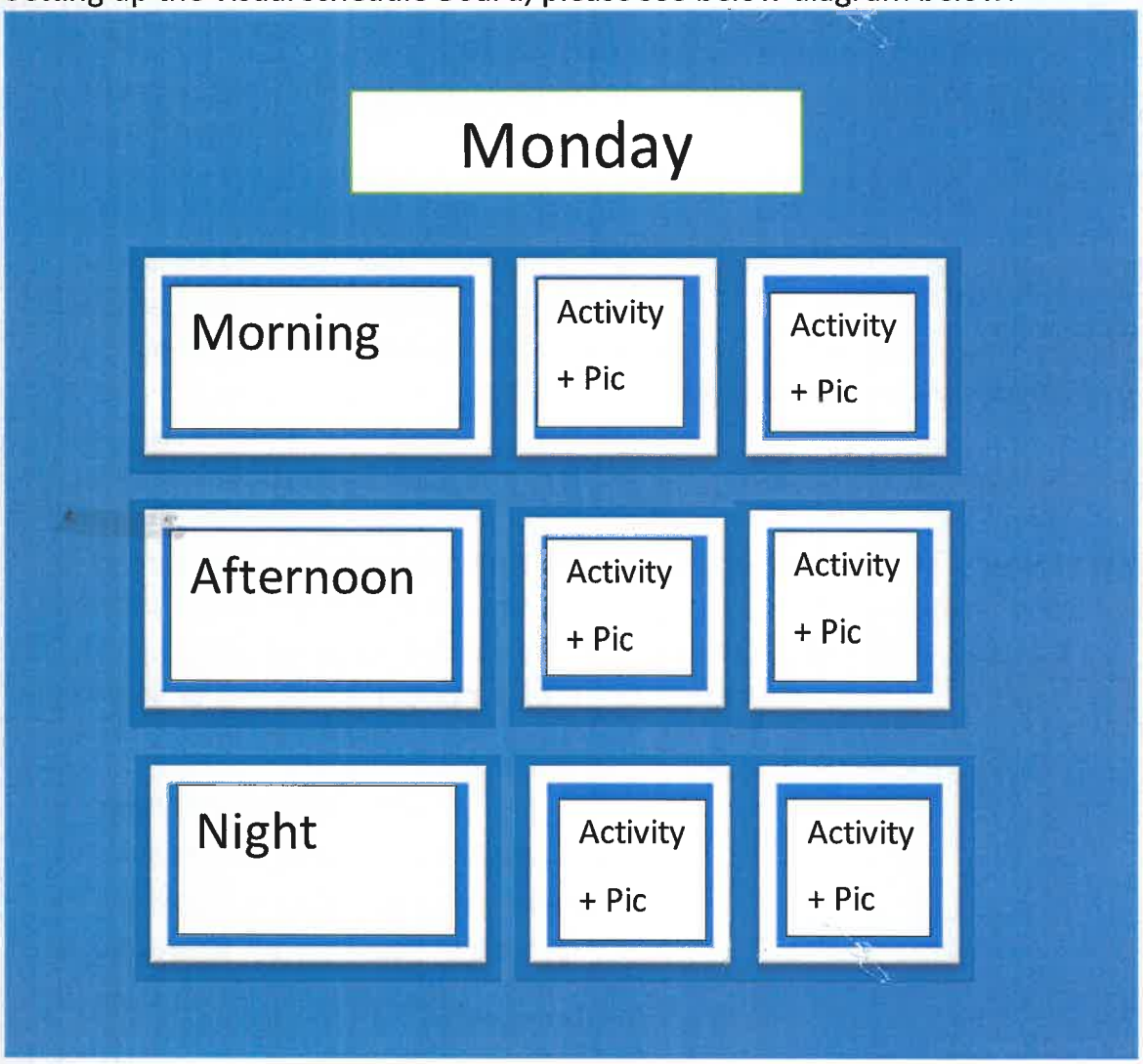
The aim of a Visual schedules is to reduce anxiety, providing a more structured approach to the day and offer a visual reminder of what will happen and when. The schedule should represent the main activities [redacted] is engaged in during the day. All staff need to use the schedule consistently and should refer to it throughout the day.

Visual schedules tell us many things such as: -

- What are we going to do?
- How long we are going to do it for?
- When the activity will it be finished?
- How will we know it is finished?
- What will happen next?

	Setting up the Visual Schedule Board for Anthony:
1.	The schedule should be displayed in a prominent place where it can be accessed regularly during the day by support staff and the individual utilising it. Ensure that the board is on the wall in the kitchen area and at a level where [redacted] can see this clearly.
	The photos need to be arranged in the order in which they will happen in this case (left to right.
2.	Make sure the board is dark in colour, this will enable the photo and pictures to stand out against the coloured background. (This can be created with dark coloured paper if a board is not available).
3.	Always start the day with a picture the correct day i.e., Monday. This should be situated at the top of the board.
4.	On the left-hand side of the board should be the time of the day i.e., Morning, afternoon and Night.
5.	The pictures/symbols should be made removable with Velcro strips behind them.
6.	The schedules can run from left to right or top to bottom. The schedule will run from left to right. However, this can be changed if required.
	When the activity is finished the photo/symbol needs to be removed from the schedule. [redacted] needs to see this happening or be encouraged to do it himself, so he is clear the activity is finished.

Setting up the visual schedule Board, please see below diagram below:



Please encourage [redacted] to take responsibility as much as possible. Involving him to making decisions about what they want to do. Ensure staff are adding and removing the photo/symbols from the schedule when completed.

[redacted]

Visual schedule Recommendations

Following the implementation of the visual schedule, it is important that Anthony has some routine/schedule to his activities throughout the week. It is essential for staff to complete the schedule with Anthony in a consistent and positive manner to encourage repetition and routine. It is important that staff who work with Anthony can offer Anthony a choice of activities to offer occupation, opportunities for variety and choice and to provide a meaningful and purposeful routine to his day and week.

Anthony's In-house/Community Activity Timetable:

Alternative in-house activities are to be offered if not able to carry out original activity. Listed below are just a few examples of activities that could be trialled with Anthony such as:

1.	Sensory Box (make a box and fill it with all your favourite things).
2.	Body Awareness Activities- (such as, hand shoulder knees and toes).
3.	Baking –(Making bread, cakes and biscuits)
4.	Water-play –using water toys and using water in play
5.	Large ball games –(skittles, bowls and catch)
6.	Sensory Cooking-
7.	Smoothie Making -
8.	Musical Instruments – (singalong using instruments)
9.	Wheelchair Exercises- (sitting down exercises for everyone)
10.	Relaxation session such as relaxation Massage or Mindfulness
11.	Indoor Gardening – (plant seedling in small pots and watch them grow)
12.	Singalong- sing all your favourite songs- Musicals
13.	Sensory play (using sandpit, Playdough, Plasticine)
14.	Sensory Stories –can be
15.	Large card games- (Snap, matching pairs)
16.	Switching- Using switch for cause-and-effect activities, music, cooking
17.	Trampoline (small indoor or outdoor)
18.	Pushing and pulling activities

Angela Winter Occupational Therapy Caerphilly CLDT (01495) 235532

Date: 5th May 2023

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Mental Health and Learning Disabilities Directorate

Occupational Therapy Summary Report

Regarding: [redacted]

Referral received for OT Technician work from [redacted] an Occupational Therapist as [redacted] has moved out of his family home which he lived for many years with his mum in Abergavenny. [redacted] now lives with two other young men in a supported home in [redacted]. Following an initial assessment carried out by OT [redacted], there were several goals identified to be completed by OT Tech to maintain [redacted]'s occupation and meaningful activities. Please see below for more information.

[redacted]'s Formulation Goals identified by OT [redacted] from initial assessment:

	Goal:	Plan:
1.	[redacted] to be able to brush his own Teeth.	OT Tech- Re-introduce tooth-brushing active support programme and hand over to staff Speak to [redacted] about adapted toothbrush on Facebook.
2.	[redacted] to be able to play games on his IPad	OT Tech share info gathered with new staff and have used musical themed Cause and effect games that [redacted] particularly enjoys.
3.	[redacted] to be able to make chocolate things using a switch in the kitchen	OT Tech to get advice on best switching mount and assess for switch for [redacted] to operate a blender.
4.	[redacted] to have fun and participate in multi-sensory stories	OT Tech to run 2 stories to show staff how to run a session.
5.	[redacted] to have a sensory garden to rel work and socialise	OT Tech look for help with design and could help based on [redacted] sensory preferences.
6.	[redacted] to use IT Alexa to Facetime with his mum and play his music	OT Tech to work with Digital Communities and new staff to enable [redacted] to use technology to meet his needs.
7.	Visual schedule/activity schedule	OT Tech to work with staff team to set up Weekly/ fortnightly activity planner for [redacted].

Goal Formulation Outcome from OT Tech intervention:

Occupational Therapy Technician has visited the home several times to gather information in a view to work through the formulation goals set out from Occupational Therapist [redacted]. Please see outcome of these Goals:

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	Goal Formulation Outcome
1.	Staff report that Christopher does not like having his teeth brushed. Staff report that they have struggled to get his teeth cleaned. A basic active support plan was devised to trial and recommendations were made regarding trialling the use of a soft toothbrush to use instead of a normal toothbrush.
2.	Staff report that Christopher does have an IPad, suggestions were made regarding appropriate Cause and effect games for Christopher to play. This activity has been initiated and supported by Christopher's staff team, using hand on hand support.
3.	Devised a basic active support plan for staff to facilitate a switching blender session with chocolate theme (chocolate Nes-quik). This activity has been left with staff to trial. The purpose of this is to offer Christopher an in-house activity within his weekly schedule. Staff report that this activity is going well and he is doing this regularly on a weekly basis.
4.	OT Tech provided a couple of sensory stories and some guidelines to support staff to facilitate this. Staff have also been using the local library and accessing story bags on a weekly/ fortnightly basis. These books are particularly enjoyed by Christopher on a one-to-one basis and with other male services users within the home in a group session format.
5.	Discussed sensory garden, staff have already created a sensory corner in the garden area with flower boxes and sensory decorations and hope to expand this more in the summer months.
6.	Staff report that Christopher is supported to use his IPad for watching videos, music and games. Staff support Christopher with hand on hand support
7.	OT Tech worked advised the staff team to set up weekly/fortnightly activity planner for Christopher. This will enable Christopher to have choice of in-house activities Staff have set this activity planner up and feel that it is working well.

In summary all of Christopher's formulation goals have been met by Christopher's staff team supported by myself (OT Technician). Therefore, I will be discharging Christopher from my OTTI Caseload. However, if Christopher requires Occupational Therapy in the future, please feel free to contact the Monmouthshire Learning Disability Team on (01873) 735412.

Angela Winter - OT Technician

Monmouthshire Learning Disabilities Team

Telephone 01873 735412

Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR)

Summary Sheet

Client: Harrison Prosser

Age: 24 **Date of birth:** 29/6/1999

Gender: Male ☐ Female ☐

Identification code: .....

Ethnicity: White ☒ Black ☐ Asian ☐

Other: .....

Health Conditions: Severe Learning Disability, Cerebral Palsy

Assessor: Angela Winter

Designation: Occupational Therapy Technician

Signature: Angela Winter

Date of first contact: 1/6/2023

Date of assessment: 1/6/2023

Environment assessed: St Gwymllym Day Centre, Ringland Newport

Rating Scale				
	S	**S**pontaneous	**SS**	Environment **S**trongly **S**upports
	I	**I**nvolved	**S**	Environment **S**upports
	H	**H**esitant	**I**	Environment **I**nterferes
	P	**P**assive	**SI**	Environment **S**trongly **I**nterferes

SUMMARY OF SKILL RATINGS

Motivation for occupation			Pattern of occupation			Communication & Interaction skills			Process skills			Motor skills			STRENGTHS/CHALLENGES
Exploring	Engaging	Choosing	Maintaining	Adapting	Belonging	Indicating	Relating	Conforming	Attending	Knowing How	Timing	Enduring	Moving Self	Moving Objects	
H	H	H	P	P	H	H	H	P	P	P	P	H	H	H	Harrison is a young man who lives with his mum at home. Harrison attends day centre and has familiar staff from Phoenix working with him in St Gwymllym who appear to know him really well. Harrison has a severe learning disability,registered blind and has a gastostomy. he also displays SIB when unhappy? Harrison relies on 1-1 support to help him with his complex needs. He communicates through facial expressions and body language and simple phrases to help staff understand his needs. Harrison likes staff to sing his favourite songs, listening to music.

SUMMARY OF ENVIRONMENTAL SUPPORT RATINGS

Motivation for occupation			Pattern of occupation			Communication & Interaction skills			Process skills			Motor skills			OPPORTUNITIES/CONSTRAINTS
Validation	Encouragement	Regulation	Continuity	Variety	Transition	Responsiveness	Inclusion	Advocacy	Structure	Flexibility	Modulation	Spatial Arrangement	Static Posture	Travel	
I	I	I	S	S	I	I	S	S	S	I	I	I	I	I	Harrison has been attending st St Gwymllym day service in Ringland since october 2022 on a temporary basis due to his regular day service Phoenix requiring roof repair. Phoenix staff support Harrison at the new day service. Tranisition has been reported by staff to have gone well. Harrison appears to have a good rapport with all staff working with him.The staff at St Gwymllym Day center have a Crib sheet, PBS Plan and My Personal Profile which provides essential information regarding his likes, dislikes, needs and how best to support Harrison on a day to day basis.

Cooper, J.R., Parkinson, S., de las Heras de Pablo, C.G., Shute, R., Melton, J. and Forsyth, K. (2018) A User's Manual for the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR). Version 1.0. Edinburgh:NHS Lothian and Queen Margaret University.

SKILL		MOTIVATION FOR OCCUPATION
Exploring Visual, tactile, or oral exploration of objects, people, environment, turning towards things, driven by curiosity	I	Consistently notices or reaches towards objects, visually tracks task-related movement Shows some interest, willing to try new activities with prompts, curiosity fluctuates Occasionally responds supported by caregiver, ongoing encouragement to try new things, Does not respond despite caregiver support, withdraws, self isolates, rejects support Comments: ***Harrison is registered blind and relies on staff for***
Engaging Positive emotional response, accompanying intentional actions, ongoing emotional investment	H	Shows enjoyment of tasks, asks to repeat an activity, persists even if not successful at first Usually participates - sometimes needs prompting, half-hearted, encouragement to continue Needs frequent encouragement to keep going, gives up quickly but can re-engage Shows no enthusiasm, no effort to sustain/complete activity, no effort even with support Comments: ***Harrison relies on staff for support and requires frequent***
Choosing Shows inclination towards certain actions, shows preferences, selects from range of choices	P	Chooses consistent with known preferences, recognises different choices, asserts choice Needs prompts or cues to assert choice, preferences not always clear to others Needs 1-3 choices only, asserts choices only with caregiver support, fluctuates Unaware of choices, choices put self/others at risk, doesn't understand yes/no choices Comments: ***Staff offer Harrison a variety of activities, some choice***

SKILL		PATTERN OF OCCUPATION
Maintaining Well-learned patterns of behaviour, habits compensating for underlying impairments	H	Habits support doing preferred activities, achieves a regular block of sleep, eats regularly Habits reduce doing preferred activities, needs encouragement to sleep, reminders to eat Habits interrupt doing preferred activities, ongoing encouragement to sleep, monitor eating Habits prevent doing preferred activities, no regular sleep, nutrition poor even with support Comments: ***Day service Staff provide Harrison oppurtunities to***
Adapting Learning new ways of doing things, develop new habits when old habits not effective	H	Manages daily transitions, anticipates changes, generates new strategies for change Anxious during transitions, needs cues about changes, accepts suggestions for strategies Needs a high level of reassurance & reminders about changes, role modelling required Distressed even with support, can't anticipate changes, not accepting of coping strategies Comments: ***Day service staff who are faamilar to Harrison adapt and***
Belonging Identification with values roles, patterns of behaviour that helps maintain roles	P	Aware of role-related responsibilities, participates in home and community roles Needs prompts to assume roles, participates in home-based roles daily & community intermittently Needs ongoing role support, participates in home-based roles intermittently & community rarely Does not assume roles despite maximum support. Comments: ***Harrison is supported by his staff team to maintain his***

SKILL		COMMUNICATION AND INTERACTION SKILLS
Indicating Conveying to others what is meant, wanted or intended Verbal or non-verbal communication	H	Gains attention, communicates verbally/non-verbally, persists in trying to communicate Needs some prompting to gain others' attention when communicating, repeats if prompted Relies on others to notice when attempting communication, gives up quickly Does not gain attention or communicate needs even with ongoing support Comments: ***Harrison has limtted communitcation skills and relies on***
Relating Communication that builds rapport Establishing a sense of connection with others	H	Initiates social contact, takes turns, makes new friends, enthusiasm for meeting people Needs cues to initiate social contact, reminders to take turns, slow to make friends (with prompts) Requires structured support to initiate social contact, few friends unless actively supported Does not make social contact even with support, does not make friends even with support Comments: ***Harrison appears to enjoy interaction with staff who are***

Cooper, J.R., Parkinson, S., de las Heras de Pablo, C.G., Shute, R., Melton, J. and Forsyth, K. (2018) *A User's Manual for the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR).* Version 1.0. Edinburgh:NHS Lothian and Queen Margaret University.

ENVIRONMENT		MOTIVATION FOR OCCUPATION
Validation Recognising the person's abilities and interests, conveying respect for the person's experience, creating a sense of significance	I	Personalised spaces. Meaningful objects. Caregivers respect identity. Adequate spaces. Some relevant objects. Some caregivers respect identity. Limited spaces. Few appropriate objects. Limited caregiver awareness of identity. Inappropriate spaces. Meaningless objects. Caregivers lack awareness of identity. Comments: ***Harrison spends his time sat in his wheelchair at day***
Encouragement Environment invites participation in new activities, attractive spaces/objects available, valuable/interesting activities offered	S	Attractive spaces. Well-maintained objects. Enthusiastic caregivers. Appealing activities. Predictable spaces. Adequate objects. Some caregiver enthusiasm. Acceptable activities. Misleading spaces. Poor objects. Uninterested caregivers. Activities of limited interest. Unappealing spaces. Broken/missing objects. Unwilling caregivers. Meaningless activities. Comments: ***Staff appear to provide Harrison the oppurtunities to try***
Regulation Emotional support to stay engaged in activity, atmosphere enables feelings of security	S	Positive safe spaces. Safe/familiar objects. Caregivers create positive social atmosphere. Adequately safe spaces/privacy/boundaries. Familiar objects. Positive caregivers. Spaces sometimes feel unsafe. Some objects cause anxiety. Inconsistent caregiving. Spaces feel unsafe. Objects cause anxiety. Inappropriate emotional support from caregivers. Comments: ***Day service staff appear to provide Harrison a variety of***

ENVIRONMENT		PATTERN FOR OCCUPATION
Continuity Regular support routines, consistency of approach personalised to individuals, repetition provides security, predictability & comfort	S	Predictable spaces. Routine objects available. Consistent enabling caregiver approach. Adequately similar spaces. Some objects familiar. Some caregivers provide predictability. Spaces change over time. Objects unfamiliar/confusing. Limited caregiver predictability. Unpredictable spaces. Objects vary, causing distress. No consistent caregiver approach. Comments: ***Harrison likes to have familiar staff to support him on a***
Variety Balance of self-care, leisure, productivity, availability of novelty & choice, sufficient range of opportunities & resources	S	Ideal range of spaces. Objects support novelty/choice. Caregivers offer good role balance. More than one space available. Some objects support choice. Adequate role balance. Limited spaces. Limited objects, Caregivers offer a limited range of activity opportunities. No variety of space. Object-unavailability restricts choice. No new activities or role balance. Comments: ***Staff provide Harrison a variety of activites throughout***
Transition Support during changes or transitions, providing information ahead of time, managing demands of limited time	S	Clear signs/alerts/boundaries. Objects organised. Caregivers provide timely information. Adequate signs/boundaries. Objects available. Caregivers provide adequate information. Spaces hinder transition. Objects create distractions. Information given too early/late. Spaces contain barriers to transition. Objects restrict transition. Information not given. Comments: ***Staff support Harrison and provide adequate information***

ENVIRONMENT		COMMUNICATION & INTERACTION
Responsiveness Commitment to provide sufficient time, experience and skills to communicate, adapted communication, information exchange	I	Meaningful signage. Excellent communication aids. Caregivers adapt their communication. Adequate cues. Some communication resources. Some caregivers adapt communication. Limited cues and/or communication aids. Caregivers miss opportunities to communicate. Misleading signage/cues. Broken/lost communication aids. Caregivers lack skills. Comments: ***Staff support Harrison with his communication needs.***
Inclusion Support for social interaction, opportunities to establish relationships, social inclusion	I	Spaces optimal for interactions. Caregivers support inclusion in community groups/events. Spaces adequate for interactions/visitors. Some caregivers support community inclusion. Spaces limit interactions/visitors. Caregivers struggle to support community inclusion. Spaces unsuitable for social interactions. Caregivers do not support community inclusion. Comments: ***Staff support Harrison on a day to day basis. Although***

Cooper, J.R., Parkinson, S., de las Heras de Pablo, C.G., Shute, R., Melton, J. and Forsyth, K. (2018) A User's Manual for the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR). Version 1.0. Edinburgh:NHS Lothian and Queen Margaret University.

Conforming Acting in accordance with social rules Transgresses social norms	H	Shows respect for others, finds new socially appropriate strategies, consistent with norms Usually shows respect for others (with cues), sometimes resorts to anti-social behaviour Needs ongoing guidance to maintain social norms, touches/hits others unless supervised Touches/hits others even with support, offends, frightens or disgusts others *Comments:* ***Harrison appears to enjoy interaction with staff who are***

SKILL		PROCESS SKILLS
Attending Maintaining focus on task, Sustaining concentration Lack of distractibility	P	Appears alert, concentrates, able to focus, regains attention following interruption Needs assistance to attend and reminders to concentrate, needs prompts to refocus Structured support to concentrate, needs frequent reminders to concentrate Unable to concentrate even with support, cannot regain attention even with support *Comments:* ***Harrison relies on staff for all his support needs as he is***
Knowing How Knowing what to do in an activity, knowing what to use objects for, knowing how to handle objects safely	P	Readies self for next step in tasks, remembers instructions, handles objects carefully Predicts next steps and retains instructions with prompts, handles objects with cues Ongoing assistance to do next step, limit instructions to 1 or 2, hand over hand with object Does not anticipate next step even with help, cannot use instructions, ineffective handling *Comments:* ***Staff support Harrison when carrying out any activity and***
Timing Initiating, sequencing, completing actions, pacing and tempo – awareness of timeframes for activity	P	Initiates steps, sequences task, completes steps, maintains speed of doing Slow to initiate needing prompts, sequencing leading to duplication, prompts adjust speed Structured support to initiate steps, ongoing support to sequence & pace activity Does not initiate with support, sequencing causes breakdown, unable to pace activity *Comments:* ***Harrison does not initiate activities, sequencing and***

SKILL		MOTOR SKILLS
Enduring Stamina – persisting without obvious fatigue or need for rest, physical fatigue (not mental fatigue)	-	Consistent physical effort during task, physical stamina, has sufficient energy Physical effort fluctuates, tires towards end of activity, limited energy needing rests/breaks Support required due to fatigue, tires & gives up unless assisted, activity timeslots limited Unsafe level of physical stamina, physical activity risky even with support, exhaustion *Comments:* ***staff support and encourage Harrison with a variety of***
Moving Self Physical movement which actively contributes to performance, intentional movement during volitional or communication acts	H	Walks/crawls/self-propels between spaces, shuffles, rolls, slides/transfers within spaces Uncontrolled movements/risk of harm, help to position body, prompting needed to transfer Ongoing support to move within and between spaces, regular assistance to position self Does not contribute to moving self, no attempt to move self, movements impede tasks *Comments:* ***Harrison spends his time at day service sat***
Moving Objects Gripping, manipulating, coordinating objects securely, lifting or transporting objects safely	H	Grips/moves objects securely, lifts/hold objects safely, transports objects safely Objects slip/ get crushed, struggles to transport objects safely, uses one hand not two Needs help to grip objects, hand-over-hand to manipulate objects, assistance with bilateral Depends on others, doesn't contribute to lifting/holding objects even with support *Comments:* ***Harrison requires some support from staff (hand on hand***

Advocacy Negotiation on a person's behalf, supports others to understand the person's needs, recognises conflict of interest	I	Excellent spaces for advocacy. Excellent objects/resources to support caregiver advocacy. Some spaces allow advocacy. Some objects/resources to support caregiver advocacy. Spaces poorly located for advocacy. Resources limited. Caregivers struggle to advocate. Spaces and resources unsuitable for advocacy. Caregiver advocacy is ineffective. *Comments:* .....

ENVIRONMENT		PROCESS
Structure Preparation of activities, appropriateness of space, objects and sequencing of tasks	S	Optimal spaces/objects. Caregivers prepare logical well-graded activities. Adequate spaces/relevant objects. Some caregivers prepare predictable/appropriate tasks. Inappropriate spaces or objects. Inconsistent caregiver approach to organising tasks. Spaces/objects inappropriate or unsafe. Caregivers do not prepare appropriate tasks. *Comments:* ***Staff appear to support and organise activities and ADLs.***
Flexibility Ongoing facilitation during activity, assistance to solve problems as they arise	S	Spaces are easy to modify. Caregivers provide carefully graded support during activities. Spaces can be modified. Caregivers usually provide appropriate support during activities. Limited flexibility of spaces. Limited opportunities for caregiver to facilitate. No flexibility of space. Caregivers are unavailable to support or unable to solve problems. *Comments:* ***There appeared to be a variety of space oppurtunities***
Modulation Sensory inputs are optimised to facilitate participation, sensory sensitivities are identified and accommodated	S	Spaces/objects/activities are well-matched to sensory preferences/sensitivities/needs. Some spaces/objects/activities are appropriately matched to sensory preferences/needs. The sensory attributes of some spaces/objects/activities create distraction/discomfort. The sensory attributes of some spaces/objects/activities prevent participation in tasks. *Comments:* ***Staff appear to select activities for Harrsion according to***

ENVIRONMENT		MOTOR
Spatial Arrangement Layout of spaces to facilitate activity, relationship of objects to each other and to the person	I	Optimal room layouts. Objects situated for efficient movement. Caregivers optimise space. Adequate room layouts. Objects situated for adequate movement. Caregivers organise. Room layouts or object placement limits movement. Caregivers resist changes to layouts. Room layouts or objects prevent movement. Caregivers do not allow changes to layout. *Comments:* .....
Static Posture Support for posture to facilitate activity, specialist seating, secondary health issues managed (e.g. pain, pressure)	S	Spaces enable equipment use. Postural support equipment facilitates tasks (as needed). Spaces allow equipment use. Postural support equipment allows some participation. Spaces limit equipment use. Incorrect or missing postural support equipment limits tasks. Spaces prevent equipment use. Needed equipment is absent or used unsafely. *Comments:* ***Harrison sits in his wheelchair throughout the day whilst***
Travel Support for movement within or between spaces, access at home or in the community, wheelchairs, walking aids, handling belts, hoists, slings, ramps, vehicles	S	Spaces & Objects are optimised for movement. Caregivers provide graded assistance.. Spaces & Objects are adequate for movement. Caregivers allow safe movement. Spaces limit access. Equipment is unsuitable. Caregivers limit opportunities for movement. Spaces are inaccessible. Equipment is broken/missing. Caregiver support is unsafe. *Comments:* ***Harrison is a wheelchair user and travels in his***

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RESIDENTIAL ENVIRONMENT IMPACT SURVEY: SHORT FORM (REIS-SF) (UK VERSION)

Date: Throughout June and July 2022 **Evaluator**: Angela Winter OT Technician

Residence: Rozelle Nursing Home, 93 Brecon Road, Abergavenny, Monmouthshire, NP7 7RE

Client: Paula Watkins **Date of Birth:** 08/10/1969

EPEX No: 12/15295

Information gained from:	Yes	No	
Observation of accommodation	☐	☐	***description of home/facility:*** Residential/ nursing home with 23 Residents. Shown round by manager and met Andrea (Activities Organiser) and various staff members on my visits. Also met with Michelle Williams, Lisa Tudor (House Manager) Gemma Matthews and support staff Amy Dainton
views of fellow residents*/shared occupiers* * delete as appropriate	☐	☐	***names and relationship to client:*** Staff members, Paula moved in to Rozelle in April 25th 2022
Views of staff/ carers * delete as appropriate	☐	☐	***names and designations:*** Andrea (Activities co-ordinater) in-post since May 2021 and has been a support worker at Rozelle for 11 years. Andrea normally works 9-3pm Monday-Friday and normally carries out 1-1 activities in the morning and group activities in the afternoon with residents. Andrea also completes her paperwork between 2-3pm.
Other formal assessments completed	☐	☐	***names and dates of assessments:*** OT Initial Assessment completed by Occupational Therapist Ruth Morgan.

Rating Scale. *Each item below refers to an aspect of the residential environment and is scored using a 4-point scale. The rating should reflect how each aspect of the environment meets the needs and interests of the individual, and the extent to which the appropriate level of supports and opportunity is provided*

4	**Strength**	Exceptional opportunities and support
3	**Appropriate**	Appropriate opportunities and support
2	**Needs some improvement**	Some limitations regarding opportunities and support
1	**Needs major improvement**	Major limitations regarding opportunities and support
X	**Not rated**	Not enough information to rate this item
N/A	**Not applicable**	This item does not apply in these circumstances

Summary and Recommendations:

1. Dining table appears to be a little high for Paula, dining chair also appears deep in depth and too big for Paula. Paula would benefit from a cushion placed behind her back to support her sitting position and enable access to the table.
2. Observed Paula eating her breakfast at the dining room table, she appeared to struggle to see and recognise the food items. Paula may benefit from a contrasting coloured table cloth/ placemat which may help Paula see the food items more clearly.
3. Paula may also benefit from Dycem (non-slip mat) and brightly coloured cutlery and plates (blue, red) instead of white bowls and plates to enable Paula to see her food items more clearly on the table.
4. Paula may also benefit from a personalised named sign on her bedroom door, this will need to be in a large /bold font with contrasting colours and

possibly with her favourite's colours or the door to be made with personal effects such as colouring, drawings, crafts and pom-poms that she may recognise her bedroom.

5. Brightly coloured signs on all the communal door areas around the home such as bathroom, toilet, bedroom, dining room and lounge may be helpful so that Paula can recognise these areas. Does Paula recognise words or pictures?
6. If Paula is slouching when sitting in the lounge armchairs she is to be offered a cushion placed behind her back to support her positioning.
7. Paula's bedroom has a spacious airy room with a profiling bed and her own comfortable armchair. However, there is also a TV fixed on the wall which appears to be at an awkward angle and too high. Could this be lowered and positioned in a more comfortable position to enable Paula to watch and enjoy her musical programmes and shows more comfortably.
8. Andrea reports to at times struggle to engage Paula in 1-1 and group activities. Would more dementia specific activities be appropriate and offered to Paula such as reminiscence, picture to share, pom-poms, life stories, musical films and DVDs? OTTI to provide information regarding this.
9. Paula was observed to have her colouring books in front of her at the dining table, however, Paula's bag of colouring pencils and books were not always in Paula's reach. Can staff please ensure that her bag and items are close by her at all times?
10. Could Paula be offered opportunities to access the wider community such as local shops, cafes, pubs, hairdressers and parks? Paula may require a wheelchair access taxi if accessing these areas.
11. The door-bell at the front door was loud and was heard frequently throughout my visits. Could the door-bell be changed to a more subtle sound?
12. The call bells were extremely loud and piercing and were also prolonged (until nursing staff answered the calls). Could these bells be changed and be more subtle in sound?
13. OTTI to research and provide information of a list of local wheelchair accessible taxis to enable Paula to access the community.

In summary:
Throughout my observations I felt that there was a nice homely feel atmosphere within the home, Staff appeared to be always around the communal areas and appeared friendly, kind and caring towards the residents.

Observing the types of support provided to residents, how support is provided, whether the level of support is appropriate and desired is to be noted on this form. Motivation and engagement of residents and staff is also relevant to note.

Signed: Angela Winter **Designation:** OT Technician

PHYSICAL SPACE

Access to space The extent to which physical space provides appropriate accessibility and is barrierfree, facilitating independence and safety	4 ☐ 3 ☐ 2 * ☐ 1 ☐ X ☐ N/A ☐	Comment on safety, security and ease of access to property and spaces within the property – locks, doorways, (including handles, width of doorways, weight of doors), stairs, (including railings, grab bars) barriers and clutter inside and out, lighting, flooring Home is situated on a busy road with small carpark out the front, full of cars. Main Entrance appears wide with 2 steps, there is no grab rails insitu, side entrance with ramp, ground a little uneven. Keypad on main door and side door. The main areas have good space and atmosphere, small areas created for small groups. Inside the property there are long corridors to the back of the house some narrow if supported walking required, no rails insitu.
Facilities The extent to which the physical space meets the needs of the individual	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on facilities available, including bathroom, bedroom, living room, kitchen, laundry, storage, private and social space. 2 wet rooms which appear to be spacious in size, discussed whether a smaller shower chair would be more appropriate for Paula but it was felt appropriate for the time being. Bathroom with hoist no window, adequate space although [redacted] does not use the bath but has used the shower. It is reported by staff that she doesn't like the shower. Communal areas appear homely, nice open plan so dining tables nearby, relaxed space to walk around, quiet room available and this accessed through a large plastic screening door.
Natural environment The extent to which the area around the home provides appropriate accessibility and stimulation	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on condition and attractiveness of grounds, paths, steps, views outside, natural lighting Back garden and courtyard out the back of the property with tables and umbrellas and an arbour type structure. Staff and residents both use this area. Lovely natural lighting in the dining room area, however, lounge and corridors appear darker.
Sensory qualities The extent to which the sensory conditions are appropriate and meet the needs of the individual	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on noise levels, availability of quiet space, odours, temperature, heating, opportunity to modify sensory qualities, visual or auditory distractions, tactile comfort Doorbell unpleasantly harsh and remains loud while the main door open. Also call buzzers are extremely loud and prolonged, they stay on until answered. Bright aluminous yellow décor in corridors. TVs on in the dining room, lounge areas but not too loud. Visual photos used for meals information on the noticeboard in dining room. Jubilee celebration flags still hanging up in the dining room.
Homelike qualities The extent to which the home is comfortable, attractive, culturally appropriate and welcoming	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on extent of personalisation, décor, food, music, presence of pictures on walls, photos, quality and comfort of furniture, flooring Dining chairs and table appear to be a little high for [redacted] floors adequate no trip hazards observed. Pleasant atmosphere in communal areas pale blue and green in colour theme. There are photos, soft cushions, fresh and artificial flowers on the tables. There are a mixture of assorted arm-chars and lap-tables. There is a table in the dining room with a variety of books, board, card games and toys. [redacted] room is spacious and airy with lino/ concrete flooring decorated in pale colours with cushions and curtains in place. Profiling type bed with white bedding and armchair [redacted] next to bed. Lots of photos and picture frames, personal colourings, and artwork on the walls around the room. TV on the wall but at an awkward angle and too high. Could this be lowered or moved?

RESOURCES

ADL objects The extent to which objects for activities of daily living are available & support provided for their use is appropriate	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on domestic equipment, availability of personal belongings including clothing and grooming supplies Not formally assessed. Access to drinks were provided on a table in the dining room, however, this was mainly accessed by staff for Paula. Paula was always offered a choice of drinks and snacks by various staff members on my visits. There did not appear to be any evidence of active support on my observations. Paula is reported to not access the laundry. Observed that Paula's nails were recently painted with nail varnish.
Leisure objects The extent to which leisure objects are available & support provided for their use is appropriate	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on access to e.g., books, movies, television, computer, exercise and creative facilities Andrea (Activities co-ordinater) works Monday-Friday 9-3pm for 23 residents. Andrea normally carries out 1-1 sessions in the morning and group sessions in the afternoon. Observed 1-1 time with other residents, staff appeared friendly and engaging with residents on all of my visits.
Adaptive equipment and supports The extent to which necessary adaptive equipment is provided and its use is appropriate	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on mobility and sensory aids; appropriate furniture; dressing, eating, bathing aids plus cognitive supports e.g., notice boards, schedules, checklists, photos, signs etc Dining chair and tables appear to be a little high. Paula may benefit from a cushion placed behind her back when sitting to enable a more upright comfortable positioning.it is reported that Paula will not use the bath but has used the shower but reports she doesn't like using it. Toilet seats all white, a coloured contrasted seat may also make it easier for Paula to notice. Signage and mirrors need to be at Paula's eye level. Contrast tablemat to plate recommended.

SOCIAL SUPPORT

Worker/Carer interaction The extent to which interaction with staff/carers is positive and appropriate	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on availability and nature of interaction with staff/carers, and staff/carer roles, behaviours, attitudes and emotions (inc. support for independence/empowerment, problem resolution, goal-setting process, training, co-ordination) On my observations I observed a busy atmosphere and staff appeared to be friendly and engaging with residents. There were visitors in the quiet room with their family members and there were residents in the lounge and dining room and bedroom areas. Staff appeared to be always walking around/past and interacting regularly with the residents. Andrea reports to at times to engage Paula in both 1-1 or group activities.
Peer interaction / Interaction with others The extent to which others who share or visit the home offer appropriate support	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on nature and quality of interaction, behaviours, attitudes and emotions of fellow residents/family members, opportunities for interaction, problem resolution Calm, relaxed, content residents, small groups in main areas such as the lounge area, quiet room and dining room. Nobody appeared lonely. Some residents were observed to be chatting to both staff and other residents.
Decision-making The extent to which there are opportunities to participate in decisions that impact on life in the home	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on involvement in household and financial management, planning future activities, or influencing policies in residential settings Not formally assessed
	4 ☐	

Level of assistance The extent to which the level of assistance available is appropriate, desired and supports maximum participation	3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on levels and availability of personal and social assistance, including points of interaction, flexibility, specialist care Not formally assessed

OPPORTUNITIES		
Daily activities The extent to which opportunities for autonomy and independence meet the needs and interests of the individual	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on opportunities to pursue everyday personal, domestic and leisure activities independently There did not appear to be any evidence of an active support approach for activities of daily living with [redacted] throughout my observations.
Role development & self-expression The extent to opportunities are available to develop positive and meaningful roles and provide self-expression	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on resources to support and develop occupational identity (social, leisure, vocational and faith opportunities) and opportunities to express individuality (including choice re: clothing and decorating personal space) [redacted] may benefit from regular 1:1 support, little and often to be encouraged for her to interact and use her skills.
Schedule/Routine The extent to which the schedule and routine facilitates maximum participation and independence	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on impact of personal/domestic routine on general functioning, daily/weekly schedule, opportunities to deviate from set routine Activity co-ordinater Andrea carries out group activities in afternoon Mon-Fri and 1:1 provided to residents in the morning. Andrea reports that some group work doesn't always seem to suit every resident and they may require a more 1:1 activity. Would a daily plan of activity be beneficial for [redacted]?
Community activities The extent to which there are opportunities and resources to access the wider community	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on socially inclusive opportunities to participate in community events and outings, transport, access to e.g., shops, parks and faith communities It was reported that some residents use taxis to access the Abergavenny, area which [redacted] appears familiar with. [redacted] will need to be supported by staff to access preferred shops, cafes, pubs, hair salon, and parks at quiet times to maintain consistency, familiarity and choice. Staff report to struggle to find local wheelchair accessible taxis.
Outside communication The extent to which communication is coordinated and enables contact with outside world	4 ☐ 3 ☐ 2 ☐ 1 ☐ X ☐ N/A ☐	Comment on access to telephone, email, postal communication, opportunities to communicate with extended family and friends and make contact with outside agencies Not observed, [redacted] would need staff to support her to have contact with previous housemates and staff and also family members. [redacted] would be unable to use the telephone without support.

The Posture & Mobility Service

Referral Form

South Wales
ALAS Posture & Mobility Centre
Unit 1 Taffs Fall Road
Treforest Industrial Estate
Pontypridd
CF37 5TT
Tel: 02921 848100

For help in completing this form and other information
www.alas.wales.nhs.uk

North Wales
Posture & Mobility Service
Croesnewydd Road
Wrexham
LL13 7NT
Tel: 03000 850055
Fax: 03000 857231

Important - please read

The information you provide shall be used to determine the most appropriate pathway for your client. It is in your client's best interest for you to complete all sections of this referral as fully as possible and that all information provided is accurate.

You must complete all sections marked in GREEN - Incomplete forms will be returned unprocessed.

If you require help in completing this form, please contact the service on the number above or visit our website on www.alas.wales.nhs.uk.

Eligibility Criteria

The service only accepts referrals which meet the NHS criteria for the provision of essential posture and mobility equiment. However, the service does strive to meet the lifestyle needs in the course of providing essential posture and mobility requirements. All new referrals to the service must be made by a registered health and social care professional with the appropriate knowledge and skills.

All referrals to the service must meet the following criteria:

- The client is permanently resident in Wales or registered with a GP practice that is in Wales and who lives within an English commissioner area bordering Wales.
- The client has a permanent physical impairment or medical condition that affects their ability to walk and will need a wheelchair for more than 6 months.

There are no exceptions to the first criterion. Exceptions to the second criterion include clients with rapidly deteriorating life limiting conditions.

For short term loan, please refer to other agency (e.g. British Red Cross)

How we process your referral

Stage 1 - Referral Acceptance
When we receive your referral it will be thoroughly checked for completeness and accuracy. Your referral will be accepted once we are satisfied that it meets our criteria standards.

Stage 2 - Screening and Categorisation
Accepted referrals will be categorised as either Non Complex or Complex.

Non Complex - require no further assessment, prior to the delivery of equipment.

Complex - Our assessment team will look at your referral in detail and will then decide to either prescribe equipment, based on the details you have provided, or to list your client for an assessment. During this stage it may be necessary to contact you for additional information.

The posture and mobility service is unable to provide

- Wheelchairs/buggies for use as a restraint or as a static chair
- Standard attendant wheelchairs to Residential or Nursing Homes for moving and handling purposes only
- Tilt-in-space wheelchairs for restraint purposes, (e.g. to keep clients in the seat when they have volitional movement)
- Cushions for armchairs or seating other than a wheelchair
- Class three vehicles
- Mobility scooters

Is your client already registered with our service? No ○ Yes ◉ Don't know ○ Our reference number if known

Preferred language and communication needs: Non verbal communication

NHS number [redacted]

A	Client's details	
1	Date of birth	[redacted]
2	Title	[redacted] If the title you want doesn't appear in the list you can type in your own.
	Surname	[redacted]
	Forename	[redacted]
	Middle name(s)	
	Suffix	
	Known as	[redacted]
3	Has client ever been known by any other name?	No ◉ Yes ○ If **'Yes'**, please complete question 4. If **'No'**, go to question 5.
4	Title	If the title you want doesn't appear in the list you can type in your own.
	Surname	
	Forename	
	Middle name(s)	
	Suffix	
	Known as	
5	Does client live alone?	No ◉ Yes ○
6	Current address	House Name/Site
		Number: [redacted] Street: [redacted]
		Line 1
		Line 2 [redacted]
		Line 3
		Town [redacted]
		County
		Postcode [redacted]
7	Telephone 1	[redacted] This is the number we will use to contact the client
8	Telephone 2	
9	Email	
10	Is this the client's usual day time address?	No ○ Yes ◉ If **'Yes'**, then this is the address we will use for delivery. Now go to 14. If **'No'**, then please complete 11-13.

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25	Does client have any condition that may contraindicate this? (e.g. cardio-respiratory)	No ○ Yes ◉ If 'Yes', then please ensure the condition is included in **26 - Medical History**

PLEASE NOTE If you are not the client's GP, we may need to confirm whether your client is medically fit to self propel before we can continue. If you are able to provide written confirmation from the GP with this referral, then this could reduce the length of time your client waits.

E Medical history

26	Please list the permanent physical impairments or medical conditions that affect the client's ability to walk	Severe Learning Disability Right sided Hemiparesis Visual problems (registered partially sighted) Epilepsy
27	Please describe your client's medical condition, including the effects on posture and mobility.	

F Measurements

Accurate measurements are essential for us to provide suitable equipment and/or to determine the most appropriate pathway for your client. Incorrect or 'estimated' measurements could cause unnecessary delays to the process.

28 Sex — Male ◉ Female ○

	Centimetres (cm)	Feet (ft)	Inches (ins)
29 Height	165.10	5	5
	Kilograms (kg)	**Stone (st)**	**Pounds (lbs)**
30 Weight	69.85	11	

31 Hip Width

Measure across the widest point of the lower body, usually the hips or outer thighs

Centimetres (cm)	Inches (ins)
40.64	16.00

32 Upper leg length

Measure from behind the knee to the back of the buttock or sacrum

Centimetres (cm)	Inches (ins)
43.18	17.00

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11	Type	
12	Usual address	House Name/Site
		Number / Street
		Line 1
		Line 2
		Line 3
		Town
		County
		Postcode
13	Telephone	
14	Is client currently in hospital?	No ◉ Yes ○ If **'Yes'**, please complete 15-17. If **'No'**, then go to section **B - Other Contacts**.
15	Hospital name & ward	
16	Hospital telephone	
17	Expected discharge	

B Other contacts

Please use this section to let us know of any other contacts for this client. If none then go to Section C

	Contact number	Contact name	Relationship to client	Next of kin
18 Contact 1				☐
19 Contact 2				☐

C Primary reason for referral

20 Please describe the primary reason you are referring this client for a wheelchair (i.e. What need will the wheelchair and seating address?)

Please can [redacted] be assessed by your clinical team for a pressure relieving cushion as he currently has some potential redness and skin breakdown on his coccyx.His current wheelchair also needs reviewing by the clinical team to check it meets his needs,

21 Please read the descriptions and select the box that best describes the client

Limited walking - part time wheelchair user

- ○ Regular need for wheelchair for outdoor use
- ◉ Consistent need for wheelchair indoors and outdoors

Unable to walk - full time wheelchair user

- ○ Low activity - limited ability to self propel
- ○ Restricted activity - unable to self propel
- ○ High activity - independent lifestyle able to self propel indoors and outdoors or uses a powered wheelchair

D Contraindications

22 Does client suffer from epilepsy or other seizures? No ○ Yes ◉ If **'Yes'**, please complete **23**. If **'No'**, then go to **24**.

23 Please provide date of last seizure or select the box to confirm seizure-free for more than 12 months

Seizure-free for more than 12 months ☐

24 Does client wish to push themselves (self propelling wheels)? No ○ Yes ◉ If **'Yes'**, please complete **25**. If **'No'**, then go to **26 - Medical History**.

Self-propelling wheels

33	Lower leg length	

Measure from behind the knee to the bottom of the heel

Centimetres (cm): 40.64

Inches (ins): 16.00

34	If you require a wider chair than the hip width given, please give your reasoning	

G Posture and sitting

Does the client have any of the following conditions that would cause problems with sitting or using a standard wheelchair?

If 'Yes', please describe. (e.g. head control, restricted, fixed)

35	Limited range of joint/limb movement which impacts upon their ability to sit?	No ○ Yes ◉	[redacted] has a head rest on his powered current wheelchair, however, there is an issue with the headrest and this will need to be looked at as the headrest is always coming loose and it doesn't seem to be in the correct position.

(e.g. head control, trunk control)

36	Abnormal posture?	No ◉ Yes ○	[redacted] is reported to be leaning while sitting in the chair to the right hand side when tires.

Describe what happens over time (e.g. side lean, fall forwards, backwards or to the side, etc)

37	Harness or additional postural support required to aid sitting?	No ○ Yes ◉	

Equipment request for managing behaviour will be subjected to a risk assessment

38	Any other needs that cannot be met without accessories?	No ◉ Yes ○	Please assess [redacted]'s current powered wheelchair to ensure it still meets his needs and provide alternative cushion due to redness and broken skin on Coccyx.

31 Page

H Environment

(e.g. type of accommodation, step/lift to access, narrow doors, minimum turning circle, etc.)

39 Please describe any limiting factors about your client's environment that we would need to consider

I Type of wheelchair

We will screen every referral to decide what equipment we feel is most suitable for your client's needs and environment. However to give us some indication of the type of wheelchair that, in your professional opinion, your client would benefit from the most, please select from the options below.

40 Type of wheelchair

Non-powered ○ Powered ◉ Buggy ○

Criteria - Provided only for postural support
Buggies may be issued to children as an alternative to a wheelchair, where it best meets clinical and mobility needs and the following applies: Child is unable to walk distances and it is envisaged it will be required for 2 years and a shop bought buggy is not available for the child's weight or size.

J Ability to travel

41 It may be necessary for our assessment team to see the client (see front page: How we process your referral). If so, is your client able to travel to one of our clinic locations?

No ○ Yes ◉

If '**No**', please explain why not

42 If we do need to see the client, please use this space to let us know if there is anyone we should invite?

Please arrange any asssesment by your clinical team of the wheelchair via jacks mum Julia Witchell on home landline number 01495 223304. Many Thanks.

K Transportation and transferring

IMPORTANT - In the interest of your client's safety we advise, if it is possible, to avoid sitting in a wheelchair in a vehicle. The standard seating in any vehicle should be used.

43 Will your client need to travel in their wheelchair in a vehicle?

No ○ Yes ◉

44 Will your client need to transport their wheelchair folded in the boot of a vehicle?

No ○ Yes ○

45 How does your client transfer?

Independently ○ Assisted ○ Hoisted ◉ Sliding Board ○

L Tissue viability

46 Please read the descriptions and select the box that best describes the client

○ **No identified risk/low risk** - Part or full time user with ability to change position and transfer independently. Good general health, no past or current problems with skin integrity and able to comply with advice - Go to **56**

◉ **Medium Risk** - less able to transfer and is at risk of tissue breakdown due to a number of factors such as extended periods of sitting, variable health or a condition that would put client at risk - Complete parts **47 - 55**

○ **High Risk** - Immobile, unable to change position. Has a history of or present with current pressure ulcers - Complete parts **47 - 55**

M Pressure ulcers

Please describe the pressure ulcers and associated risks by selecting the most appropriate [illegible]rs

47 **Status** — Previous ○ Current ◉ Potential ○

48 **If a current pressure sore, is it dressed?** — No ○ Yes ○

49 **From**

Bed	☐	
Wheelchair	☑	If other please specify
Other	☐	

50 **At**

Home	☑	
Hospital	☐	If other please specify
Other	☑	SENSE Day centre

51 **Site**

Sacrum	☐
Ischial Tuberosity (R)	☐
Ischial Tuberosity (L)	☐
Greater Trochanter (R)	☐
Greater Trochanter (L)	☐
Other	☑ Coccyx- The skin around the coccyx is splitting

52 **Grade**

Fading redness	☐
Prolonged redness	☑
Broken skin	☑
Deep	☐
Involving bone	☐

53 **Treatment**

Medical	☐
Surgical	☐
None	☑

54 **Associated Risks**

Is the client continent?	No ◉ Yes ○
Is the client's position in sitting symmetrical?	No ◉ Yes ○
Is the client's sensation in sitting area	Normal ◉ Partial ○ Anaesthetic ○
Is the client's posture in chair	Upright ○ Slumped ◉ Slips over time ○
Is the client's nutrition	Poor ○ Adequate ◉ Normal ○
Is the client's hydration	Poor ○ Adequate ◉ Normal ○

55 **Current pressure relieving products**

○ None — If **'None'** go to 56, else please specify product type.

◉ Cushion

○ Other

Reason this is not meeting the client's needs?

[redacted] s sat on a Blue caddy cushion and is getting sore on his bottom and the skin around his coccyx was splitting. [redacted] appears to require extra padding or a different cushion in the seat to provide comfort to Jack when sitting in his chair.

N Other details

If you think we should be made aware of any other information about your client, please use this space

56	For example, fit of current chair, problems with communication, special arrangements for delivery, any standard accessories etc.

[redacted] current chair is a Quickie powered wheelchiar,
ALAS Refrence number: [redacted]
[redacted] also sat on a blue caddy moulded cushion.

There are some issues on [redacted] currrent wheelchair, please see the issues listed below by [redacted] Mum [redacted]

1. [redacted] is leaning to the right side when sitting in the wheelchair. [redacted]

2. [redacted] mum has put an extra cushion in the seat part as he was getting sore on his bottom and the skin around his coccyx was splitting, therefore he needs extra padding or a different cushion in the seat

3. The wheelchair headrest is always coming loose and it doesn't seem to be in the correct position since mum has put the cushion in, as it has lifted [redacted] up slighter higher in the chair.

4.The front part of the foot straps are broken and/or come off.

Please can someone from you clinical team assess [redacted] current wheelchair that it meets his needs and provide an alternative pressure relieving cushion for [redacted]

The ALAS engineer is reported to be visiting on Monday 25th September 2023 to address issues with footstrap and headrest.

General Practitioner and Referrer Details

O GP Details

57 Are you the client's GP? No ○ Yes ○ If 'Yes', then go to 62 If 'No' then go to 58

58 Title [ ] If the title you want doesn't appear in the list you can type in your own.

Surname [ ]

Forename [ ]

Middle name(s) [ ]

Suffix [ ]

Known as [ ]

59 Practice Name [ ]

60 Address

House Name/Site [ ]

Number [ ] Street [ ]

Line 1 [ ]

Line 2 [ ]

Line 3 [ ]

Town [ ]

County [ ]

Postcode [ ]

61 Telephone [ ]

P Your details (The referrer)

62 Accreditation number [ ]

63 Title [Mrs] If the title you want doesn't appear in the list you can type in your own.

Surname [IRVING]

Forename [Joanna]

Middle name(s) [redacted]

Suffix [redacted]

Known as [Jo Irving]

64 Profession [Occupational Therapist]

65 Practice name [ ]

66 Referrer's Address

House Name/Site [Caerphilly Learning Disability Team]

Number [ ] Street [Unit 1 Woodfieldside Business park]

Line 1 [ ]

Line 2 [ ]

Line 3 [Blackwood]

Town [Caerphilly]

County [NP12 2DG]

Postcode

67 Telephone [01495 235352]

68 E-mail [ ]

35 pg

Q	Consent	**Warning: If consent to this referral has not been provided, the referral will NOT be accepted.** An individual under the age of 16 can consent for their own treatment if they have been determined to be Gillick competent. If a best interest decision has been made for someone who lacks capacity to consent for their own treatment you must provide documentation of this decision along with this referral.
69	Please select the statement which best describes the method of consent.	The client **has** capacity/competence ○ The client has capacity/competence and **consents** to this referral ○ The client has capacity/competence and **does not consent** to this referral The client **does not have** capacity/competence ○ Consent was given by parent as client is under 16 and not competent ○ Consent was given by Lasting Power of Attorney (go to **70**) ○ Consent was given by court appointed deputy (go to **70**) ◉ Consent was given by best interests decision, **documentation must be provided**
70	Name of Lasting Power of Attorney or court appointed deputy	
R	Declaration	By signing this form I confirm that I am the referrer, as listed above, and the information I have provided is correct to the best of my knowledge, and I confirm that my client is aware of and consents to the information I have provided.
71	Your name in BLOCK CAPITALS	JOANNA IRVING
72	Signing date	21/09/2023

Before you return this form, please check that you have completed all the mandatory sections marked in GREEN.

Incomplete forms will be returned without processing.

For help in completing this form and other information
www.alas.wales.nhs.uk

Reset Form

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Mental Health and Learning disabilities Directorate
Occupational Therapy

Summary of Leisure Interest Checklist
Regarding: [redacted]

The purpose of carrying out the leisure interest checklist is to identify likes and dislikes of activities that [redacted] may or not enjoy. It was identified from the leisure interest checklist, of [redacted] possible likes and dislikes. These are displayed in the table below:-

Likes		Dislikes	
Reading	Likes to read magazines, sports, ie football and boxing. Also likes Elvis.	**Board games**	No
Television	Likes watching football and music	**Sewing**	No
Music	Radio, Music on IPad, uses headphones likes Elvis	**DIY**	No
Cookery	Baking cakes, Prep of main meal	**Bingo and Lottery**	No
Feeding garden birds	Likes the birds and has fed birds in garden in the past.	**Step Aerobics Gymnastic, Yoga, Golf, Cricket, Tennis, Judo, Tai chi**	No
Cinema	?	**Woodwork**	No
Stamp collecting trophies	Collects trophies, photo frames,	**Gardening**	
Listening to music	Enjoys listening to the radio	**Metal work**	No
Pets	No pets, goes horse-riding regularly	**Pottery**	No
Entertainment	Has family brother and sister that visits regularly.	**Gym/ sports clubs**	?
Crafts	Makes cards with staff	**Cycling**	No
Shopping	Food shopping	**Playing musical**	?

		Instruments	
Dancing	Enjoys dancing with staff	**Painting**	No
Computer/internet	IPad you-tube, watches films and most sports has BT sport.	**Meeting friends**	Attended coffee club and doesn't like it
Aromatherapy	? Hand massages or. foot spa		
Eating out	Yes enjoys this, goes to Asda for a coffee, cafes restaurants, used to go to pub with dad years ago.		
Member of Clubs	? Used to go to Mencap but does not play.		
Church Activities	Used to go to church with his sister. Attended funeral.		
Football and rugby	Yes likes watching this		
Concerts	Attended Elvis show and really enjoyed it.		
Trampoline/ rebound therapy	?		
Bowling / Outdoor bowls	Has been bowling and enjoys.		

- In summary it was identified from the Leisure Interest Checklist that John likes activities around Reading, Television, Cooking and sports and music (Elvis). He also like to collect trophies and photo-frames and has a wide collection of boxing and football and Elvis items.
- It was also identified that John may also like to explore activities such as Trampoline/ Rebound therapy, Cinema, Outdoor bowls, Member of a club, Aromatherapy, Musical instruments, and gym or exercise class.

Leisure interest checklist carried out 12th November 2021 at Johns home with John and staff member Carolynn at 12:30pm.

Angela Winter- Occupational Therapy Technician
Date -18th November 2021

38
Pos

[redacted]

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Mental Health and Learning Disabilities Directorate
Occupational Therapy

OT Summary Report for [redacted]

Occupational Therapy referral was received in to the CLDT from Community Nurse [redacted] to explore [redacted]'s level of activities inhouse and within the community. OTTI carried out a visit to the home and met with [redacted] and her key worker [redacted] and carried out an OT initial assessment to gather baseline information. A leisure interest checklist was also completed to establish some of [redacted]'s likes and dislikes in relation to activities in-house and within the community.

Interest Checklist Outcome

The purpose of carrying out the leisure interest checklist is to identify likes and dislikes of activities that [redacted] may or not enjoy. It was identified from the leisure interest checklist, of [redacted]'s Likes and dislikes. Some of the outcomes are displayed in the table summary below:-

Likes		Dislikes	
Education	Used to attend Ystrad Mynach day service. Did literacy, arts and craft pre covid.	**Arts Classes**	Has done this in the past but does not want to do it anymore,
Television	Likes Mrs Brown boys, Benidorm, Matilda, and some other Musicals.	**Reading**	Does not like
Music	Likes listening to music has Alexa, CD Player but will not play music	**DIY**	Does not like
Gaming	Likes gaming – Nintendo WII- Pin bowl, [redacted].	**Crafts**	Does not like
Painting	Staff reported that [redacted] has painted in the past at day service pre covid. But [redacted] stated No.	**Cinema**	Does not like, too many people. Staff have arranged but [redacted] has declined to go.
Cookery	Will cook with staff make certain meals,	**Bingo**	Does not like

	bake and reported to be motivated by food.		
Eating out	Likes to go out to local pubs, cafes, and local pub (Darren).	**Church Activities**	Does not like the church
Entertaining at home	Likes to have her friend Nicola over to her home. Also visited by step mum.	**Gym/ sports clubs**	Does not like any forms of sports or sporting clubs.
Garden	Likes to be in the garden (social aspects)	**Feeding garden birds**	Does not like
Computer/ internet	Good with computer has Switch, Tablet, and Mobile phone	**Aromatherapy**	Does not enjoy any form of Hand/ feet massages.
Volunteering	Would like to work in a café, Springfield however this is now closed.	**Competitive sports**	Does not like
Meeting friends	Meets friends nicola for coffee at home	**Dancing**	Does not like
Member of Clubs/ Organisations.	Attended Ystrad Mynach day service pre covid.	**Games**	Does not like
		Crosswords, puzzles, Jigsaw	Does not like

Summary

In summary it was identified from the Leisure Interest Checklist that Nicola mainly likes in-house activities alongside staff such as Cooking, Nicola also enjoys online gaming, ie Nintendo, watching TV such as Benidorm, Mrs Brown's Boys, Matilda and enjoys listening to Music. Nicola is also reported to be technology savvy and often uses Alexa to listen to her music, using her mobile phone and her laptop frequently.

It was also identified that Nicola likes to visit the local pub (Darren) with staff and enjoys eating out in pubs or cafes. Nicola also like to meet her friend (Nicola from another house within the same company) regularly for a coffee. She also enjoys visits from her family and going on family home visits. On my visit Nicola appeared focused on friends that she used to meet at Springfield Café (Prior to covid) asking me frequently if I knew people that she knew there, unfortunately this café has now closed and sadly some of the friendships may have been lost.

Nicola appeared to lack motivation when discussing new activities that could be trialled. Nicola (key worker) stated that Nicola has often declined activities in-house and within the community setting. Staff have appeared to encourage Nicola to attend

groups and clubs that she may enjoy however, it is reported that Nicola may attend these once and then may refuse to attend them again.

OTTI will provide information regarding community and inhouse activities and then discharge Nicola from my OTTI caseload as there appears to be no further Occupational Therapy needs at this time. However, if Nicola requires Occupational Therapy in the future, please refer into the Caerphilly Community Learning disability Team on (01495) 235532.

Angela Winter- Occupational Therapy Technician
Caerphilly Community Learning Disability Team
Telephone No:(01495) 235532
Date – 19th July 2023

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DIVISION OF MENTAL HEALTH AND LEARNING DISABILITIES
Occupational Therapy

OT Summary and Recommendations

Regarding: [redacted]

Referral was received by Occupational Therapy by [redacted] Community Nurse. OT screen completed and discussion with Occupational Therapist [redacted] regarding appropriateness of referral and asked to assess [redacted] safety within the community and travel training.

Summary

Carried out Joint visit with [redacted] OTTI from Newport CLDT to meet with [redacted] and gather information to see if any travel training work is appropriate for [redacted]. Discussed with [redacted] whilst sat at the kitchen table regarding our visit and the OT referral and gathered information to establish whether travel training would be appropriate and whether [redacted] is aware of safety issues when going out independently. [redacted] reports to enjoy walking and states that he always takes his phone, although does have the sound he doesn't always answer it. He does report that he contacts [redacted] to let him know where he is when he goes out. He also reports that he has £3 a day and takes this out with him. [redacted] appears to have some awareness of the things he needs to do to keep himself self when out independently. However, the referral contradicts this, and it was reported from [redacted] his community nurse that this isn't always the case.

Discussed with [redacted] if he likes to use the bus or train and [redacted] stated that he does have a bus pass and has used this occasionally. [redacted] is able to tell us the number of the train (familiar with train station) and the Newport bus he would use and he appears very aware of the places they go and return to. We discussed whether we could look into [redacted] having a plus 1 on the bus pass so he could go with a friend or staff member.

[redacted]'s friend lives in [redacted] and his family (sister and mum) live in [redacted]. Brother-in-law [redacted] works for [redacted] taxis. [redacted] reports that he has his mum, sister and house telephone numbers on his mobile phone for contacts. [redacted] reports that he enjoys going out with staff swimming, shopping and seeing his friend.

We asked if we could go for a walk with [redacted] in a week or two time to see the places he goes, [redacted] appeared happy to do this and we stated that we would arrange this

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for two weeks time. The purpose of the walk with Rico is to identify any issues regarding safety and address this as we go along.

Outcome:

Rico appeared to have a good understanding of safety within the community and was able to explain what to do. Rico and staff reported that Rico is currently not going out on in his own in the community as regularly as he was and has been enjoying going out within the community with his support staff. OTTI has made some recommendations for Rico to maintain safe when going out within the community, please see below for more information.

Recommendations:

1. Staff to apply for a plus 1 bus pass for Rico so that he can go out with staff or his friends/family in the community
2. OTTI to provide an easy read crib sheet for Rico which reminds him of things he needs to take prior to any community access.
3. Staff to encourage Rico to use his crib sheet prior to accessing the community.
4. Consider changing Rico's lanyard with key and possibly have key ring Rico can put in his pocket.

Angela Winter – Occupational Therapy Technician

Caerphilly Community Learning Disability Team. Tel No:01495 235532

Date-12th September 2022

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Observation of [redacted] getting into a vehicle. - [redacted]

- [redacted] travels in the family car (Audi A3 2 Litre) with his father. [redacted] sits behind the driver's seat and dad reports that he does not reach out to his dad at all when the vehicle is moving. Discussion with dad regarding potential risk that this may pose.
- Crelling Harness is always worn when travelling in the car (this is fitted in the car)
- When travelling in the vehicle (bus) [redacted] always sits in the back seat away from the window assisted by [redacted] and his father to put on the harness.
- Observed [redacted] to be quietly sat in the chair, quite excited, legs kicking out, can touch the glass of the window.
- It was reported that [redacted] can wriggle out of his harness and on one occasion has tried to stand up when slipped out of his shoulder harness. Dad reports that there an additional strap that can be added to the shoulder harness so this may solve that issue.
- Dad suggested foot straps (ankle huggers) to prevent feet spreading out when sat. Discussed that this is a restrictive practice and only considered as a last resort.
- Discussed distraction techniques (Fidget toys, comfort) dad reports that is not an issue as he enjoys being on the bus.
- Dad reports that he has often hit his foot on the foot metal securing on the chair base (Discussed and suggested Velcro padding).
- [redacted] and driver does not feel that there is any issue on the bus, but would like to keep [redacted] safe when travelling in the bus.
- [redacted] goes on the bus every Wednesday, Thursday and Friday (4 hours each day).
- [redacted] is also booked in for every Tuesday as well, but currently there are no staff to facilitate this. Dad reports that [redacted] having no day service has had a huge impact on [redacted] daily structure/ routine.
- It was reported that there is a different team of carers on a Friday that support [redacted] in the bus.

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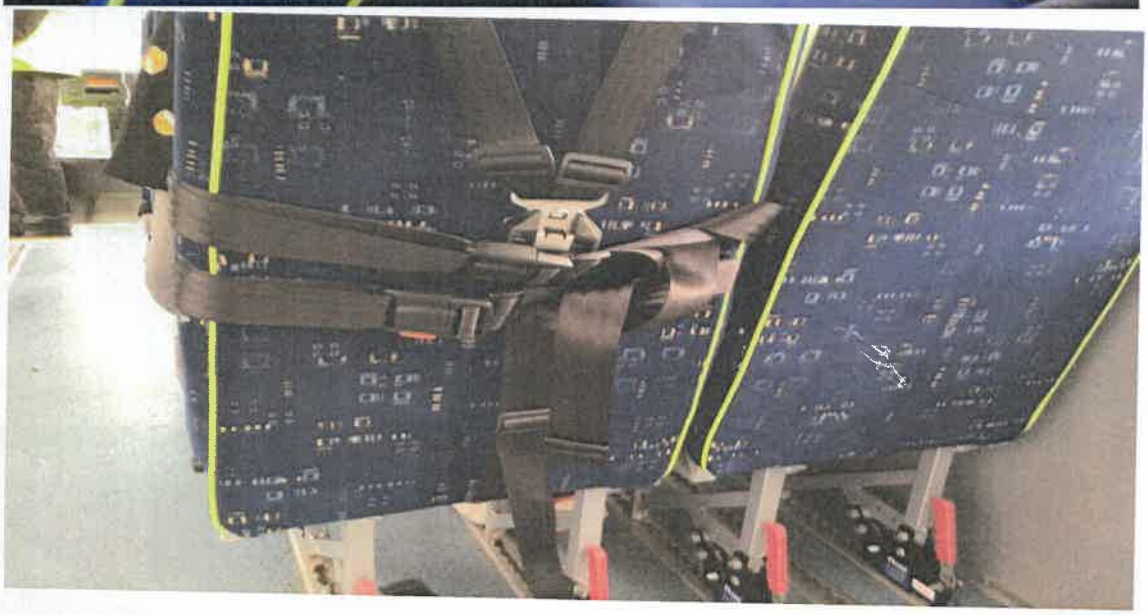

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Angela Winter Occupational Therapy Technician

Caerphilly Community Learning Disability Team. Tel- 01495 235352

16th November 2022

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Mental Health and Learning Disabilities Directorate

Occupational Therapy Summary Report

Regarding: [redacted]

Referral received for OT Technician work from [redacted] Occupational Therapist as [redacted] has moved out of his family home which he lived for many years with his mum in Abergavenny. [redacted] now lives with two other young men in a supported home in [redacted]. Following an initial assessment carried out by OT [redacted] Morgan, there were several goals identified to be completed by OT Tech to maintain [redacted]'s occupation and meaningful activities. Please see below for more information.

[redacted]'s Formulation Goals identified by OT [redacted] from initial assessment:

	Goal:	Plan:
1.	[redacted] to be able to brush his own Teeth.	OT Tech- Re-introduce tooth-brushing active support programme and hand over to staff Speak to [redacted] about adapted toothbrush on Facebook.
2.	[redacted] to be able to play games on his IPad	OT Tech share info gathered with new staff and have used musical themed Cause and effect games that [redacted] particularly enjoys.
3.	[redacted] to be able to make chocolate things using a switch in the kitchen	OT Tech to get advice on best switching mount and assess for switch for [redacted] to operate a blender.
4.	[redacted] to have fun and participate in multi-sensory stories	OT Tech to run 2 stories to show staff how to run a session.
5.	[redacted] to have a sensory garden to rela work and socialise	OT Tech look for help with design and could help based on [redacted] sensory preferences.
6.	[redacted] to use IT Alexa to Facetime with his mum and play his music	OT Tech to work with Digital Communities and new staff to enable [redacted] to use technology to meet his needs.
7.	Visual schedule/activity schedule	OT Tech to work with staff team to set up Weekly/ fortnightly activity planner for [redacted]

Goal Formulation Outcome from OT Tech intervention:

Occupational Therapy Technician has visited the home several times to gather information in a view to work through the formulation goals set out from Occupational Therapist [redacted]. Please see outcome of these Goals:

	Goal Formulation Outcome
1.	Staff report that [redacted] does not like having his teeth brushed. Staff report that they have struggled to get his teeth cleaned. A basic active support plan was devised to trial and recommendations were made regarding trialling the use of a soft toothbrush to use instead of a normal toothbrush.
2.	Staff report that [redacted] does have an IPad, suggestions were made regarding appropriate Cause and effect games for [redacted] to play. This activity has been initiated and supported by [redacted] staff team, using hand on hand support.
3.	Devised a basic active support plan for staff to facilitate a switching blender session with chocolate theme (chocolate Nes-quik). This activity has been left with staff to trial. The purpose of this is to offer [redacted] an in-house activity within his weekly schedule. Staff report that this activity is going well and he is doing this regularly on a weekly basis.
4.	OT Tech provided a couple of sensory stories and some guidelines to support staff to facilitate this. Staff have also been using the local library and accessing story bags on a weekly/ fortnightly basis. These books are particularly enjoyed by [redacted] on a one-to-one basis and with other male services users within the home in a group session format.
5.	Discussed sensory garden, staff have already created a sensory corner in the garden area with flower boxes and sensory decorations and hope to expand this more in the summer months.
6.	Staff report that [redacted] is supported to use his IPad for watching videos, music and games. Staff support [redacted] with hand on hand support
7.	OT Tech worked advised the staff team to set up weekly/fortnightly activity planner for [redacted]. This will enable [redacted] to have choice of in-house activities Staff have set this activity planner up and feel that it is working well.

In summary all of [redacted] formulation goals have been met by [redacted] staff team supported by myself (OT Technician). Therefore, I will be discharging [redacted] from my OTTI Caseload. However, if [redacted] requires Occupational Therapy in the future please feel free to contact the Monmouthshire Learning Disability Team on (01873) 735412.

[redacted]

Angela Winter - OT Technician

Monmouthshire Learning Disabilities Team

Telephone 01873 735412

[redacted]

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Case Notes Summary

Date Of Summary	26/1/2024

Person Name	Person Id	NHS Number	Connection
[redacted]	[redacted]	[redacted]	

Date	30-Nov-2022 15:00	Case Note	
Regarding	[redacted]		
Subject	Observation Summary (Smoothie Making)		

Observation of Smoothie Making

Carried out observation of Smoothie Making, the activity was being carried out today with support worker [redacted]. All the items were prepared in the kitchen area and brought out to [redacted] who was sat in his wheelchair at the end of the table. [redacted] brought little coloured bowls of fruit, raspberry, strawberry and banana and set out all the items on the table. The switch and Big Mac Button were placed near to [redacted]. Preparation of the blender and switch was carried out by staff. [redacted] asked [redacted] to place the fruit into the blender, [redacted] ate most of the fruit (smiling throughout) and needed support and encouragement by Heavenly to add the remaining fruit into the blender. Choice of flavours was offered with the Nesquik powder and [redacted] chose the banana flavour. Milk was added by [redacted] into the blender and the blender jug was added to the blender machine and secured for safety. [redacted] was encouraged to use the Big Mac button/ switch and appeared to enjoy keeping his hand on the button. He required some prompting to stop and restart. When the blending was completed the contents of the smoothie was decanted into [redacted] beaker, he was offered a glass of the smoothie which he appeared to really enjoy. [redacted] saved the remaining contents of the smoothie in a travel cup beaker for [redacted] to enjoy later this afternoon. [redacted] was asked to help [redacted] to place the beaker into the fridge, some support was required, and the activity had finished.

Summary of Smoothie making:

The Smoothie making was well organised and well supported by his support worker. [redacted] appeared to enjoy participating in the activity. He seemed to really enjoy eating the different types of fruits and drinking his smoothie when made. He was observed to be smiling when pushing the Switch button and making a noise. The plan is for this activity to be completed once a week as part of his inhouse activities.

There are some recommendations below to ensure and maintain continuity within the activity.

Recommendation following the activity:

1. Before the activity, please explain to [redacted] what the activity is and what you want [redacted] to do throughout the activity.
2. [redacted] to use his fingers when picking out the fruit from the bowls as this is a sensory activity.
3. [redacted] enjoys eating the fruit, encourage [redacted] to place the pieces for fruit in the blender and allow him chance to taste the fruit on alternate go. Ie- (1 for you 1 for the blender).
4. Ensure that the blender is not switched on and out of the way when not in use.
5. Please add a picture of a banana and strawberry on the top of the Nesquik powder containers for

[redacted] can visually see the different types of fruit.

Angela Winter- Occupational Therapy Technician- 30th November 2022

Monmouthshire Community Learning Disability Team- (01873) 735412

Created By	Angela Winter
Created By (Job Title)	Ot Tech
Activity Owner	Angela Winter
Activity Key Team	ABUHB - LD CLDT Monmouth
Referral Number	[redacted]
Referral Key Worker	ABUHB - LD CLDT Monmouth
Referral Key Team	ABUHB - LD CLDT Monmouth

Date	30-Nov-2022 15:00	Case Note
Regarding	[redacted]	
Subject	Home visit for observation of Smoothie Making	

Carried out home visit at home and met with [redacted] and his staff team to complete observation of smoothie making. Observation was carried out with [redacted] (support worker) who completed smoothie making with [redacted]. [redacted] appeared to really enjoy the activity and OTTI will complete an observation summary and recomendations which will be added to WCCIS on a later date.

Staff at the home have reported that [redacted] static chair footplate has been fixed and they have recieved 2 additional All day slings for [redacted].

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Mental Health and Learning Disability Directorate

Occupational Therapy

Observation Re: [redacted]

Observation carried out [redacted] between 11:30-1:30pm approximately:

- On arrival [redacted] was sat in the lounge area on a queen arm type chair with his key worker [redacted]. [redacted] was sat quietly however he appeared to have restless legs and was shaking them continuously. [redacted] reported that this was a sign that [redacted] was unsettled.
- [redacted] appears to understand simple commands from [redacted] and uses his own Makaton language. Ie- toilet, food, bed, bath, colouring.
- [redacted] is visually impaired and does not like the TV, The TV was on in the lounge area, however, there appeared to be no sound on?
- [redacted] offered [redacted] a colouring activity on several occasions, but he declined this by shaking his head.

Environment:

- Very busy environment with various workmen, Bathroom Fitters and Carpenters in and out of the house throughout the observation.
- Radio was playing quite loud from the kitchen area which could be heard through the house.
- There appeared to be 5 members of staff, 1 female staff member came in to cover another staff member as they had an appointment (4 members of staff on duty and 5 service users).
- [redacted] was asked to come in the dining room area for lunch, which he did immediately. [redacted] appears to walk tentatively and appeared to be unsteady at times. He linked arm with [redacted] for support with walking into the dining room area.

Eating and drinking:

- [redacted] sits on his own small table in the dining room area. (Back to female s/u and looking out to the conservatory.
- Radio was turned down when lunch was taking place.
- [redacted] was offered chips and burger which was cut into small bite size pieces.
- [redacted] held his knife and fork however only really used his fork to stab and scoop his food.
- When scooping his food, [redacted] would often put his face down to the plate to scoop food in his mouth.

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Mental Health and Learning Disability Directorate

Occupational Therapy

- No adaptive equipment in place for eating and drinking.
- [redacted] may require some eating and drinking adaptations in the future such as Dysem, lipped plate or plate guard and possibly a Spork.
- He appeared to enjoy all of his food and after his lunch he was offered his beaker of drink (" pop "pop").
- When finished his lunch [redacted] was asked to take his plate out into the kitchen area and gave it to staff in the kitchen he did this tentatively. Praise was given throughout "Good man"
- [redacted] was asked if he wanted to do some colouring at his colouring station (table where he had his lunch) and he smiled and gestured yes.
- [redacted] held in his hand his red, blue, yellow and green crayon and this appeared to be a comfort for him.
- [redacted] only put the blue crayon to paper on two occasions.
- He appeared to enjoy going through and sorting his papers out, putting them into piles continuously. [redacted] sat at his table for approximately an hour.

Summary:

- [redacted] appeared to be compliant but a little restless in his presentation.
- Staff report that [redacted] has some current health ailments and could possibly be in pain?
- Colouring was the only activity offered to [redacted] throughout my observation. Although it was reported that he had been out into the community with staff earlier on this morning.
- [redacted] was observed to be eating and drinking independently, however he may benefit from some eating and drinking adaptations in the future.

Angela Winter OT Technician

Caerphilly Community Learning Disability Team –(01495) 235532

22nd September 2023

Aneurin Bevan University Health Board

Learning Disabilities Directorate

Occupational Therapy Service

My Active Support Plan (Laying the table)

Re: [redacted]

Goal:	Encourage my independence, inclusion of daily activities.
How many times:	Twice a day.
When:	Daily at lunch time and teatime.
Where:	In the dining room, at the table.
Duration:	5-10 Minutes
What I need:	Cutlery, Plate and cup (beaker).
Supporting me:	• When it is near to lunchtime, or teatime. Tell me that food is nearly ready and ask me to lay the table by saying "can you lay the table [redacted]?". • Please ensure that the cutlery, plate, and cup is ready for me. • Staff to keep all the items consistently on the worktop ready for me. • Ask me to take them to the table when it is near mealtimes.
Recommendations:	• [redacted] may benefit from trialling a wheelchair lap-tray. The Wheelchair lap-tray can be used for items such as the cutlery, plate and cup to transport the items safely over to the table when needed. • Please give [redacted] encouragement and praise throughout the task. • If I require any support at all, please help me to do this.
Aims/why:	it is important that this is completed in a consistent and predictable manner.

Angela Winter Occupational Therapy Technician
Monmouthshire Learning Disability Team
Telephone: 01873 735412
Date: 28th February 2023

Referral Key Worker	ABUHB - LD CLDT Monmouth
Referral Key Team	ABUHB - LD CLDT Monmouth

Date	12-Dec-2023 15:30	Case Note
Regarding	Zak Sheers	
Subject	Carried out 2nd observation of sandwich making with Zak and Chelsea his keyworker.	

Carried out visit to meet with and Zak and Chelsea (support staff) The purpose of the is to carry out another observation (2/2)of Zak in dining room making himself a sandwich. Met with Chelsea and Zak. He was sat in his own comfy chair with lap tray on top watching Mr Tumble. Chelsea asked him if he would like to make a sandwich and he said yes. Chelsea placed Zac nearer to the table in the dining room area. All preparation was done in the kitchen area and brought into Zac in the dining room. Chelsea placed the items onto the lap tray such as the bread, butter in a large original container and placed the ham on to the side of the large plate. Chelsea reported that it appears easier for Zac to use a large plate to butter the bread. Chelsea gave some encouragement to butter the bread on the plate by holding the butter container for him.. Zac picked up the ham using his little finger and thumb (pincer movements) and placed the ham onto the buttered bread, this was done with some guidance and very little minimal support. Zac was able to use an adapted handled knife to cut the sandwich into 2 pieces independently. When completed Chelsea asked if she place his sandwich in the fridge for later. Zac said yes and appeared ok in mood but was eager to back to watching Mr Tumble on the TV.

Discussion with Chelsea regarding one of the goals on the OT report by Ruth Morgan was for Zak which would be assessing the community in his new whelchair when it gets it delivered by ALAS. Chelsea reports that she is familair to the local area and stated that the local transport routes such as the trains would be accessible for Zak and this is something that staff can trial with him when the wheelchair comes. Chelsea did state that the bus route may be a bit more trickier to access. I stated that maybe sticking to accessing the train as this is something that Zak particularly enjoys. I stated that i would provide information regarding local areas of interest for Zak to Chelsea as part of my recomendations in my summary discharge report.

Created By	Angela Winter
Created By (Job Title)	Ot Tech
Activity Owner	Angela Winter
Activity Key Team	ABUHB - LD CLDT Monmouth
Referral Number	CAS-1274656-N8Q0Q6
Referral Key Worker	ABUHB - LD CLDT Monmouth
Referral Key Team	ABUHB - LD CLDT Monmouth

Date	06-Dec-2023 14:30	Case Note
Regarding	Zak Sheers	
Subject	Carried out observation of sandwich Making (!/2)	

Carried out visit to meet with and Zak and Chelsea (support staff) at 2:30pm. The purpose of the is to carry out an observation of Zak in dining room making himself a sandwich. Sophie (Staff member) reported that Chelsea was currently out with

Case Notes Summary

Date Of Summary	26/1/2024

Person Name	Person Id	NHS Number	Connection
[redacted]	[redacted]	[redacted]	

Date	17-Jan-2024 14:00	Case Note
Regarding	[redacted]	
Subject	Carried out visit to home to measure for standard replacement wheelchair.	

Carried out visit at home to measure for a standard replacement wheelchair for [redacted] Met with [redacted] (key worker) and took measurements from his powered wheelchair which he appears to enjoy and fits comfortably in. I felt it wasnt appropriate to take wheelchair measurement from [redacted] today as [redacted] reported that [redacted] was off baseline and had displayed behaiours that challenge requiring PRN, [redacted] feels that this was triggered by wanting to use the wheelchair to use when mums visits that afternoon.

I took measurements and will complete Wheelchair referral next week to send to ALAS. [redacted] reported mum was happy with the referral for replacement standard wheelchair.

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Activity Key Team	ABUHB - LD CLDT Monmouth
Referral Number	[redacted]
Referral Key Worker	ABUHB - LD CLDT Monmouth
Referral Key Team	ABUHB - LD CLDT Monmouth

Date	03-Jan-2024 15:30	Case Note
Regarding	[redacted]	
Subject	Carried out visit at [redacted] and met with [redacted] key worker	

Carried out visit at [redacted] and met with [redacted] (Key worker) and went through the discharge summary report with her and made some amendments. Discussed with [redacted] regarding a referral for a static wheelchair to ALAS. [redacted] agreed that the referral to ALAS may be appropriate and will speak to [redacted] mum regarding this. I did state to chelsea to let his mum know that the wheelchair from ALAS will be heavier as the purchased chair is very light.
I have arranged with [redacted] to visit again on the 17th January at 2pm to measure for a wheelchair if required and provide a copy of the discharge summary report to [redacted].

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Activity Key Team	ABUHB - LD CLDT Monmouth
Referral Number	[redacted]

[redacted] stated that the sandwich making is going well however this has only been done on two occasions since my last visit. [redacted] also reported that [redacted] is progressing with his physiotherapy and attempted to do (3 step) mobile stairs.

Provisonally and confirmed visit for next wednesday 6th at 2:30pm to practice sandwich making for [redacted]

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Referral Number	[redacted]
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another service user and that [redacted] would be supporting [redacted] today with his sandwich making. He was sat in his own comfy chair with lap tray on top. [redacted] placed [redacted] nearer to the table in his chair. All preparation was done in the kitchen area and brought into [redacted] in the dining room. [redacted] placed the items onto the lap tray such as the bread, butter bowl with butter and ham was on a small plate. The butter board wasn't used today as in previous practice. [redacted] reported that it appears for [redacted] to use a large plate to butter the bread. [redacted] gave some encouragement to butter the bread on the plate. [redacted] picked up the ham using his little finger and thumb (pincer movements) and placed the ham onto the buttered bread, this was done with some guidance and very little minimal support. [redacted] was able to use an adapted handled knife to cut the sandwich into 2 pieces independently. When completed [redacted] asked if she place his sandwich in the fridge for later. [redacted] said yes and appeared happy in mood throughout the session. I said my goodbyes to [redacted] and arranged with [redacted] to contact [redacted] and arrange another visit to observe sandwich making.

Created By	Angela Winter
Created By (Job Title)	Ot Tech
Activity Owner	Angela Winter
Activity Key Team	ABUHB - LD CLDT Monmouth
Referral Number	[redacted]
Referral Key Worker	ABUHB - LD CLDT Monmouth
Referral Key Team	ABUHB - LD CLDT Monmouth

Date	29-Nov-2023 13:00	Case Note
Regarding	[redacted]	
Subject	Carried out visit at [redacted] to meet with [redacted] and [redacted] for Sandwich Making	

Carried out visit at [redacted] at 1pm to meet with [redacted] and [redacted] for Sandwich Making. when i arrived [redacted] was eating his lunch and chelsea reported that they had a late lunch today. I asked whether it was an appropriate time to make a sandwich and [redacted] stated that [redacted] was very unsettled today and quite agitated in mood so prehaps not. [redacted] went on to say that [redacted] may have overheard a conversation/chat about wheelchair and appeared focused on wheelchairs. As this is not an appropriate time to complete the sandwich making we had a discussion in the office and reviewed sandwich making, powered wheelchair from ALAS.

I stated that unfortunately there was no timescale for wheelchair as they are watting for chair and parts to come in, this will then be actioned by ALAS. we also discussed that as the wheelchaair is not dual and will be attendant controlled OTTI will look at local areas of interest for [redacted] to explore. [redacted] reports that the home is hopefully looking to purchase a van/vehicle in January 2024 for Service users to access the community.

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Mental Health and Learning Disabilities Directorate

Occupational Therapy

Summary of Observations of [redacted] at [redacted] Day service

I have been asked by [redacted] Occupational Therapist to complete observations at day service to gather information regarding [redacted] behaviours of concern. I have arranged and completed two observations at various times to see and observe [redacted] and his behaviour of concern that he may display. I have also contacted the family (Mum and Sister [redacted]) and plan to feedback the information provided to the Occupational Therapist.

1st Observation- 4th February 2022

Met with [redacted] Day service manager regarding [redacted] and his Behaviours of concern. [redacted] is reported to be unsteady on his feet and this could be due to a possible seizure. He was observed to be tentative on his left foot when he transferred from chair to another chair. [redacted] does not like the cold. [redacted] always has 1-1 support. PBS Completed in 2019. [redacted] is on a toileting programme, every 30 Minutes. Has been incontinent of urine and faeces, is wearing pads today as he has soiled himself. [redacted] wears pads when at home. I observed [redacted] in a wheelchair with his 1-1, and I observed him in the large room for a disco, Music was loud and there were several members of staff and service users in the room. He appeared to really enjoy the disco and he was smiling and laughing throughout my observation. He was observed to be tapping a stick with a small soft mop head and tapping the side of the wheelchair in tune with the music.

2nd Observation – 4th March 2022

Met with [redacted] (Day service Manager) at day service, [redacted] reports to come to centre between 10-11:00am. Observed [redacted] come to day service in his wheelchair with his mum. [redacted] Support worker (1-1) [redacted] at day service, met with mum and [redacted] at the front door (I also introduced myself to Mum). When [redacted] had taken [redacted] down to the main room. Observed [redacted] transfer into a chair at the table with other service users and two members of staff. [redacted] appeared engaged within the activity, colouring alongside staff and service users.

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Feedback received from staff at [redacted] Day services following my visit.

It was reported from day service staff that on the day of my 2nd observation at sense it was felt that [redacted] appeared to have had had a bad morning from the start, handover from mum was that he was not happy today and that mum and dad were going away, and his sister would be picking him up. The Support Worker [redacted] also said that [redacted] was very compliant whilst you were there, and he was engaged and willing to work. However, as soon as you left, he started displaying behaviours – this is very common for [redacted], he does like to draw the attention of strangers. Also, the fact that mam and dad were going away could have been a factor as mum said this in front of him during handover.

Information gathered from family and day service staff members:

Type of behaviours of concern displayed:	These are reported to be Low intervention i.e. thumb in eye, bite hand and will often throw things around him. Hits out at staff and other service users. Pushing things away that are nearby.
Self-harm	Biting hand, very angry, punching legs and chest when excited (can cause bruising), Prodding of eye.
Physical	Grabbing, scramming, headbutting, hitting out, hair pulling, biting and Targeting others until getting attention.
Property damage	Tipping tables over, tipping chairs over, biting car door, biting and ripping of clothes and throwing objects
Sensory	Ripping/shredding pad, smearing faeces, prodding eye. Punching & tapping legs and chest, if getting a reaction from someone, will target that person or if caused bruising/cut to a person in an area will target that area again and again. Refusal, refuse to move, Will cuddle into you possibly try and bite. Ask for a kiss and try and headbutt. Ask for a handshake or your hand and scram the palm of hand.

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1. What is the Frequency of the behaviours?	These are reported to be Low level every hour of every day. Can be everyday but numerous times a day. Will display more if bored.
2. What is the intensity of the behaviours?	Moderate to severe, but will vary due to location etc
3. What are the known Triggers of behaviours of concern?	Waiting, Lack of attention, Tired, Pain, Needing a burp if stuck, Indigestion, Excited and Certain parts of personal care.
4. Are there any new behaviours being displayed?	No

In Summary:

OTTI has completed two observations of [redacted] Day service, also gathered information form [redacted] Information was also gathered from [redacted] regarding [redacted] and behaviours of concern that he displays. Information gathered will be fed-back to Occupational Therapist [redacted].

Angela Winter OT Technician,

Caerphilly Community Learning Disability Team. Tel no: (01495) 235532

Date: [redacted]

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Aneurin Bevan Health Board

Learning Disabilities Directorate

Occupational Therapy Service

My Active Support Plan: -Sensory stories

Regarding: [redacted]

Goal:	To introduce sensory stories as part as a meaningful activity. For my support staff to follow a consistent and predictable approach when facilitating my sensory stories.
How many times:	Monday morning
When:	10:00am
Where:	In my room at home
Duration:	Approximately 5-10 Minutes?
Who will support:	Support staff at Newport House Occupational Therapy Technician
Supporting me:	• It is important that when you support me you familiarise yourself with the active support guidelines. • This will ensure that whoever supports me to follow a consistent and predictable approach. • This will help [redacted] to become familiar with this activity and understand what is happening and if everyone supports me differently, I will find it difficult to understand what is happening and what is expected of me and you.
What equipment will I need:	• Sensory story • Box- with includes props for the sensory story • Props for sensory story
Setting up:	• Staff to prepare my sensory story ready for me. • The OTTI/ support staff will bring the story and props and read them to [redacted]. • Staff to ensure that the sensory story and the props are all together in the box.
Introducing the activity:	• The story and sensory box to be brought out and shown to [redacted] • Ask me "would [redacted] like to hear a story."

	• The sensory story should be carried out whilst [redacted] is sat on my comfortable wheelchair in my room or alternatively in the lounge area if it is quiet. • Please introduce the story in a calm and slow-paced manner. Allow time for [redacted] to listen to the story and the sound effects. • Please offer [redacted] stories with sounds effects
Aims/why:	• For my support staff to follow a consistent and predictable approach when facilitating the sensory story. • To allow [redacted] opportunities to trial out activity and maintain some independence/ control over the things I want to do.
Review and evaluation:	• Once a week. Progress meeting with Occupational therapist/Occupational therapy Technician and key worker. • Direct Observations and Positive Monitoring. • To ensure my active support plan is reviewed. This can adapted and reviewed at any time. • Advice and guidance will also be provided to support staff at the house

Date- [redacted]
Angela Winter – Occupational Therapy Technical Instructor

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DIVISION OF MENTAL HEALTH AND LEARNING DISABILITIES

OTTI Summary and Recommendations Report

Name- Paula Watkins
Address- 95 Brecon Road, Abergavenny NP7 7RE
Date of Birth- 08/10/1969
Telephone Number 01873 851366

Background Information: Paula is a 51 year old lady with a Learning Disability and Down syndrome who lives with her support staff in a supported living accommodation. Paula lives with 3 other ladies in the home and accesses the community every Monday with her 1-1 support staff. Paula is on memory care pathway and has a diagnosis of Dementia.

Reason for Referral: OT Technician (OTTI) has been asked by Occupational Therapist Ruth Morgan OT to complete 3 observations of Paula in her group home. The purpose of the observations is to address the issues staff have reported, i.e. staff have reported that Paula is colouring over and over and is becoming distressed when having her hair washed.

Summary and outcome from the Observations: OTTI have completed 3 observations at the property and Met with Paula and Paula's support staff Kayleigh and Georgina. On all the visits Paula was always observed to be sat in a riser recliner armchair in the lounge area colouring and watching TV. Paula has been reported to have had several falls (within several weeks) and her mobility has appeared to decline during this time. Although observations were made of her tentatively furniture walking independently from lounge to her bedroom/ toilet. Throughout the observations information was gathered from staff and Paula regarding current issues that Paula that she has been currently experiencing, such as…

- Colouring over and over on colouring pad Paula uses gel type coloured pens and appears to colour over and over in a small notepad type colouring book. She has a variety of small colouring books and various colouring pens which she keeps nearby in a little bag.
- Hair-washing Paula does not like having her hair washed and wears a shower cap throughout, she will often shout out when in the shower and appears to be extremely anxious. However, Paula does likes to go to the hairdressers once a week to have her hair done and will tolerate having her hair washed and having hairspray put on.

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- Kitchen step-Staff also report that [redacted] is struggling to get into the kitchen area using the step and due to the recent falls have been taking [redacted] into the kitchen area using a wheelchair. [redacted] appears nervous around the step of the kitchen and will always ask to go into the chair. OTTI and Kayleigh trialled a small temporary step to lead into the kitchen area, [redacted] was able to get up on to the step and into the kitchen using left hand vertical rail. However, was unable to come down using the step. [redacted] came back down into the corridor using a wheelchair through kitchen, past conservatory and back in the hallway. So therefore a temporary step would be unsuitable for [redacted] at this time.
- Snack-box-staff report that [redacted] has been trying to access the kitchen area at night and throughout for her snacks. Staff now provide [redacted] with a small box which contains her snacks in so that the risk of accessing the kitchen at night is minimised. However, there has been occasions as the box is blue and dark and [redacted] often thinks this is empty and will attempt to access the kitchen to look for her snacks.
- Environmental- toilet and door thresholds are covered with red tape to indicate changes in floor and room, however, these do appear worn and not always visible.
- Night-time routine [redacted] is reported to access the toilet frequently which is opposite to her room independently at night and through the night. Discussed the use of a commode for a temporary basis by the bed to minimise visits in the toilet throughout the night. However, a commode by the bed may also be a hindrance if [redacted] is not used to the commode by the bed. OTTI has tried to order a static commode however, due to stock levels at TCES there is none available currently.

Summary and Recommendations:

In summary OTTI has completed 3 observations at [redacted]'s home and have made some recommendations for staff to try regarding the particular issues that [redacted]'s staff team were reporting.

- Colouring over and over on colouring pad- Staff to offer [redacted] a variety of larger colouring pads or alternative pads or alternative pens, pencils, crayons. Staff to remove the used pages and encourage [redacted] to start a new page or book of her choice. Trial Spirograph or other creative activities that provide [redacted] with repetitive pressure.
- Hair-washing – Staff to trial using dry shampoo with [redacted] in between the hairdresser's appointments as an easy solution. Hairspray is normally tolerated so trialling dry shampoo hopefully will be an easy transition. [redacted] is to continue to go to the hairdressers on a weekly basis. Staff to make showering / bathing a pleasurable experience and provide a variety of colourful or scented hair products that [redacted] may like.

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Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

- Kitchen step- OTTI to make referral to COT to consider options regarding adaptations for [redacted] to access the kitchen area as she is struggling with the step.
- Snack-box-change the colour inside the snack box to have contrasting colours so [redacted] is able to see the snack inside the box.
- Environmental- Staff to replace any worn red tape on door thresholds to highlight and indicate changes in the floor and room.
- Night-time Routine-staff to look at purchasing a sensor so staff are aware when [redacted] is getting in and out of bed. Staff to consider purchasing a Mangar Elk (a self -inflating devise to enable a person to get up from the floor). OTTI unable to order commode from TCES so advised staff to consider purchasing/loaning a commode for [redacted] to use at night to possibly minimise risk of falls at night-time.
- Dementia Information- provide staff with dementia carer pack for staff to refer to.

Date- 19th October 2021
Angela Winter- Occupational Therapy Technician
Monmouthshire Community Learning Disabilities Team
(01873) 735412

Caerphilly County Borough Council Adult Social Services (ASDIT) Referral Form

PART 1 - BASIC PERSONAL INFORMATION

First name:	Dean	**Title:**	**Mrs** **Other** _ _ _ _ _ _ _ _
Middle Name/s:			
Surname:	Rogers		
Address including Post Code	6, Cwrt Coch, Aberbargoed, Caerphilly CF81 9FA		
Telephone Nos.: Home/Mobile	Landline Number: 01443 838576		
D.O.B.:	04/11/1971	**Gender:**	Male
Ethnicity:	British	**Religion:**	Unknown
Pref Language:			
Marital Status:	Single	**Preferred Method of Communication:**	
Hearing Impairment:	**Yes** ☐ **No x** ☐	**Visual Impairment:**	**Yes** ☐ **No x** ☐
Advocate Required:	**Yes** ☐ **No x** ☐	**Interpreter Required:**	**Yes** ☐ **No x** ☐
GP Name and Surgery: Tel:	Bryntirion Surgery, West Street, Mid Glamorgan CF81 8SA Telephone No: 01443 830796		
Next of kin:	Please contact Deans Mum and Dad on same number provided.	**D.O.B.**	
Address	Same as above		
Tel Nos Home/Mobile.:	Same as above		

Is the next of kin:

Main Carer - **Yes x** ☐ **No** ☐ **(If not please provide details below)**

Emergency Contact - **Yes x** ☐ **No** ☐ **(If not please provide details below)**

Key Holder - **Yes x** ☐ **No** ☐ **(If not please provide details below)**

Details:

Caerphilly County Borough Council Adult Social Services (ASDIT) Referral Form

PART 2 – REFERRAL DETAILS

Has the person consent to this referral? Yes ☐ No X ☐
If no, why not? : The referral has been made in his best interests.
Referral Details: Please include as much information as possible. Consider:

Q1 - What are the presenting problems? (What does the person need help with)	Q1. Dean has been referred to CLDT OT by his community nurse for short term aids, ie- chair raisers. Following a home visit to assess appropriate raisers, Deans mum reports that there were some issues with the wet room, ie- wear and tear and potentially an unsafe dropdown shower chair. Therefore, I have requested an OT assessment by the COT to establish to identify issues/ adaptations and possible reassessment of his needs.
Q2 - How significant is the problem? (What impact is it having)	Q2. Dean mum reports that Dean could potentially injure himself when using the drop-down shower stool.
Q3 - How long has the person experienced the problem/s?	Q3. Dean has previously had adaptations in the property to convert the downstairs bathroom into a wet room. However, this was reported to be approximately 20 years ago and since then there appears to be some wear and tear in the wet room, especially in the flooring and that the drop-down shower stool drops down too quick and could potentially cause harm to Dean.
Q4 - What solutions have been identified?	Q4. OTTI within the CLDT has ordered chair raisers to allow Dean to transfer in and out of his armchair Independently. Within the wet room, shower chair appears to need replacing. Family reports that he always requires supervision when showering and dressing.
Q5 - Does the person have other needs or problems? (Existing support or help)	Q5. Dean lives with his mother and father who are his main carers. He requires 24 hours supervision and requires support with all ADLs.
Q6 - Has the person experienced any recent life events? (Decline in health, hospital admission, bereavements etc.)	Q6. Dean has a severe Learning Disability and Epilepsy
Q7 - What is the perception of carer/family members?	Q7. Deans requires support from the COT for an assessment of the downstairs bathroom/wet room adaptation,

PART 3 – REFERRER DETAILS

Caerphilly County Borough Council Adult Social Services (ASDIT) Referral Form	
Date Enquiry Made	26th October 2022
Name of the Person making referral:	Angela Winter Occupational Therapy Technician
Organisational Role/Job Title	Caerphilly Community Learning Disability Team ABUHB
Telephone Number Fax. Number/Email Address	01495 235532

PART4 – SEND TO: - ASDIT, Unit 3, Foxes Lane, Oakdale, Blackwood, Gwent NP12 4AB
FAX NUMBER – 01443 873627
EMAIL – ASDIT@Caerphilly.gov.uk
SECURE EMAIL – ASDIT@Caerphilly.GCSX.gov.uk

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CAERPHILLY COUNTY BOROUGH COUNCIL
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Mental Health and Learning Disabilities Directorate

Occupational Therapy

Regarding- [redacted]

The Occupational Therapy Technician (OTTI) completed some work in June 2021 i.e. setting up a visual schedule for his [redacted] go in his bedroom with his staff team. OTTI was also asked to look at increasing [redacted] in-house and community access activities. OTTI also provided recording forms for staff to record and document daily activities with Darren and has been reviewed in June 2021. OTTI felt that at the time the home had various activities and resources to offer [redacted] to occupy his day.

Previous Daily Activities Schedule in June 2021

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Help with Laundry /cook breakfast	Drive through coffee takeaway	Go for a drive around countryside	Local walk (cycle path, Bailey Park etc.)	Garden-ing, weed-ing water flowers	In house Yam Jams musical session	Local walk (Cycle path, Bailey Park, etc.)
After-noon	Go for a Drive around the countrysid e	In house yam jams musical session	Multi-sport/ Botcha	Arts and Craft- Painting, drawing, making a card for parents.	McDonald s drive through	Prepare and cook dinner	Help cook Roast dinner/ visit to parents
Evening	Relax in house	Arts and Craft session	Foot spa and pamper session	Games Night and relax in house	Relax in House	Movie Night, takeaway	Relax in house

Update Review Report June 2022

Occupational Therapy Technician has been asked to review this again due to recent staff changes and the aftereffects of the COVID Epidemic. This has appeared to have changed [redacted] daily in-house and community access activities. OTTI have reviewed the activities with staff members and [redacted] Deputy House Manager in June 2022 who reports

that [redacted] Daily visual schedule is ongoing, and staff encourage [redacted] to use this daily consistently. However, since that conversation there has been another change of staff team and a new deputy manager ([redacted]). When OTTI reviewed the daily activities there does appear to be some changes in his daily routine. OTTI also carried out jointly with OT (Occupational Therapy) student [redacted] to implement and set up a weekly smoothie making activity session supported by staff with the use of switching. [redacted] is also encouraged to use a wheelchair armrest mount on the wheelchair to encourage range of movement in his left hand. When discussing with staff it was unclear if this activity was being carried out consistently.

Below is [redacted] Current Daily Activities Schedule June 2022

	Monday	Tuesday	Wednes-day	Thursday	Friday	Saturday	Sunday
Morning	Attends Day service (9:30-3:30pm)	Attends Yam Jams	Personal shop at midday	Dance Blast (10:30-12:30pm)	Out with staff for a walk	Hydro In Usk (12:15-1:15pm)	Home visit to see mum and dad
After-noon	Day Service	Lunch out in the pub	Drive and coffee out	Lunch and stretch	Arts and Craft	Stretch	(11:15-630pm)
Evening	Relaxation	Relaxation	In house Activities	Cleans his bedroom	In house Activities	In house Activities	Relaxation

Listed below are just a few examples of activities that could be trialled with [redacted] such as:

Activities list:

1.	Sensory Box (make a box and fill it with all your favourite things).
2.	Body Awareness Activities- (such as, hand shoulder knees and toes).
3.	Baking (Making bread, cakes and biscuits) or sensory Cooking
4.	Water-play –using water toys and using water in play
5.	Large ball games (skittles, bowls and catch)
6.	Smoothie Making (Healthier choices to be offered and made)
7.	Musical Instruments – (singalong using instruments)
8.	Wheelchair Exercises- (sitting down exercises such as Yoga, tai chi,)
9.	Relaxation session such as relaxation Massage or Mindfulness
10	Indoor Gardening – (plant seedling in small pots and watch them grow)
11	Singalong- sing all your favourite songs.
12	Sensory play (using sandpit, Playdough, Plasticine)

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13	Large card games- (Snap, Matching pairs) or sensory stories
14	Sensory session in sensory room.
15	Switching- Using switch for cause-and-effect activities, music, cooking

Review and Summary of activities

OTTI has reviewed [redacted]'s current daily activities in-house and community access with a variety of staff members and [redacted] (New House Manager). Support staff report that the Visual schedule is still being used and this is being done consistently with [redacted] by all members of staff. [redacted] appears to have a regular schedule for community access activities.

Unfortunately, it appears that [redacted]'s weekly smoothie making is not being consistently carried out. [redacted] has now restarted this activity and staff have been carrying out this on a daily basis with [redacted] which he appears to enjoy. I stated that this activity should be carried out once or twice a week to ensure [redacted] is not bored and to provide routine and structure into his week. OTTI provided information regarding switching equipment to replace the equipment on loan from Occupational Therapy.

[redacted] reported that she was looking into a 2nd day at Day Service [redacted] really enjoys it (possibly a Wednesday). [redacted] is also looking into [redacted] accessing the sensory room for sensory sessions OTTI provided [redacted] with information regarding sensory input.

Discussion with [redacted] regarding Daily recording of activity in daily notes to incorporate activity. It was felt that this was working well in the daily notes and declined any offer of any other activity recording forms.

OTTI has also provided further activities list of a variety in-house activities (see above) which could be explored more to offer [redacted] a variety of activities to keep him engaged on a daily basis.

As there is no further OTTI intervention I will be discharging [redacted] from my OTTI caseload, however, if [redacted] requires further Occupational Therapy, please contact the Monmouthshire CLDT on [redacted].

Angela Winter- OT Technician

Monmouthshire Learning Disabilities Team, Telephone no: [redacted]

Date- 30th July 2022

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d. Log of practice and how it informs practice- Identifying Risks

Angela shows an awareness of risks during her practice in the community learning disability team and is able to document and escalate these appropriately. One example of this would be when Angela has highlighted the risks of visiting a particular individual as a lone worker. She was able to appropriately identify and document the risks following a review of the individuals case notes and highlight to her supervisor that joint visits would be required for this individual due to the risks of violence and aggression and risks of allegation.

Angela has also supported the completion of a health and safety risk assessment for running therapeutic groups in the community. She has identified potential hazards, including disabled access, need for confidentiality, information governance and management of violence and aggression and suggested appropriate additional control measures. Angela is now part of a working group planning a future community-based group and this risk assessment will inform a standard operating procedure for learning disability community groups.

Melanie Vale

Professional Lead for Occupational Therapy for Learning Disability Service.

12th February 2024

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Case Notes Summary

Date Of Summary	26/1/2024

Person Name	Person Id	NHS Number	Connection
Reinhard Mohr	[redacted]	[redacted]	

Date	12-Jan-2024 11:30	Case Note
Regarding	[redacted]	
Subject	Home visit to complete DTA group Feedback form with [redacted]	

Visit arranged this morning at 11:30am to gather feedback from [redacted] following the Discovery Through Activity group run before christmas. I only knew [redacted] from the group and hadn't visited his supported home before, so made some checks on WCCIS regarding potential risks to me. I checked if there was a WARRN in place and checked with my Team Lead it was safe to visit which it was.

I visited the home 11:30am and was advised from staff team at the home front door, that other servcie users in the home and [redacted] were unwell and asked if we could rearrange the visit. I arranged to contact [redacted] key worker [redacted] the following week to obtain feedback.

Created By	Angela Winter
Created By (Job Title)	Ot Tech
Activity Owner	Angela Winter
Activity Key Team	ABUHB - LD CLDT Caerphilly
Referral Number	
Referral Key Worker	
Referral Key Team	

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TIME AND WORKLOAD MANAGEMENT: Angela Winter

Date: 29.01.24

Mentor: Sandra Napper (Prof. Lead LDOT)

Angela works across two teams and with three qualified OTs and is making good progress with TAP coursework. This requires good time management and organisational skills.

Angela attends all planned meetings in a timely manner, will give her apologies if she cannot make a planned appointment and if issues arise that cause her to be late, Angela will call or message to let facilitators know.

I have worked directly with Angela and have had feedback from supervisors and her team lead who report positively on her work ethic, time management and organisation.

An example of time management and organisation follows.

Two weeks ago, Angela sent a TEAMS invite to meet with me to go through the signing off process and plan how we could do this (we work at different bases). Angela shared the Demonstrating Practice log book and Level 4 Assessment Specification, to ensure I had had sight of these. She had collated her documents for evidence. From this meeting we planned a face to face to go through the collated documents in preparation to sign off.

Today Angela attended the face-to-face meeting with me (as scheduled) to look at evidence for her portfolio and commence signing the evidence log off. She came prepared with all necessary documents and additional documents to ensure she had sufficient examples. Her work was well organised and she had plans to link up with team administrator for some guidance on collating all evidence in to one document, she was unsure of how to do this and it is a condition of the assessment process.

Another example of organisation is how she recognised the need to contact course leaders around IT issues and her presentation assessment. Angela made time to log on to google classroom to prepare for upcoming essential skills course work and familiarise herself with the site. Angela (and others) had difficulties accessing the sight. Angel immediately emailed 2 course leaders, reporting the IT issues to source a solution. Angela is not on the agenda to present her service development project and has emailed course leaders in a timely manner to ensure they are aware and give them time to correct this.

Sandra Napper (Professional Lead LD OT, and mentor)

Compliance and Competency

Employee Name **Winter, Mrs. Angela**

Employee Number **10622188**

Compliance | All Competencies | Awaiting Approval

TIP To view compliance for any additional assignments, select assignment from drop down and press Go

10622188 - Acs Band 4 Ld Caerphilly Cldt Compliance Percentage **100.0%**

☐ Required Competencies Only

TIP To view required competencies only, tick the checkbox and press Go

Details	Competency Name	Competence Level	Min Req	Essential	Expiry Date	Compliance Status	Find Learning	Edit
	040|LOCAL|All Wales COVID-19 Workforce Risk Assessment - No Renewal|	1 - Low Risk			No Expiry			
	040|LOCAL|Healthcare Support Workers Framework - Level 3|	2 - Framework Met			No Expiry			
	NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	1 - Assessed	1 - Assessed	Y	12-Jun-2026			
	NHS|CSTF|Fire Safety - 2 Years|	1 - Assessed	1 - Assessed	Y	11-Jun-2025			
	NHS|CSTF|Health, Safety and Welfare - 3 Years|	1 - Assessed	1 - Assessed	Y	12-Jun-2026			
	NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	12-Jun-2026			
	NHS|CSTF|Information Governance (Wales) - 2 Years|	1 - Assessed	1 - Assessed	Y	11-Jun-2025			
	NHS|CSTF|Moving and Handling - Level 1 - 2 Years|	1 - Assessed	1 - Assessed	Y	20-Apr-2024			
	NHS|CSTF|Moving and Handling - Level 1 - No Specified Renewal|	1 - Assessed			No Expiry			
	NHS|CSTF|Resuscitation - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	11-Jun-2026			
	NHS|CSTF|Resuscitation - Level 1 - No Specified Renewal|	1 - Assessed			No Expiry			
	NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	02-Jul-2026			
	NHS|CSTF|Safeguarding Adults - Level 2 - 3 Years|	1 - Assessed			30-Dec-2024			

	NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	20-Jul-2026			
	NHS|CSTF|Safeguarding Children - Level 2 - 3 Years|	1 - Assessed			20-Jul-2026			
	NHS|CSTF|Violence and Aggression (Wales) - Module A - No Specified Renewal|	1 - Assessed	1 - Assessed	Y	No Expiry			
	NHS|CSTF|Violence and Aggression (Wales) - Module B - 3 Years|	1 - Assessed	1 - Assessed	Y	11-Jun-2026			
	NHS|KSF|Assessment and care planning to meet Health and Wellbeing needs HWB2|Health and Wellbeing	1 - Level 1			No Expiry			
	NHS|KSF|Communication C1|Core	3 - Level 3			No Expiry			
	NHS|KSF|Enablement to address Health and Wellbeing needs HWB4|Health and Wellbeing	2 - Level 2			No Expiry			
	NHS|KSF|Equality and Diversity C6|Core	2 - Level 2			No Expiry			
	NHS|KSF|Health, Safety and Security C3|Core	2 - Level 2			No Expiry			
	NHS|KSF|Information Collection and Analysis IK2|Information and Knowledge	2 - Level 2			No Expiry			
	NHS|KSF|Information Processing IK1|Information and Knowledge	2 - Level 2			No Expiry			
	NHS|KSF|Interventions and Treatments HWB7|Health and Wellbeing	2 - Level 2			No Expiry			
	NHS|KSF|Knowledge and Information Resources IK3|Information and Knowledge	2 - Level 2			No Expiry			
	NHS|KSF|Personal and People Development C2|Core	2 - Level 2			No Expiry			
	NHS|KSF|Promotion of Health and Wellbeing and Prevention of adverse effects on Health and Wellbeing HWB1|Health and Wellbeing	2 - Level 2			No Expiry			
	NHS|KSF|Protection of Health and Wellbeing HWB3|Health and Wellbeing	0 - Undefined			No Expiry			
	NHS|KSF|Quality C5|Core	3 - Level 3			No Expiry			
	NHS|KSF|Service Improvement C4|Core	2 - Level 2			No Expiry			
	NHS|LANG|Listening/Speaking Welsh|	0 - No Skills / Dim Sgiliau	0 - No Skills / Dim Sgiliau	Y	No Expiry			
	NHS|LANG|Reading Welsh|	0 - No Skills / Dim Sgiliau	0 - No Skills / Dim Sgiliau	Y	No Expiry			

	NHS|LANG|Welsh Language Awareness - 3 Years|	1 - Assessed	1 - Assessed	Y	02-Jul-2026			
	NHS|LANG|Writing Welsh|	0 - No Skills / Dim Sgiliau	0 - No Skills / Dim Sgiliau	Y	No Expiry			
	NHS|MAND|Dementia Awareness - No Renewal|			Y	No Expiry			
	NHS|MAND|Moving and Handling - 2 Years|			Y	20-Apr-2024			
	NHS|MAND|NHS Wales - Managing Attendance at Work - No Specified Renewal|				No Expiry			
	NHS|MAND|Paul Ridd Learning Disability Awareness Training - No Specified Renewal|			Y	No Expiry			
	NHS|MAND|Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years|			Y	11-Jun-2026			

Show Key

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Other Practical Skills (Inc those specific to area)	Discussed	Demonstrated	Practised
Wendylettes -			
etac sheets -			

Record of Equipment used.	Company	Product Name/type
Passive Hoist	Oxford ARJO	Pressence 227 Maxi-Move - Mainly used in Hospital
Sling type/s	Oxford	Comfort Disposable (Loop, Clip)
Active hoist	ARJO	SARA Plus SARA 3000 SARA Encore
Stand-aid	ARJO Ro-Medic	Stedy Re-Turn
Profiling bed	ARJO Minuet	Enterprise 5000/Contura Community Bed
Flat slide sheets	Cromptons Red Single use.	Red, Single use, Patient specific
Other Slide Sheets		
Transfer boards	Daniel Banana	PAT Slide Banana Board

Notes
Ready, Steady, Slide. Patient Anabled Transfer.

All Wales NHS Manual Handling Training Passport & Information Scheme

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FOUNDATION MANUAL HANDLING TRAINING
Staff training record – Modules ABCDEF
Certificate of Completion

Staff Name	Angela Winter.
Job Title	OT Technician.
Ward/Department	Caerphilly, Monmouth CLDT
Managers Name	Lewis Jones.
Course Dates	5 + 6th February 2024
Staff Signature	A Winter

I confirm that I have received instruction in the topics as indicated in this training record. I have also been given the opportunity to discuss relevant issues and ask questions.

N.B. Any changes to this record with the intention to deceive will be considered as fraudulent

Manual Handling Advisor/Trainer Name	Caroline Sutton
Manual Handling Advisor/Trainer Signature	Sutton
Date of Completion	6/2/2024
Update due	FEB 2026

STAFF COURSE DETAILS

(Please ensure that you insert your initials in the boxes beside the completed topics and cross out any topic not completed or covered)

Module A –Manual Handling Theory	Discussed
Definition of manual handling. Legislation. Musculoskeletal disorders – causes, effects & prevention. Principles of safer handling. Ergonomics & Risk assessment. Communication. Team handling. Organisational policy, arrangements & personnel.	AW

Module B – Inanimate Load Handling			Discussed
Risk assessment (formal) – purpose, process & key factors to be considered. Principles of safer handling of inanimate loads including moving large/awkward loads & supporting loads. Basic safety checks of equipment. Application of ergonomic principles in the workplace. Posture in the workplace including whilst seated.			AW
Practical Skills	**Discussed**	**Demonstrated**	**Practised**
Pushing, pulling & turning	AW	AW	AW
Lifting/lowering an inanimate load from/to floor or low level	AW	AW	AW
• Golfers lift	AW	AW	AW
• Partial squat lift	AW	AW	AW
• Basic or deep squat lift	AW	AW	AW
• Tripod lift	AW	AW	—
• Power lift	AW	AW	AW
Carrying a load	AW	AW	AW
Other: Adjustment to office chair			

Handling of People	Discussed	Practised
Application of principles of safer handling to the moving & handling of people, including environmental & postural awareness.	AW	AW
Complete a moving & handling risk assessment & handling plan relevant to modules undertaken (subject to responsibility in the work area).	AW	—

Module C – Sitting, Standing and Walking			Discussed
Standing, walking, sitting & repositioning in a chair including verbal prompting. Unsafe practices. Environmental & safety issues e.g. sufficient space, floor surface etc. Assessing a person's functional ability. Principles of handling of people. Factors such as appropriate size chair, footwear etc. Posture whilst assisting the person.			AW
Practical Skills	**Discussed**	**Demonstrated**	**Practised**
Move forward & back in a chair	AW	AW	AW
Stand to sit / sit to stand	AW	AW	AW
Assist sit to stand	AW	AW	AW
Walk	AW	AW	AW
Transfer from one surface to another without equipment (excluding walking stick or frame)	AW	AW	—
Optional: Seated transfer with / without equipment e.g. transfer board	AW	AW	AW
Standing transfer with equipment	—	—	—

Module D – Movement in Bed & Lateral Transfers			Discussed
Unassisted movement in bed including verbal prompting. Unsafe practices. Environmental & safety issues e.g. sufficient space, trailing cables etc. Assessing a person's functional ability. Posture whilst treating or examining a person in bed. Small assistive aids e.g. bed ladders, grab handles, leg raiser. Principles of using slide sheets. Principles of using full-length transfer board. Functions & safety aspects of bed frames, mattresses, trolleys etc.			AW
Practical Skills	**Discussed**	**Demonstrated**	**Practised**
Insert & remove slide sheets	AW	AW	AW
Slide a person up / down bed using slide sheets	AW	AW	AW
Rolling person on their side/90° turn with / without slide sheets	AW	AW	AW
Assist a person to get in & out of bed	AW	AW	AW
Lateral supine transfer	AW	AW	AW
Use of profiling beds (including assisting a person to sit up, lie down & stand)	AW	AW	AW
Optional: Getting a person into bed with slide sheets	AW	AW	AW
Other:	—	—	—

Module E – Falling / Fallen Person			Discussed
Prevention of falls & management of the fallen person. Posture whilst assessing & assisting the person. DVD instruction / pictorial guidance on management of the falling person. Unsafe practices. Environmental & safety issues e.g. sufficient space, floor surface, floor surface, walking aids, eyesight, etc. Resuscitation Council Guidelines – Safer Handling during Resuscitation. ABUHB Post Fall Management Protocol.			AW
Practical Skills	**Discussed**	**Demonstrated**	**Practised**
Assisting fallen person to rise guided / with furniture	AW	AW	—
Optional: Moving person from a confined space	AW	AW	—
Moving a person chair to floor (collapse or falling out of chair)	AW	AW	—
Other specialist equipment:	—	—	—

Module F – Using Hoists and Slings			Discussed
Legislation & its application to patient hoists & accessories Principles of hoist use including selection, use of accessories & safety checks Principles of sling use including selection & safety checks Assessing functional ability & factors to consider when selecting appropriate hoist & sling Unsafe practices Environmental & safety issues e.g. sufficient space, floor surfaces, under bed/chair clearance, curtain rail height etc Posture whilst inserting/removing a sling & using hoisting equipment Documentation.			AW
Practical Skills	**Discussed**	**Demonstrated**	**Practised**
Fitting/removing sling with person - In Bed	AW	AW	AW
In chair	AW	AW	AW
On floor	AW	AW	AW
Hoisting a person between bed/chair - Passive hoist	AW	AW	AW
Active hoist	AW	AW	—
Hoisting a person from the floor	AW	AW	—

Dyfodol Clinigol Clinical Futures

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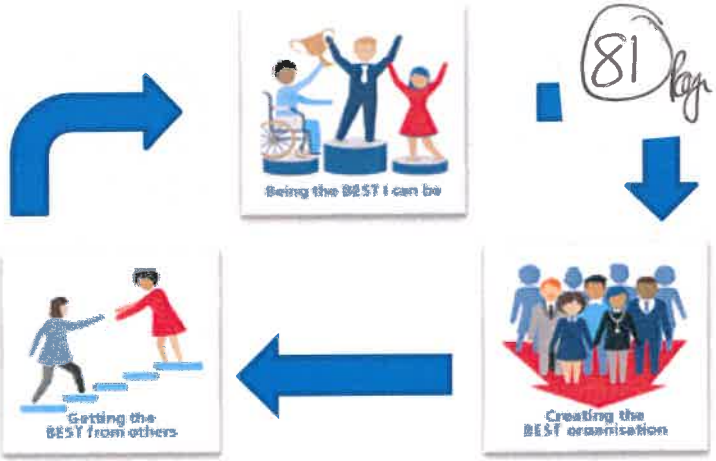

PERFORMANCE APPRAISAL & DEVELOPMENT REVIEW DOCUMENT

Prepare for a PADR conversation by:

- Reviewing the postholders Job Description and last PADR, with particular attention to the previous year's Objectives and Personal Development Plan
- Reflect on, & look for evidence & examples of issues that you want to discuss, and plan the discussions you want to have
  NB: Support & guidance documents are available for both Reviewee & Reviewer on the ABUHB intranet PADR Resource Page

You must:

- **Complete all sections of this form**
- **Record the date of this PADR on ESR**
  NB: If you need more space to write in any box you can add clear lines to increase size

SECTION 1: PADR DETAILS		
Reviewee Name: Angela Winter	**Job Title**: Occupational Therapy Technical Instructor	**Department**: Caerphilly CLDT

Reviewer Name	**Review Date:**	**Review Period**:
[redacted] and [redacted]	June [redacted]	From: June [redacted] To: June [redacted]

SECTION 2: ADDITIONAL INFORMATION

Is the Postholder a Clinical HCSW working directly with Patients: £ No £x Yes *(If Yes review HCSW Framework & training guidance)*
Does the Postholder hold a Professional Body Membership: **x** £ No £ Yes *(If Yes add details):*
What Code/s of Conduct are applicable to this postholder's role *(refer to the ABUHB Guide to Codes of Conduct if necessary & add details)*: *Royal College of OT and HCSW Code of conduct*
Confirm that this postholder understands & complies with their relevant Code/s of Conduct: **x** £ Yes £ No *Ticking Yes confirms that a meaningful discussion about the relevant Code of Conduct has taken place, to confirm understanding & discuss consistency of compliance* *If you tick No you must ensure inclusion of an appropriate objective or PDP entry to address any gaps*

SECONDARY EMPLOYMENT	
Is this the person's only job? x£ Yes £ No *(if No complete detailsg)*	Name of other employing organisation/s: Job Title/s: Working Hours: Confirm discussion regarding compliance with European Working Time Regulations: £ Yes £ No

DECLARATION OF INTEREST	
Do you have an interest outside of work that you are required to declare? £ Yes x £ No *(if Yes complete detailsg)*	Have you submitted a Declaration Form to the Board Secretary £ Yes x £ No *If Yes* - Date Declaration Form submitted: *If No – review the Health Board's Guidance & FAQ & take all necessary action*

NMC/GPHC REVALIDATION / HCPC PROFESSIONAL DECLARATION *(if not applicable move straight to section 3)*
Date of next Revalidation/HCPC Professional Declaration:
Confirm discussion regarding revalidation professional declaration held: £ Yes £ No *If No advise the date that this discussion will take place:*

SECTION 3: PERFORMANCE APPRAISAL DISCUSSION

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GUIDANCE NOTES:

- An effective PADR is an essential process. Meaningful PADR discussions ensure understanding of ABUHB strategic vision and operational priorities, and enables everyone to understand how their role contributes to organisational success.
- The PADR process reviews current performance, recognising what we are doing well and what we might need to improve.

SUMMARY OVERVIEW OF THE PAST YEAR

Successes - what have you enjoyed, what has made you proud?

- I Have enjoyed pieces of work with individual likes activity sessions, ie -visual schedules, promoting activities, Community access.
- I have enjoyed being part of a multi-disciplinary team and having a support network around me if required.
- Within the past year I have felt I have learnt new skills and built confidence in my role.
- PPE Champion – I have responsible for the stock-check and levels of PPE Equipment for myself and staff team.
- PPE Wellbeing role, facilitating in training to my colleagues within the ABUHB.
- WCCIS – Learning to use a new system
- Feedback from OT and Nurses regarding my work, ethic.
- Supportive with my staff members, adaptable with change and enjoys working collaboratively with my colleagues.

Challenges - what haven't you enjoyed, what has been frustrating?

- Technology issues relating to WCCIS
- OTTI work varies within the two teams and with the 3 OTs.
- Time constraints – two teams – management of calendar and outlook.
- Lack of joint working with the Occupational Therapists.

What work/service would you like to improve? What can you/your team/the organisation do to make this improvement?

- Time Management- use of calendar is essential to maintain my workload and work proforma focusses me on what work needs to be prioritised.
- Not to feel rush or pressured in work, try and be aware and have confidence of my own capabilities.

STRATEGIC DIRECTION

Discussion about how your role contributes to the ABUHB **Clinical Futures Strategy** and goals of the **Wellbeing of Future Generations Act**

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NEXT STEPS

Discussion about your career aspirations & ambitions:

- To reapply to the USW for inhouse Occupational Therapy Training Course. Previously unsuccessful.
- Increase my skills and knowledge within my role. (Work with other professionals and Services)

SECTION 4: WELLBEING

GUIDANCE NOTES:

Discuss 6-pillars of ABUHB Employee Experience Framework, work/life balance issues and any other relevant factors.

Ensure awareness of support services including Employee Well-Being Service, Occupational Health Department Equality & Diversity, etc

Employee Experience Pillars	Please tick which applies to you:
Work has Purpose I feel my work makes a difference to other people's lives. I have pride in what I do and have a sense of achievement. My work is meaningful and makes a difference to my colleagues, patients and community	○ None of the time ○ Rarely ○ Some of the time ○ Often ○ Always
Enough Control I feel that I have enough control over my work and my working life. I have autonomy and ownership of my tasks, and I feel empowered and trusted in my role	○ None of the time ○ Rarely ○ Some of the time ○ Often ○ Always
Feel Cared For I feel cared for and care for others. I have a sense of wellbeing & I experience compassionate and thoughtful leadership. I can be myself at work	○ None of the time ○ Rarely ○ Some of the time ○ Often ○ Always

SECTION 5: VALUES AND BEHAVIOURS FRAMEWORK

Framework Language - English or Welsh

GUIDANCE NOTES:

- Discuss the extent to which the postholder demonstrates the ABUHB Values in their day-to-day behaviour and interactions.
- Ensure discussion of how consistently they are demonstrated and what enables or gets in the way of the postholder demonstrating the

A Sense of Belonging I feel that I belong here because I have a meaningful bond with my colleagues and with ABUHB. I have clarity about my role, we have a strong team identity & I feel connected to my team. Joy and fun are part of my experience at work	○ None of the time ○ Rarely ○ Some of the time ○ Often ○ Always
My Work is Valued What I do in work is valued. I am in a learning culture where I am supported and challenged. I am rewarded, recognised and appreciated for the part I play	○ None of the time ○ Rarely ○ Some of the time ○ Often ○ Always
Fairly Treated I work in an environment which is fair. There is openness, transparency and honesty. I am treated with dignity and respect. I feel safe and secure	○ None of the time ○ Rarely ○ Some of the time ○ Often ○ Always
Note any actions required:	

	Summarise how/when the ABUHB Values are demonstrated, what positive behaviours are consistently displayed and identify any areas for improvement
PEOPLE FIRST Treating everybody with dignity & respect. Listening to any concerns from patients, colleagues or visitors & taking action. Giving priority to actions that will improve the service & promote patient safety, always reporting incidents or near misses that could cause harm to patients, colleagues or other service users. Supporting the linguistic and cultural needs of Welsh speaking patients, colleagues or visitors (implementing the 'active offer' principle).	• Signposting, • Aware of policy and procedures, • Datix recording, • Reporting and feeding back to The MDT
PERSONAL RESPONSIBILITY Using initiative to solve problems & informing others in a timely way of issues. Challenging unhelpful behaviour when it occurs & be willing to go the extra mile for patients, colleagues and clients. Positively acting on feedback, leading by example, influencing & inspiring confidence in others.	• Promotes positive role model for OT • Works collaboratively with other members of staff/MDT • Being accountable for my own work.

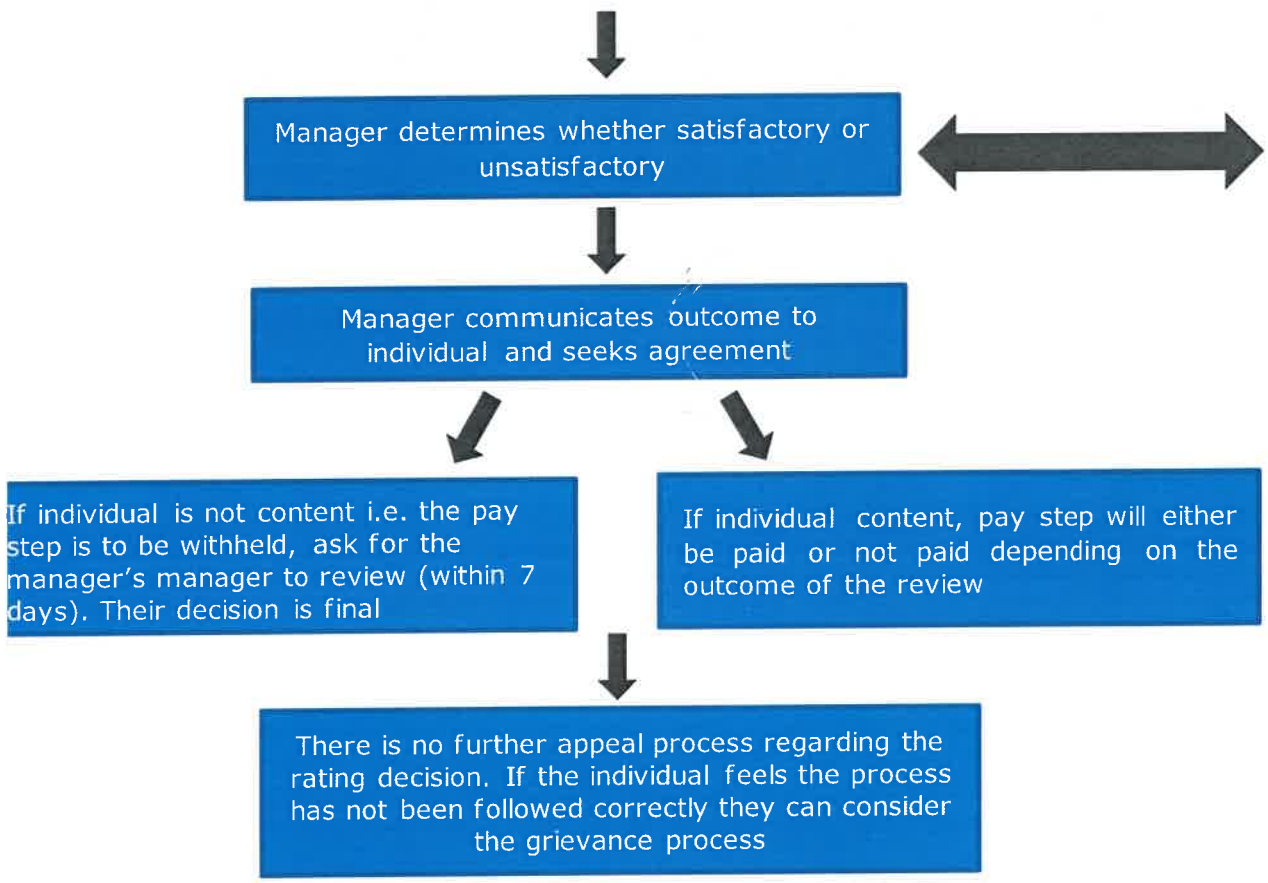
PASSION FOR IMPROVEMENT Actively looking for ways to improve patients, colleagues & client's experience & the working environment. Continuous improvement by asking 'how could I do this better?' Making a positive contribution to the effective working of your team and department	• Improving my skills, putting myself forward to help be part of the MDT team • Feel positive member of staff within the OT and Wider MDT • Supervision Objectives • Provide advice and support and can adapt easy read.
PRIDE IN WHAT WE DO Taking pride in your work and that of your wider team, remembering to celebrate success and to share good practice. Being a positive and professional role model	• I always take pride in my work that I do and often feed this back in Managerial and Monthly supervisions, • Completed witness testimonies from OTs and work colleagues regarding my work. • Completed observations from OTs and working collaboratively with MDT to maximise a positive outcome for the service-user, family and carers.

Note any actions required :

SECTION 6: PAY PROGRESSION (2-3 months prior to pay step)

Please refer to **Pay Progression Policy** for further information

Review Pay Progression Criteria:		**If 'No' provide details of the reason/s why and describe any mitigating circumstances:**
Is this member of staff 100% compliant with their mandatory & statutory training requirements?	x£ Yes £ No	
Has this member of staff engaged with a completed PADR discussion in the past 12 months?	x£ Yes £ No	
Has this member of staff made sustained & meaningful commitment to personal objectives which develop self/team in line with the organisation's approved 'Integrated Medium-Term Plan and Organisational Values?	x£ Yes £ No	



End of year review/ appraisal with Manager

Builds on in year conversations and feedback. Agreed what needs to be built into the next year's objectives. Recorded on ESR

NHS Wales

The Pay Progression Process

Has this member of staff met the individual objectives that were set in their previous PADR?	x£ Yes £ No	If **NO** please complete action plan below. This may also be added as an
Is there a formal capability process in place?	£ Yes x£ No	Please refer to Pay progession policy for guidance
Is there a formal disciplinary sanction live on your record?	£ Yes x£ No	Please refer to Pay progession policy for guidance
For Line Managers Only Have PADR's been completed for all your staff as required?	£ Yes £ No	

PAY PROGRESSION SIGN OFF: Manager/Reviewer will communicate outcome to individual and seek agreement		
Status:	£x **Satisfactory** *(Award next pay increment unless already at top of Pay Band)*	£ **Unsatisfactory** *(Hold pay increment subject to further development/progress)* NB: Completion of Action Plan box below is MANDATORY
If Unsatisfactory - Action Plan (Please refer to pay progress policy guidance) Describe the plans/actions/development agreed to enable progress to Satisfactory status:		
Reviewee Signature: **Date:**		**Manager/Reviewer Signature:** **Date:**

Pay Progression Process

Make sure your appraisal objectives cover these three areas:
- What am I expected to deliver?
- How should I do things? (Organisational values)
- How can I develop/do things better?

2-3 months prior to the pay step date, review with manager and use third party feedback. Agree if you have met the objectives in all three areas

(Depending on the pay step date, this

Appraisal (PADR)

At the start of the year, you and your manager should agree your objectives and identify the people who you will seek feedback from

Ongoing Conversations

- Seek regular feedback on how you are doing
- Include feedback from a range of people (where appropriate build in feedback from patients, clients, partners, project managers and colleagues)
- If you are failing to meet objectives, agree

SECTION 7: PERFORMANCE OBJECTIVES FOR NEXT 12 MONTHS

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GUIDANCE NOTES:

- Objectives should be established to guide the individual performance and priorities over the next 12 months.
- Agree objectives on the basis of current performance, individual and team priorities, strategic direction and personal aspirations.
- All objectives should be described in a way which makes them easily understood, and **SMART** *(Specific, Measurable, Achievable, Realistic & Time-bound)*
- The first rows in the table below are organisation-wide objectives which should be reviewed, with a completion timescale added as appropriate to role.
- The remaining blank rows should be used as required to define specific individual objectives relevant to this postholder. Use only as many rows as are required, you may leave rows blank or add more as necessary.

MANDATORY OBJECTIVES				
	What I will achieve?	**How I will acheve it?**	**Evaluation** My success will be measured by:	**Timescale** Completion date:
1	100% compliance with all mandatory and statutory training requirements	Ensure you are compliant and up to date with core statutory and mandatory training and any other e-learning training applicable to role on an ongoing basis *Statutory and Mandatory Training Intranet Page*	Compliance % as reported in ESR in my individual Compliance Matrix report	**On an ongoing basis**
2	Completion of Covid-19 risk assessment on ESR	Ensure that your Covid-19 risk assessment is completed and updated on ESR	Covid-19 risk assessment compliance in ESR	**Every 6 months**
3	Undertake 040 Making PADR Meaningful eLearning module on ESR	Protect time to undertake 'Making PADR Meaningful' eLearning module on ESR (takes approx.15 mins). To undertake at least once.	A competence level recorded on ESR against PADR eLearning	
4	Completion of Welsh Language competencies in ESR	Ensure that your Welsh Language competencies are completed on ESR_with your current level of competence *Welsh Language Department Intranet Page*	A competence level recorded in ESR against all three Welsh Language competencies	
5	**FOR SUPERVISORS & MANAGERS** Consistently demonstrate effective people management skills on an ongoing basis	Effectively manage your team and individual members of staff to enable: • High levels of team/role performance • Workplace well-being of all team members • Achievement of team and ABUHB strategic vision and priorities	1. Provide evidence that you consistently demonstrate relevant NHS Wales Core Competencies for Managers & Supervisors 2. Ensure PADR processes are completed for all individuals in your area of responsibility. 3. Monitor and manage attendance in line with the NHS Wales **Attendance at Work policy.** 4. Delivery of team objectives and priorities	

6	**FOR BUDGET HOLDERS OR DESIGNATED SIGNATORIES** Effectively manage budgets and resources within your area of responsibility	Monitor budgets monthly using the 'Finance Business Intelligence Tool' and in line with requirements of delegated budgets	1. Financial balance 2. Provide evidence of effective use of the **'Finance Busines Intelligence Tool'** 3. Hold regular, documented meetings with Line Managers to discuss financial performance	

INDIVIDUAL OBJECTIVES					
	What I will achieve?	**How I will achieve it:**	**Evaluation** My success will be measured by:	**Timescale** Completion date:	*(add notes to reflect progress made through the year)*
7	Complete Agored Active Support Module.	Book time off my calendar to complete this.	Already completed the Agored Diploma	Within the next PADR date	Ongoing
8	Be part of the Dementia SIG	Attend Dementia Sig Meetings	Using this as part of the dementia training for staff members	Within the next PADR date	Ongoing
9	Particpate in OT assessments such as MOHOST, REIS and SHEA.	Completed independently and jointly with the Occupational Therapist.	Assessments observed and completed.	Within the next PADR date	Completed MOHOST, REIS Assessments independantly and completed SHEA Jointly with OT.
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SECTION 8: PERSONAL DEVELOPMENT PLAN (PDP)

GUIDANCE NOTES:

Discuss & agree what development an individual needs to undertake in order to:

1. Maintain or improve their performance
2. Prepare for imminent strategic developments to their role or affecting the team
3. Develop their personal talent & career aspirations and prepare them for their next role as appropriate
4. Achieve the performance objectives that have been set in Section 7

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Is the postholder confident that they have all the necessary knowledge and skills to fulfil their role?	£ Yes X £ No If No you must ensure to plan development activities which will enable the necessary knowledge & skills to be gained

WELSH LANGUAGE	
In line with supporting the linguistic and cultural needs of Welsh speaking patients, colleagues or visitors (implementing the 'active offer' principle), how and when can you develop/improve your Welsh language skill and/or confidence?	• Visit the Welsh Language Team's Intranet page for information on training opportunities. • FREE 10 hour online **Working Welsh Courses** • Coleg Gwent Accredited (Taster, Entry, Foundation, Intermediate, Advanced, Proficient) Welsh language courses (Contact: **welshlanguageunit.abb@wales.nhs.uk**) • Say Something in Welsh App (Contact **welshlanguageunit.abb@wales.nhs.uk**)

Development Activity to be Completed:	**Target Date to Complete:**	**Next Steps/Action Required:**	**Evaluation/Benefits** *(add notes after completion of the development activity)*
Complete Agored Active Support	Next PADR Date	Book out time to complete in outlook calendar.	Aim to build my knowledge and skills.
Particpate and complete OT assessments: (MOHOST Explore, REIS and SHEA Assessments).	Next PADR Date	Book out time to explore (read) the assessments and work with OT to complete.	Completed MOHOST, REIS Assessments independantly and completed SHEA Jointly with OT. Built confidence in completing a wider range of OT assessments.

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PBS Qualification	Next PADR Date	Speak to Occupational Therapist CCY regarding level of work involved and whether this is appropriate for me to complete.	Ongoing

SECTION 9: PADR SUMMARY

REVIEWER SUMMARY COMMENTS:

Angela is a hardworking and valued member of both our Occupational Therapy team and the Community Learning Disability team.
Angela works across two teams, Caerphilly and Monmouth and with three part time OT's which she can find challenging and requires her to have good organisational and communication skills along with developing her autonomous work. She has discussed that she would ideally like to be based in just one team.
Angela has risen to the challenge of the covid period and completed valued working supporting service users during this difficult period and demonstrated a positive attitude to the difficulties of change of bases and restrictions around accessing Caerphilly base.
Professionally Angela has engaged with the introduction of the WCCIS system and the implementation of the MOHO tools and is always happy to share her knowledge.
Angela is a key team member with a wealth of knowledge and experience. She is very much a team player and always happy to share her skills with other team members.
She has a very warm approach towards the individuals she works with and always works to ensure the best outcomes for their intervention and has positive professional relationships within the CLDT and always supportive towards colleagues.
Angela has stated her desire to apply for the Occupational Therapy training course and she would be a welcome addition to the profession.

REVIEWEE SUMMARY COMMENTS

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Do you agree that this document is an accurate reflection of your PADR discussion? £ Yes £ No *(if No note reasons)*

SECTION 10: CONFIRMATION SIGNATURES

For audit purposes documents must be personally signed by both parties
Electronic signatures are **not** acceptable unless it is a scanned copy of your handwritten signature

Reviewer Signature: [redacted]	**Reviewee Signature:** Angela Winter
Date: [redacted]	**Date:** [redacted]

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****Managers/Supervisors/Reviewers to ensure this PADR is recorded please ensure the form is scanned, uploaded & submitted via ESR Self Service ****

Guidance is available:PADR Video Guidance & Guide how to upload a paper PADR document onto ESR. A copy should be given to the Reviewee for reference

95 Pgs

1.Occupational Therapy: Record of Supervision

Supervisee name: Angela Winter ***Supervisor name:*** [redacted]

Date of Supervision: 7th March 2023

Pre-supervision preparation:

The first part of the supervision record consists of a reflective tool that will help you prepare for supervision - it should be completed the day/ night before your supervision session and you will be expected to share what you have written with your supervisor.

What have I learnt as a result of the work I have completed/ experience I have gained this past month? What have I achieved
• Feeling motivated regarding OT Job Role, huge improvement noted due to self-management. • Discharged 2 people since Christmas- [redacted] and [redacted]). • OTTI Joint working - Gained additional experience and skills from [redacted] regarding Sensory Ladders. Also working jointly with OT [redacted]. • Attended Ayres Sensory ladders training 3 days before Christmas. Put this into practice with PP. • Discussed [redacted] retirement on 1st April, coming back 2 days a week. May have an additional OT in post.
What are the key areas I need to address/ discuss in supervision?
Completing PADR- Meeting with [redacted] to set my objectives for my PADR. Arranged to work collectively with OTs for objectives and input 2023-2024 PADR.

Record of Main Areas Discussed, goals and actions from supervision:

Supervisor: additional priorities to address in supervision:
Wanted to praise Angela for building rapport with [redacted] and effective joint working.
Do more joint working-ie sensory ladders and OT Assessments.
Specific Development Needs identified:
Discharges- [redacted] and [redacted] after Christmas (Closed on WCCIS). Caseload : [redacted]. 1. Observe [redacted] using iPad on tilted table to increase participation in-games. 2. Switch blender- Chocolate, safe food, photos to be added on the active support plan. Also check SALT (Mealtime Management plan).

3. Sensory stories -observe staff using with him.

[redacted]- Provided plans, laying tables staff doing sensory stories, done info for home-goal to intro and observe home using them. Angela meeting with [redacted] to discuss how staff are planning suitable activities in timetable. Angela to provide guidance on active meaningful activities ([redacted] to leave file) to encourage men to participate. * NB- not to overload staff with info, think about when to discharge? -June 2023.

[redacted]- manual and powered wheelchair referrals completed and sent to ALAS. Discharging this week and WCCIS.

[redacted] New referral to wok with mobile phone. Request copy WARRN from kim social worker.

[redacted] devise sensory stories, link with key worker. [redacted] manager. Read up on OT information on shared files.

[redacted] Knife Programme by Ruth DLF Ask SARA regarding a plastic spork.

Action Plan:

- Completed AYRES Sensory Training – Complete Reflective Account.
- Contacted ALAS regarding Eligibility in Supported living, Residential and Nursing Home (share this in OT Meeting).
- RTA- Look at Manual 2 in OT cupboard.
- Switching Equipment,- Alders and OT cupboard.
- Share SHEA Assessment (when completed with Clare in Caerphilly) with Ruth.

Confirmed date and time of next supervision: Next Month (Not Confirmed yet)

Signature of OTTI: *Angela Winter* *date:* *7th March 2023*

Signature of Supervisor: [redacted] *date:* 7th March 2023

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

DIVISION OF MENTAL HEALTH AND LEARNING DISABILITIES

Brief Supervision Angela Winter 18th April 2023
OT Tech Monmouthshire CLDT
Days: Mon and Tuesday

[redacted]: 1. Discharge summary to do. (Angela)
2. NERS Angela check if home have been contacted for [redacted] to try the local gym, if not ask home to chase up via Gp practice. OT made the referral approx. 6 months ago and were told the gym would contact the home.

[redacted]: [redacted] and [redacted] confident with switches, Angela has demonstrated how to set up for choc flavoured blender work to encourage [redacted] to participate, Angela does not feel a practical with [redacted] using switches is required. Is home borrowing switch equipment for trial?
Person centred time- table planning, home now doing 2 weeks planning timetable and recording clients' responses, Angela has helped staff understand the value and how to use this for client's benefit. Were active support handouts provided? Angela writing up a discharge summary (spend an hour at most doing please) Copy sent to social workers [redacted] and [redacted] for [redacted], [redacted] and [redacted] for [redacted] so they can review when they carry out their reviews.

[redacted]: referral for [redacted] to use his Samson to 1. Scroll to find emails 2. Search for things on Google. 3. Try voice control Bigsby. 4. Be able to access 'Countryfile'. Casualty, 1980s music linked to his sensory calming spider.

Bwrdd Iechyd Prifysgol Aneurin Bevan
Tim Anableddau Dysgu Cymunedol Sir Fynwy
Uned Tŷ Bryn, Ysbyty Llys Maindiff
Ffordd Ross, Y Fenni, Sir Fynwy, NP7 8NF
Ffon: 01873 735213

Aneurin Bevan University Health Board
Monmouthshire Community Learning Disabilities Team
Ty Bryn Unit, Maindiff Court Hospital,,
Ross Road, Abergavenny, Monmouthshire NP7 8NF
Tel: 01873 735213

Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Prifysgol Lleol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan Universty Local Health Board

difficulty to speak to directly, has been missing Mencap and it is Balloon Season, Jaimie (Mencap) managed to contact Phil to confirm he was attending 17th April. Angela saw him and he was pleased to show how he can access Facebook, Twitter, Angela showed Phil how to use Google for fire station and hot air balloons. Arranged to see next Tues. Angela to email Social worker Kim Lewis and psych Beth to pass on Phil pleased to share he has filled 10 bin bags of papers from his room with his dad (hoarding), also from further discussion , Angela to suggest Mencap support scrapbook if Phil interested to reduce papers in his room and keep his favourite, Angela to check with Beth if ok to suggest this to Phil and Mencap next Tues?

Jordan Dykes : Referral (intervention) to help Mencap keyworker and staff use multi-sensory stories format with Jordan.

Angela has visited a few times to gather information, encouraged to use the information on the initial assessment. Ot asking for staff to be helped to plan a person-centred story and joint run then hand over and discharge.
Angela has chased up ALAC second set of harnesses, on order and informed mum and Mencap. Replacement under cushion for wheelchair also sorted by Angela with ALAS, they will come out, small knob has come off wheelchair, Angela to ask Mencap to ask for it to be fixed if they visit Jordan at Day Centre not home.

Angela and Ruth looking forward to OT Kirsty starting approx. 1st May Going to start a new referrals and allocation meeting once a week 20 mins Template from Rosie Newport to manage ot referrals, caseloads, share calendars. Once Kirsty starts to plan a regular time to meet is Tues 9am Angela wants to do more initial assessments.

Ruth agreed to be one of her referees for OT Course application and to update previous reference. Interview this Thursday 20th April. Good Luck Angela. Manual handling trainer Angela has volunteered to do this and work with Sandra Nappers where this is good experience Ruth doesn't want Angela's time to be taken too much with this to protect Monmouthshire days and focus on client contact more going forward.

1Occupational Therapy: Record of Supervision

Supervisee name: Angela Winter ***Supervisor name:*** [redacted]

Date of Supervision: 17th January 2023

Pre-supervision preparation:

The first part of the supervision record consists of a reflective tool that will help you prepare for supervision - it should be completed the day/ night before your supervision session and you will be expected to share what you have written with your supervisor.

What have I learnt as a result of the work I have completed/ experience I have gained this past month? What have I achieved
• Discussed previous Supervision with [redacted] in November 2022 regarding feeling low in motivation regarding OT Job Role, some improvement noted due to self-management. • Discharged 3 people before Christmas. • OTTI Joint working – Would like to gain additional experience and skills from ruth OT regarding Sensory Ladders. • Attended Ayres Sensory ladders training 3 days, working with OT to complete Sensory Ladders with [redacted] • Discussed service review, staying at 5 teams, If HCA are employed within the CLDTs? How will this impact on OTTI role. • Discussed Ruths retirement on 1st April, coming back 2 days a week. May have an additional OT in post.
What are the key areas I need to address/ discuss in supervision?
Completing PADR- to ask [redacted] to arrange a Joint meeting to set my objectives for my PADR. All OTs have input on this.

Record of Main Areas Discussed, goals and actions from supervision:

Supervisor: additional priorities to address in supervision:
Main points discussed:
Would like to do more joint working-ie sensory ladders.
Specific Development Needs identified:
<u>Discharges-</u> • [redacted] cut and paste discharge notes from WCCIS and send update to [redacted] social worker via email. • [redacted]. <u>Caseload :</u>

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- [redacted]-Plan to discharge, written discharge summary report, sent to [redacted] Some amendments to make and send to [redacted] then discharge. For [redacted] can you look at the timetable [redacted] produced and if you agree say you have looked at it and recommend, they plan and give [redacted] more opportunities for active participation for him to use and develop his skills as opposed to passive activities e.g. watching a DVD, there's room for these but more emphasis to be on enabling him to do things.
- [redacted] Speak to [redacted] New Manager and handover, email, send info over to [redacted].
- [redacted]-Completed active support plan for toothbrushing, make amendments, visit regularly, attend Monthly MDTs and ongoing work. For [redacted] and his toothbrushing, the steps were really clear and photos great, did you look at programme being person centered for [redacted] e.g. where for staff to sit/ stand to assist, his better eye, how does he hold toothbrush, does handle need to be adapted, which hand to help him grip. His mum could be helpful in telling you how he used to do it at school.
- [redacted]- complete active support plan for laying tables, ongoing work.
- [redacted]- Complete observation over lunch time to assess eating skills, does he need adaptive cutlery? How is he managing.
- [redacted]-Completing 5 session jointly with [redacted] looking at sensory ladders.

Action Plan:

- Completed AYRES Sensory Training – complete Reflective Account.
- Contact ALAS regarding Eligibility in Supported living, Residential and Nursing Home (share this in OT Meeting)
- Share SHEA Assessment (when completed with [redacted]) with [redacted]
- Check with Sandra if there is any preparation required for the OT Meeting next week.

Confirmed date and time of next supervision: Next Month (not Confirmed yet)

Signature of OTTI: *Angela Winter* *date:* *17th January 2023*

Signature of Supervisor: [redacted] *date:* 17th January 2023

LEARNING DISABILITIES DIRECTORATE

MANAGEMENT SUPERVISION FORM

Name of Supervisee: Angela Winter Job Role: OT Tech

Name of Supervisor: [redacted] Job Role: Team Manager

Date: 10/07/2023

Personal Well-Being Discussion (including sickness, health concerns, risk assessments, etc):

Angela is well at the moment. Leave booked for next week. No concerns.

Annual Leave Taken: 150 **Annual Leave Remaining: 130 hours**

Annual Leave Booked:

- 23rd – 3rd July
- 13h and 14th July
- 28th – 5th September

Time Owing Accrued: 30 minutes **Time Owing Taken:** 0

Statutory/Mandatory Training:

Training Compliance: 90%

Training Outstanding: child protection

Issues / Concerns: On 86% unable to complete child protection due to ESR issue.

PADR

Date of Last PADR: 14th June 2023. Meeting with Lewis Jones next week to complete

Update on PADR Outcomes: Awaiting completion of PADR.

Current Workload Discussion (including progress, pressures, challenges, key issues etc)

No current open cases for Monmouth.

Meeting with [redacted] and [redacted] 11th July 2023.

Development Needs including support required:

None at present.

Issues of Concern:

None at present.

Working From Home Discussion – Workload, outputs, concerns, issues:

No concerns at present.

Other Discussion / Comments:

None at present.

Compliments / Achievements / Areas of Recognition:

Appreciation received from Local Authority from works completed with service users.

Angela successfully got on the Therapy Assistant Practitioner course and will be starting in September 2023.

Update on Actions from Last Supervision:

None

Actions Going Forward:

None at present

Signed (Supervisee) Angela Winter

Signed (Supervisor): Vincent Bowen

Date: 10/07/2023

LEARNING DISABILITIES DIRECTORATE

MANAGEMENT SUPERVISION FORM

Name of Supervisee: Angela Winter Job Role: OT Tech

Name of Supervisor: [redacted] Job Role: Team Manager

Date: 27/02/2023

Personal Well-Being Discussion (including sickness, health concerns, risk assessments, etc):

Angela is well, no issues discussed, no sickness or health.

Annual Leave Taken: 0 **Annual Leave Remaining: 0**

Annual Leave Booked: Overseen by Caerphilly, not booked on Monmouth days.

Time Owing Accrued: 2

Statutory/Mandatory Training:

Training Compliance: 80%

Training Outstanding: information gov

Issues / Concerns: Allocate time to complete

PADR

Date of Last PADR: June 2022

Update on PADR outcomes: Please see last PADR

Current Workload Discussion (including progress, pressures, challenges, key issues etc)

Angela is meeting with Ruth Morgan Clinical Supervisor this week.
Angela currently has 10 cases open.

Monmouth cases –

[redacted]

[redacted]

[redacted]

[redacted]

Angela meets with [redacted] regular clinically (Monthly)

Development Needs including support required:

Angela to share PADR to identify future training and how Monmouth can support this.

Issues of Concern:

None at present

Working From Home Discussion – Workload, outputs, concerns, issues:

2 Days Monmouth x 1 day at home

Angela is happy with these days.

Other Discussion / Comments:

None at the moment

Compliments / Achievements / Areas of Recognition:

Angela is a dedicated member of the Monmouth team. Angela goes above and beyond her role in supporting the people we support and team members.

As Angela's manager, I am very fortunate to have a committed team player ☺

Update on Actions from Last Supervision:

Please see last supervision record.

Actions Going Forward:

Mileage sorted

PADR – Identify objectives

Future Training

Signed (Supervisee): Angela Winter

Signed (Supervisor): [redacted]

Date: 27/02/2023

Appendix:

Therapy Assistant Practitioner: Demonstrating Practice Peer Review Feedback form

106 log

This peer review feedback was completed by: Angela Winter **Date:** 1st February 2024

The following tables will contain peer review feedback on presentations demonstrating quality improvement projects, using a PDSA cycle.

Feedback one:	Presentation topic: DVT- awareness and prevention.
Congratulations	What does the presenter do well? What were the presenters' main points? Easy to follow presentation. clear and very interesting
Ask for clarifying questions.	What aspects of the presentation were confusing or unclear? Why? No clarifying questions required. Easy to follow, clear and understood Presentation. What suggestions (at least 2) do you have for the presenter, in order to improve this presentation? Possibly use animation or Images within the presentation. Quietly spoken- had to concentrate to listen.
Request more.	What would you like to know more about the topic? Interesting facts about prevention of DVT.
Evaluate its value.	What specific details would you take forward into your own practice? Information relating to DVT.- awareness.
Summarize	What new information have you learnt? Has this influenced you to think differently? Easy to follow presentation and very interesting. *Importance of awareness of DVT*

Feedback two:	Presentation topic: Weight Management
Congratulations	What does the presenter do well? What were the presenters' main points? Easy to follow presentation. Very Interesting.
Ask for clarifying questions.	What aspects of the presentation were confusing or unclear? Why? Presentation felt short at the end. I was Interested in the subject and wanted to know more about it. What specific suggestions (at least 2) do you have for revising the unclear parts of this presentation? I wanted to hear more about the next PDSA cycle. and the benefits for patients.
Request more.	What would you like to know more about the topic? I would like to hear about the effects of weight management hason the body.
Evaluate its value.	What specific details would you take forward into your own practice? Consideration for patients with weight management issues.
Summarize	What new information have you learnt? Has this influenced you to think differently? Emotional and Psychological effects of patients with a weight management issue.

Agored Cymru

Therapy Assistant Practitioner Level 4 Diploma:
Demonstrating Practice Module

Feedback Three:	Presentation topic: Dietetic Information (education) in N/home.
Congratulations	What does the presenter do well? What were the presenters main points? Easy to follow presentation. clear and Very Interesting.
Ask for clarifying questions.	What aspects of the presentation were confusing or unclear? Why? No clarifying questions required. What specific suggestions (at least 2) do you have for revising the unclear parts of this presentation? Presentation felt wordy, would have liked to see more images.
Request more.	What would you like to know more about the topic? The effects of the dietetic education for staff Long term. was this successful?
Evaluate its value.	What specific details would you take forward into your own practice? Importance of staff education. Information is key!!
Summarize	What new information have you learnt? Has this influenced you to think differently? Importance of Supplement drinks.