

Unannounced Inspection Report 14 February 2020



Southern Health and Social Care Trust Bluestone Unit

**Craigavon Area Hospital
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Portadown
BT63 5QQ
Tel No: 028 3836 6700**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Bluestone Unit is located within the Craigavon Area Hospital site and is part of the Southern Health and Social Services Trust (SHSCT). Bluestone Unit is an inpatient facility made up of six wards that provide assessment and treatment to patients with acute mental health and learning disability needs. For the purpose of this inspection we focused on the following three wards: Silverwood, Bronte and Rosebrook.

Silverwood is an 18 bedded mixed gender ward which provides assessment and treatment for patients aged 18 – 65 with acute mental health needs.

Bronte is an 18 bedded mixed gender ward which provides assessment and treatment to patients aged 18 – 65 with acute mental health needs.

Rosebrook is a 10 bedded mixed gender ward. This ward provides care to patients with acute mental health needs who require care in a psychiatric intensive care unit (PICU).

All wards were fully occupied on the day of the inspection.

Patients admitted to the Bluestone Unit have access to a full multi-disciplinary team (MDT) which includes psychiatry, medical, nursing, occupational therapy, social work, psychology and pharmacy support. Access to a physiotherapy and speech and language therapy service is by referral. A patient and carer advocacy service is available for patients receiving care on the ward.

3.0 Service details

Responsible person: Mr Shane Devlin, Chief Executive Officer Southern Health and Social Care Trust (SHSCT)	Ward Manager: Silverwood: Angeline Magennis Bronte: Christopher Higgins Rosebrook: Lynsey Erskine
Category of care: Acute Mental Health and Learning Disability	Number of beds: Silverwood: 18 Bronte: 18 Rosebrook: 10
Person in charge at the time of inspection: Mr William Delaney Head of Service	

4.0 Inspection summary

We undertook an unannounced inspection on the 14 February 2020. The inspection was undertaken by our care inspection team following information we received alleging unsafe staffing levels; incidents of patient assaults on staff; lack of support from senior management; and low staff morale. The team examined a number of aspects of the hospital which related to the information we received prior to the inspection. We met with patients and staff, reviewed practice and relevant documentation during the inspection.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

On the day of the inspection we found evidence of good practice across the four domains. Staffing levels were safe; morale was good in Bronte and Silverwood wards; there was good governance oversight of incidents; learning from incidents was shared with the multi-disciplinary team (MDT) and nursing staff cared for patients with respect, dignity and compassion.

We identified a number of concerns during the inspection relating to Rosebrook ward as follows; a high rate of incidents of patient assault on staff; low staff morale; and communication issues between the MDT.

We found two other areas of concern. We identified there was no assurance mechanism in place to ensure agency staff had received up to date training and there was no evidence that a system was in place that ensured the equal and appropriate distribution of staff skill mix across all wards in Bluestone.

We identified seven areas requiring improvement against the Quality Standards in relation to; the skill mix of staff working in Rosebrook; ward managers' responsibilities; staff morale; agency staff training and induction; and communication issues between the multi-disciplinary team (MDT).

One immediate area for improvement was identified in relation to staff support. We received assurances from senior management on the day of the inspection that enhanced support mechanisms would be introduced as a matter of urgency; we will review this on the next inspection.

4.1 Inspection outcome

Total number of areas for improvement	13
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The total number of areas for improvement includes 6 which have been carried forward for review at the next inspection.

Due to the focused nature of this inspection six areas for improvement from the previous inspection on the 8 May 2019 were not reviewed during this inspection and will be carried forward for assessment of compliance at the next inspection.

Seven areas for improvement were identified during this inspection against the The Quality Standards for Health and Social Care DHSSPSNI (March 2006) these are detailed in the Quality Improvement Plan and relate to;

- staff skill mix;
- ward management cover;
- agency staff induction;
- agency staff mandatory training;
- staff morale;
- communication between the MDT; and
- MDT sharing of patient information.

Details of the quality improvement plan (QIP) were discussed with senior representatives from the SHSCT's' mental health and learning disability directorate as part of the inspection process. The timescales for implementation of these improvements commence from the date of this inspection.

This inspection did not result in enforcement action.

4.2 Action/enforcement taken following the most recent care inspection dated 08 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 May 2019.

5.0 How we inspect

Prior to this inspection a range of information relevant to the service was reviewed. This included the following records;

- previous inspection reports and QIPs;
- serious adverse incident notifications; and
- written and verbal information received since the previous inspection.

Each ward was assessed using an inspection framework. The methodology underpinning our inspections included; discussions with patients, interviews with staff, observations of practice, and review of relevant documentation. Records examined during the inspection included: incident reports, senior management governance reports, duty rotas and training records.

Posters informing patients, staff and visitors of our inspection were displayed while our inspection was in progress.

We met and spoke with eight patients and 12 nursing staff. Staff were also invited to complete an electronic questionnaire. Fifteen staff questionnaires were received following the inspection in which thirteen respondents provided additional comments. Further information in this regard can be found in section 6.3.4 of this report.

We met and spoke with twelve members of the nursing staff across the three wards, the Service Manager; the Assistant Director and Head of Service and the Trust Human Resource manager.

We provided detailed feedback to senior representatives from SHSCT's mental health and learning disability team as described in section 4.1 of this report.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections dated 08 May 2019

The most recent inspection of the hospital was an unannounced inspection undertaken on 8 May 2019. The QIP was completed by SHSCT and returned to RQIA. Due to the focused nature of this inspection the QIP arising from that inspection was not validated during this inspection and will be assessed for compliance at the next inspection.

6.2 Review of areas for improvement from the previous inspections dated 8 May 2019

As discussed above.

6.3 Inspection findings

Prior to this inspection we received information from an anonymous source that indicated a number of concerns. We examined the following areas relating to the concerns raised across three wards in the Bluestone unit; Bronte, Rosebrook and Silverwood.

6.3.1 Staffing Levels

We reviewed the duty rotas in each of the wards and spoke with a range of nursing staff. We found there was an appropriate number of staff on the rota to meet the needs of the patients in each of the wards. We noted there was a reliance on bank and agency staff to backfill any staffing deficits across all wards, due to staff absences or unfulfilled posts. We determined that staffing levels were comparable to other similar inpatient facilities in Northern Ireland.

6.3.1 Staff skill mix

We spoke with a range of nursing staff and reviewed the skill mix on the three wards we visited. We noted that there were good leadership and management structures on all three wards. Each ward had a ward manager and two deputy ward sisters in place to support staff and for senior decision making.

From review of the staff skill mix across the three wards we established that there was no system in place to ensure the equal and appropriate distribution of staff skill mix across the hospital site. Whilst we welcome the bed management meetings occurred daily the overall staff team in Rosebrook was made up of junior staff. There was no Clinical Co-ordinator role in place to operationally manage staffing and patient flow. We also noted that at times due to on call patient flow duties the ward manager was required to spend a considerable time away from the ward. Staff told us this can induce additional pressure on junior nursing staff members both in terms of a reduction in staff levels and in providing support with their delivery of patient care, decision making and management of risks.

As Rosebrook ward is a Psychiatric Intensive Care Unit (PICU) where patients are more acutely unwell we would expect that staff skill mix and the presence/availability of the ward senior management team is taken into account in order to meet the needs of patients and to protect and preserve patient safety. The trust need to recognise the impact of staff feeling unsafe has on patient care and treatment. An area of improvement was made to ensure that the Trust puts a system in place to ensure the equal and appropriate distribution of staff skill mix across all wards in the Bluestone hospital that considers the complex needs of all patients admitted. A further area for improvement was made in relation to the reduced availability of ward management cover in Rosebrook ward will require the Trust to review any additional roles placed on the ward management team in Rosebrook ward.

6.3.2 Staff Training

We reviewed mandatory staff training and induction records for all three wards and determined that nursing staff training was up to date for all substantive staff employed by SHSCT. We also

found evidenced that where training had lapsed a refresher course had been pre- booked in advance.

As previously stated, we identified that Bronte, Silverwood and Rosebrook wards were reliant on agency and bank staff to fill any staffing deficits. We identified there were no training records retained on any of these wards for any agency or bank staff.

We discussed the managerial oversight arrangements for bank and agency staff with the SHSCT Human Resources (HR) team. We found that a system was in place for the governance and oversight of training requirements for bank staff. However we established that there was no system in place for the SHSCT to assure itself that agency staff had all the training required to work in an inpatient mental health setting.

In addition we were concerned that not all agency staff have access to blood glucose monitoring equipment which effects the allocation of duties to agency staff in the delivery of care to patients. We are aware that this is a Trust wide issue and was raised by us with the 12 November 2019. We were informed during the inspection by the mental health and learning disability senior management team that they were also aware of this concern and indicated that the Trust is working towards finding a solution.

One area for improvement has been made for the Trust to implement a system for the governance and oversight of agency staff training and induction. So the Trust is assured that agency staff have been inducted to the ward environment, are familiar with patient's needs and have appropriate up to date training required to work in an inpatient mental health setting.

6.3.3 Incident management

Prior to the inspection we received information that there were a high volume of incidents involving assaults on staff by patients in the Bluestone Unit.

We were assured that nursing staff across all three wards were knowledgeable in applying the Trust policy for recording, reporting and management of incidents. Staff also informed us that a system was in place for sharing learning from trend analysis of incidents.

We established on our review of the Trust's incident management and oversight arrangements in place for Bronte, Silverwood and Rosebrook wards that Rosebrook had a significantly higher number of incidents involving patient on staff assaults in comparison with Bronte and Silverwood.

SHSCT senior management informed us that they had oversight of incidents in all wards and were aware of the significant number of assaults on staff in Rosebrook ward and indicated the possible reasons. We evidenced that there was a system that demonstrated analysis of incidents, trends in relation to assaults on staff and the use of restrictive practices. However, an area for improvement will made for the Trust to review the high rate of incidents in Rosebrook ward using appropriate methodology to establish the reasons and put in place a clear and measurable action plan that will aim to reduce the number of incidents in Rosebrook, considering the findings of this inspection.

6.3.4 Staff Morale

As previously discussed, prior to this inspection, information provided to RQIA indicated concerns regarding low staff morale and leadership. We met with a range of nursing staff from

across the three wards and analysed the electronic questionnaires returned. We also reviewed leadership and management arrangements.

We found significant differences in staff responses and determined that morale was good in Silverwood and Bronte wards, however this was not the case for Rosebrook ward. The majority but not all staff in Rosebrook indicated that morale was low and referenced several reasons such as; the pressures and risks associated with working in a challenging environment; the high level of incidents; staffing deficits; the quality of management and leadership; and feeling unsupported. We were concerned that some staff highlighted feelings of fear and anxiety on a daily basis.

We spoke with patients in Rosebrook who also reported that they had detected disconnect and anxiety amongst the nursing staff team. This has raised our concerns further due to the risk low staff morale has on patient safety and care.

We compared these responses to those from staff working in Bronte and Silverwood wards. Staff from those wards spoke highly of both ward level and senior trust leadership and outlined how recent changes in the managerial structure had brought about positive changes for staff and patients. They spoke of being well supported and confirmed that senior trust staff were visible in the wards.

We established that the issues raised in relation to poor staff morale were not systemic and appeared to apply specifically to Rosebrook ward.

An area for improvement has been made to ensure that senior management take appropriate action to establish the reasons for low staff morale in Rosebrook ward, and put in place a clear and measurable action plan that will address these issues. There should be clear evidence in full involvement from all staff working in Rosebrook ward.

6.3.5 Multi-disciplinary team working relationships

On the day of our inspection, we were informed by members of the nursing team that there were verbal and written communication issues within the Rosebrook multi-disciplinary team (MDT). We were told a change in a patient's care and treatment plan was not always effectively communicated amongst the MDT either verbally or written. Staff told us that this has led to confusion and has impacted negatively on the therapeutic patient/nurse relationship, and increased the risk of incidents.

We also identified a disconnect between the MDT as staff reported to us that some members of the MDT did not feel they were in a position to address or challenge decisions made by the other members of the team. We wish to highlight that this may also be impacting on staff morale.

The Trust should address the issues raised regarding MDT working relationships, ensure all decisions made by the MDT are recorded, including professional views expressed and considered by all members of the MDT. The Trust should also ensure a system is in place for clearly sharing changes to patient's care and treatment plans with patients and all members of the MDT. Two areas for improvement have been made in this regard.

Total number of areas for improvement	7
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with representatives from the SHSCT senior management as part of the inspection process. The timescales for implementation of these improvements commence from the date of this inspection.

The SHSCT should note that if the improvements required as outlined in the QIP are not taken to comply with The Quality Standards this may lead to further action. It is the responsibility of the SHSCT to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified in which action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The SHSCT should confirm that these actions have been completed and return the completed via web portal for assessment by the inspector by **31 July 2020**.

Quality Improvement Plan	
This inspection is underpinned by The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006)	
Area for improvement 1 Ref: Standard 5.3.3 (d) Stated: First time To be completed by: 15 September 2020	The senior management team need to ensure there are robust governance mechanisms in place for the use of seclusion. This should include an audit on the use of the seclusion and the records kept.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a subsequent inspection.
Area for improvement 2 Ref: Standard 5.3.2 Stated: First time To be completed by: 15 September 2020	The Trust must ensure that all incidents that meet the criteria for The Health and Social Care Board Procedure for the Reporting and Follow-up of Serious Adverse Incidents, November 2016 are reported in line with the procedure.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a subsequent inspection.
Area for improvement 3 Ref: Standard 5.3.1 Stated: First time To be completed by: 15 September 2020	The Trust must ensure that a comprehensive multi-disciplinary review of risk and risk management strategies be undertaken immediately following any serious incident and must consider all professional/ discipline opinions. Where there is disagreement this must be evidenced in the minutes of the meeting and a further review should be undertaken more frequently to determine if the grounds for an alternative risk management plan is evidenced.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a subsequent inspection.

<p>Area for improvement 4</p> <p>Ref: Standard 4.3 (m)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust must ensure that all staff required to use MAPA techniques have up-to-date training and that any application of a MAPA technique as an intervention with a patient is agreed amongst staff delivering care and is proportionate to the risks.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a subsequent inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.3.1 (c)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust must ensure that each of the bed managers apply the same decision making process outlining all considerations taken prior to admitting voluntary patients to the PICU.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a subsequent inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.3 (l)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust must ensure that environmental risk assessments are reviewed and updated to reflect when wards are over occupied.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a subsequent inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 5.3.3(d)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The SHSCT should implement a system to ensure the equal and appropriate distribution of staff skill mix across the Bluestone hospital site that considers the complex needs of all patients admitted to each ward.</p> <p>Response by the Trust detailing the actions taken: A new Health Roster system went live in the Unit end of December 2019, with a full-time Health Roster Officer appointed to action implementation.</p> <p>Daily bed and staff management meetings continue to take place to ensure the appropriate distribution of staff, both in terms of numbers as well as skill mix. This is Chaired by the Clinical Coordinator or Head of Service, and all Ward Managers or Nurse-in-Charge attend.</p> <p>Overnight, the senior nurse-in-charge is a Band 7 Night Coordinator who has responsibility to ensure the appropriate distribution of staff, both in terms of numbers as well as skill mix, in line with patient acuity.</p> <p>The Staffing Escalation Tool is in the process of being reviewed to take into account changes across the Directorate, such as the Directorate on-call rota.</p>

<p>Area for improvement 8</p> <p>Standard Ref: Standard 5.3.3 (d)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The SHSCT should ensure that ward management cover in Rosebrook is provided on an ongoing basis. The Trust should review and manage any additional roles placed on Rosebrook ward management team that require them to spend less time in the ward.</p> <hr/> <p>Response by the Trust detailing the actions taken: Rosebrook, along with the other in-patient wards, has a full-time Ward Manager. A Clinical Coordinator has been appointed (March 2020), and we have now appointed permanently (pending references and checks) to this position (post offered and accepted 24.07.2020). This post-holder ‘carries the bleep’ Monday to Friday, thus removing this responsibility from Ward Managers and other RNs. In addition, additional senior nursing staff (Band 7 and above) are providing senior cover at the weekends and are carrying the bleep for the Unit, again removing this responsibility from Ward Managers and other ward-based nursing staff. As Band 7 Night Coordinators cover 7 nights per week, the requirement for Ward Managers to cover the bleep has been more than significantly reduced. Further administrative support has been progressed, at financial risk, with every Ward Manager in the Unit now having 0.5wte admin support. The Trust has also uplifted a number of Band 5 posts to Band 6 (n=30) to provide senior nursing cover and further support Ward Managers. Each ward now has an agreed allocation of Band 6 x5 positions. All have been recruited to, with 4 still to take up post. The Directorate has now implemented a Directorate on-call rota, which provides staff, out of hours, with access to a senior manager.</p>
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<p>Area for improvement 9</p> <p>Standard Ref: 4.3 (m)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust should implement a system for the governance and oversight of agency staff training and induction. To ensure the Trust is fully assured that agency staff have been inducted to the ward environment, are familiar with patient's needs and have appropriate up to date training required to work in an inpatient mental health setting.</p> <p>Response by the Trust detailing the actions taken: Core minimum mandatory training requirements are provided to all agencies from which the Trust engages workers. In addition, the Health Roster system in use within Mental Health In-patient wards, includes the ability for Ward Managers to specify any 'role-specific' training (e.g. MAPA) required for a particular booking – these requirements are provided to agencies as part of the booking process. Agencies, as the employer of these workers, are responsible for ensuring their staff have undertaken such training, including any refreshers required, and for maintaining records of this training. Agencies will provide the Nurse Bank team, who are responsible for processing the booking of agency workers, with copies of e-learning records where required. Where workers are engaged in the Trust for regular/longer-term work (a "block booking"), the Trust's Nurse Bank team will receive and review a profile of the worker, which includes details of core mandatory training, prior to confirming the booking. Thereafter relevant Ward Managers are advised to ensure agency workers in their ward have access to any Trust-specific training, in the same way as substantive staff. For agencies on regional Framework 486666, the minimum mandatory training requirements for any agency workers supplied to the Trust are detailed in the framework specification. BSO Procurement & Logistics Service (PALS) as co-ordinators of this framework have a regional audit process in place to monitor compliance with all requirements – the Trust is represented on the group which has been responsible for undertaking previous audits. For agencies which are not on the above regional framework, the Trust confirms when entering into an agreement for the supply of staff that the agency has systems and processes in place to ensure compliance with training requirements for all its workers. An example of this (from an agency which regularly supplies staff to Mental Health In-Patients) is "[Name of Agency] will ensure that all healthcare professionals complete Skills for Health Statutory and Mandatory and Clinical/Care Core Skills Training prior to assignment and thereafter be given refresher training in alignment with the CSFT recommended refresher period....Our Compliance Teams are responsible for scheduling training and ensuring that all healthcare professionals have completed the requisite training prior to assignment. They are also responsible for notifying workers on assignment about when refresher training is due and</p>
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	<p>ensuring that it has been completed within the timescale deadline. It is mandatory to input training dates to our system and it is not possible to assign or pay a healthcare professional who does not have up to date training in place.” In addition, the Trust’s Nurse Bank team has recently implemented a proforma for the annual compliance checking of agency workers, which includes all aspects of core mandatory training.</p>
<p>Area for improvement 10</p> <p>Standard Ref:5.3.2 (a)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust should review the high rate of incidents in Rosebrook ward using appropriate methodology to establish the reasons and put in place a clear and measurable action plan that will aim to reduce the number of incidents in Rosebrook, considering the findings of this inspection.</p> <p>Response by the Trust detailing the actions taken: The Trust recognises that significant challenges for staff working within Rosebrook PICU, given the patient profile and workforce challenges, and is committed to supporting staff and reducing the high rate of incidents. Incident management arrangements have been strengthened across the whole Unit, with a more structured and timely approach adopted, training provided, and a significant backlog cleared using a risk managed approach. The Directorate is currently expanding and strengthening its Governance team which shall link directly into the Unit’s Governance Forum, chaired by the Associate Medical Director. This shall enable the identification of trends and MDT scrutiny, as well as action planning to address. Interrogation of incidents reveals that specific patients contribute to significant number of incidents reported. Whilst it is recognised that some of these patients are in PICU because of a lack of suitable accommodation to move to, individual, comprehensive risk assessments have been undertaken and management plans agreed for these patients in order to try to reduce incidents. A Restrictive Practice Group has been established as part of the Trust’s Towards Zero Suicide work-stream, and has service user input along with a quality improvement focus. Additionally, a pilot for body cams is due to commence and will be evaluated and reported regionally.</p>
<p>Area for Improvement 11</p> <p>Standard Ref: 7.3 (j)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The SHSCT should take appropriate action to establish the reasons for low staff morale in Rosebrook ward, and put in place a clear and measurable action plan that will address the issues. There should be clear evidence that all staff are fully involved.</p> <p>Response by the Trust detailing the actions taken: The option of engaging an independent Facilitator was being explored, however, with the implications of Covid this was not progressed. This will be further explored in the near future, whilst taking account of the most recent RQIA inspection of Rosebrook.</p>

	<p>A team away day, re-establishment of an MDT operational meeting and any recommendations from a facilitator will be taken forwards.</p> <p>A new Trust process for exit interviews is being piloted with the corporate nursing team, as well as local arrangements, details of which are reported to the Directors Oversight Group.</p>
<p>Area for Improvement 12</p> <p>Standard Ref: 6.3.2 (f)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust should address the issues raised during this inspection regarding MDT working relationships, ensure all decisions made by the MDT are recorded and include the professional views expressed by all members of the MDT.</p> <p>Response by the Trust detailing the actions taken: Following on from actions detailed above, a new operational policy for Rosebrook has been approved and is being implemented. We are currently considering the merging of Dorsy and Bluestone operational and governance groups in order to provide richer membership, analysis and accountability. An audit plan is also in development for the Unit and a specific review of notes to take account of evidence of recording of decisions made by the MDT.</p>
<p>Area for Improvement 13</p> <p>Standard Ref: 8.3 (i)</p> <p>Stated: First</p> <p>To be completed by: 15 September 2020</p>	<p>The Trust should implement a system for clearly sharing changes to patient's care and treatment plans with patients and all members of the MDT.</p> <p>Response by the Trust detailing the actions taken: The re-establishment of the Rosebrook Operational Group will focus on this particular area for improvement.</p>

Name of person (s) completing the QIP			
Signature of person (s) completing the QIP		Date completed	07.08.2020
Name of person approving the QIP	Barney McNeany		
Signature of person approving the QIP		Date approved	10.08.2020
Name of RQIA inspector assessing response	Rhona Brennan		
Signature of RQIA inspector assessing response	Rhona Brennan	Date approved	02.10.2020



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