The Regulation and Quality Improvement Authority

Ward 27

Downshire Hospital

South Eastern Health and Social Care Trust

Unannounced Inspection Report

21 – 25 September 2015

npm national preventive mechanism

informing and improving health and social care
www.rqia.org.uk

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Our Vision, Purpose and Values

Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

Purpose
The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

Values
RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

Contents

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

Is Care Safe?

- Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?

- The right care, at the right time in the right place with the best outcome

Is Care Compassionate?

- Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

2.0 Inspection Outcomes

This inspection focussed on the theme of Person Centred Care.

Person Centred Care

This means that patients are treated as individuals, with the care and treatment provided to them based around their specific needs and choices. On this occasion Ward 27 (Downshire) has achieved the following levels of compliance:

Is Care Safe?	**Partially met**
Is Care Effective?	**Partially met**
Is Care Compassionate?	**Met**

3.0 What happens on Inspection

What did the inspector do?

- reviewed information sent to RQIA before the inspection
- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- reviewed other documentation on the days of the inspection
- checked on what the ward had done to improve since the last inspection

At the end of the inspection the inspector:

- discussed the inspection findings with staff
- agreed any improvements that are required

After the inspection the ward staff will:

- send an improvement plan to RQIA to describe the actions they will take to make the necessary improvements
- send regular update reports to RQIA for the inspector to review

4.0 About the Ward

Ward 27 is a 16 bedded mixed gender ward providing care and treatment to patients who require nursing care in a low secure environment and to patients who require psychiatric intensive care. Patients admitted to the ward have access to a multi-disciplinary team consisting of nursing and medical staff, an occupational therapist and social work staff. Patients can access support from clinical psychology services via referral.

Male and female sleeping and bathroom areas are separate. The ward had a large day space and a separate dining room. The ward also had a low stimulus room, and a seclusion room. On the days of the inspection there were 16 patients. 15 patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

Inspectors noted that there were eleven patients who required a low secure environment. These patients had been in hospital for a significant period of time. It was positive to note that during the previous three years the Trust had

made significant progress in supporting patients to resettle back to their communities. Inspectors were informed that the long stay patient population had reduced from 54 patients since 2012.

5.0 Summary

5.1 What patients, carers and staff told inspectors

During the inspection inspectors met with six patients. Five patients told inspectors that their experience of the ward had been positive. Patients reported that they felt secure, had been fully involved in their care and treatment plan and that they had been treated with respect. Three patients reflected that activities on the ward did not always happen in accordance to the activity plan. The patients also felt that they did not have a choice regarding the activities available.

One patient reflected that their experience of the ward had been negative. Patient experiences of the ward are reported in Appendix 2. Patient comments included:

"*Overall it's alright";*

"Visitors can't walk around the ward (positive)";

"Other patients get in my space";

"The ward is regimented";

"Can be boring…I just sleep all day";

"I am very happy with the care from the nurses";

"I enjoy playing snooker and table tennis";

"I see the occupational therapist for activities"

"There is nothing I would change about the ward";

"I have been ok with my time on the ward".

During the inspection no patient representatives/relatives were available to meet with inspectors. Inspectors left a number of questionnaires with the ward manager to distribute to carers/relatives as required. Four patient representatives returned questionnaires.

Three relatives commented that they felt all staff were accessible and available to speak to as required. One relative recorded that this had not been their experience. Two relatives reported that they had been offered the

opportunity to be involved in decisions in relation to the care and treatment of their relative. Two relatives recorded that they had not been offered this opportunity. One of these relatives stated that they were:

"…deeply concerned that (the patient) was taken off their anti-psychotic drug of over thirty years, despite the fact that (the patient) has always responded to treatment with this drug."

The relative recorded that the multi-disciplinary team had recommenced the patient onto the original medication.

Inspectors met with twelve members of the ward's multi-disciplinary team. Staff told inspectors that they felt the ward's multi-disciplinary team (MDT) was effective and worked well together. Staff reported that they felt the MDT responded to a wide range of patient needs in a practice and caring manner. A number of staff discussed the challenges of the ward's environment and the diverse needs of the patient group.

Inspectors spoke with a number of nursing staff. All staff were familiar with the patients' needs on the ward. Staff reported that they felt supported by the ward manager and the multi-disciplinary team. Staff indicated they enjoyed working with the patient population and acknowledged the challenges experienced at times due to the complex needs of the patients.

Inspectors spoke with the ward's social worker. The social worker expressed their concerns regarding the limited resources and lack of appropriate facilities available in the community. The social worker stated the staff on Ward 27 appropriately refer any safeguarding vulnerable adult issues and any incidents and accidents. The social worker confirmed resettlement meetings are convened on a regular basis and that carers and relatives are involved.

See attached Appendix 2.

5.2 What inspectors saw during the inspection

Ward Environment

"A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings." Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

Inspectors assessed the ward's physical environment using a ward observational tool and check list.

Summary

The ward's reception area was well presented and included notice boards that displayed information relevant to patients and carers. There was information displayed in easy read format on the ward's main notice board in relation to the advocacy service, the Trust's complaints procedure and the adult safeguarding procedures. Patients could also access a patient and carer information folder. It was positive to note that the ward had a large amount of easy read information available for patients. This included information in relation to Human Rights, the Mental Health (Northern Ireland) Order 1986 and the Mental Health Review Tribunal.

The ward's environment was relaxed and warm. There was good ventilation, a large lounge area and a large well maintained garden and tea room. Inspectors evidenced that the ward had a recreational room, spacious bay areas and a comfortable dining area. However, there were a number of ligature points located within the ward. These included taps and door fixtures. An updated ligature risk assessment was not available at the time of the inspection.

Inspectors also noted that the Trusts patient experience quality control audit identified a number of concerns regarding the ward's environment. These included concerns about a number of the ward's toilets, curtains, screens, damp, paintwork and the poor presentation of a large number of other ward fixtures and fittings. In light of the environmental concerns identified, RQIA undertook an estates services inspection of the ward's environment. An RQIA estates inspector conducted an inspection of the ward's environment on the 9 October 2015. The inspector noted concerns regarding damp penetration, ventilation in bathrooms, damage to flooring and ward décor. A detailed summary of the estates inspector's findings are presented in section seven of this report.

During the inspection one patient was receiving enhanced observations. Staff members providing this level of support, were observed positively engaging with the patient and treating them with respect and dignity throughout the day.

The detailed findings from the ward environment observation are included in Appendix 3.

Observation

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed direct observations using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions

Negative – communication which is disregarding the patient's dignity and respect.

Summary

Observations of interactions between staff and patients/visitors were completed throughout the days of the inspection. Three interactions were recorded in this time period. The outcomes of these interactions were as follows:

Positive	Basic	Neutral	Negative
% 100	% 0	% 0	% 0

Inspectors observed interactions between staff and patients during each day of the inspection. Inspectors noted that interactions between staff and patients were positive, supportive and respectful. Staff were observed engaging with patients and providing person centred care in accordance with each patient's identified needs. Inspectors witnessed staff to be available throughout the ward and remaining proactive in engaging with patients.

The patient receiving enhanced observations appeared relaxed and at ease with staff members. Staff appeared to have a good level of understanding in relation to each patient's individual needs. During the inspection inspectors evidenced that staff responded to patient requests promptly. It was good to note that patients appeared to be continually at ease whilst being supported by staff. Staff demonstrated a positive and friendly rapport with each patient.

The findings from the observation session are included in Appendices 3 and 4.

5.3 Key outcomes

5.3.1 Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Compliance Level	**Partially met**

See attached Appendix 5

What the ward did well

✓ There were enough staff available during the inspection to meet the needs of the patients admitted to the ward

✓Patients' treatment and care plans had been regularly reviewed

✓Staff were available throughout the ward

✓Staff were observed as being approachable and supportive

✓Care plans focussed on patient's strengths

✓Patients could access safe, well maintained outside spaces

✓Staff were provided with regular supervision and appraisal.

Areas for improvement

- **Environmental safety**

X The ligature risk assessment had not been updated regarding the management of a number of ligature points within the ward. *Quality Standard 4.3(i)*

X The ward's environment required further cleaning, repainting and maintenance. *Quality Standard 5.3.1(f)*

- **Staffing**

X Nurse training records reflected that not all nursing staff had completed the required updated mandatory training *Quality Standard 5.3.3(d)*

- **Restrictive practices**

X A rationale for the need for some of the ward's blanket restrictions was not reflected in patients' care records for those patients receiving continuing care. *Quality Standard 6.3.2 (d)*

- **Care planning**

X Care plans for patients admitted to the ward on a continuing care basis did not clearly evidence patients' discharge plans. *Quality Standard 5.3.1 (f)*

5.3.2 Is Care Effective?

The right care, at the right time in the right place with the best outcome

Compliance Level	Partially met

See attached Appendix 6.

What the ward did well

✓Patients were consulted and involved in their care and treatment plans

✓Patients care and treatment was reviewed on a regular basis and appropriate records were being maintained

✓Care and treatment was being provided to patients in a manner that promoted patient choice

✓Staff actively considered the rights of each patient

✓The use of restrictive interventions was being closely monitored and continually reviewed

✓Patients could meet with staff as required

✓Patient assessments, risk assessments and care plans were being updated on a regular basis and as required.

Areas for improvement

- **Patient care**

X Patients could not access ward based psychology support. *Quality Standard 5.3.3 (d)*

X The ward's ethos was not clear. *Quality Standard 4.3 (h)*

X Rehabilitation and resettlement plans for the continuing care patient population were not clearly stated. *Quality Standard 5.3.1 (a)*

- **Environment**

X Cleaning and maintenance audits evidenced a number of deficits within the ward. *Quality Standard 5.3.1 (f)*

X The ward's design was not in keeping with the recognised standards for a PICU/ low secure environment. *Quality Standard 5.3.1. (f)*

- **Staffing**

X The multi-disciplinary team did not include a clinical psychologist. *Quality Standard 5.3.3 (d)*

5.3.3 Is Care Compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Compliance Level	**Met**

See attached Appendix 7

What the ward did well

✓Patients informed inspectors that they had positive relationships with ward staff

✓Patients were involved in their care and treatment plans

✓Staff were supportive and caring towards patients

✓The ward's multi-disciplinary team worked well together

✓Five of the six patients who met with inspectors reported that they were satisfied with their care and treatment

✓Patient staff interactions observed by inspectors were positive, supportive and patient centred

✓Patients care and treatment was being reviewed on a regular basis by nursing staff and the multi-disciplinary team

✓ Ward staff were providing care and treatment to patients who presented with a varied range of needs.

Areas for improvement

X The need for some of the ward's blanket restrictions was not reflected within individual patient care records. *Quality Standard 6.3.2 (d)*

6.0 Follow up on Previous Inspection Recommendations

Seven recommendations were made following the last inspection on 4 and 5 November 2015. The inspector was pleased to note that all six recommendations had been implemented in full.

See attached Appendix 1

7.0 Other Areas Examined

Estates inspection 9 October 2015

The following is a brief summary of the findings from the RQIA estates inspection regarding Ward 27 completed on 9 October 2015.

The ward in general appeared to be in satisfactory condition, and was clean with no significant malodours detected. However, the decoration throughout the ward was 'worn' and discoloured with evidence of marked paintwork and damage to surfaces from wheelchairs/trolleys etc. This was discussed with the service manager for the ward at the time of the inspection who advised, that an order for the redecoration of the ward had been submitted but had not yet been approved. It is recommended that the trust provide a time bound program for the completion of this redecoration of Ward 27.

Several specific areas for improvement were also noted as a result of this inspection. These included:

- Damp penetration in wall adjacent to the secure garden area.

    - The source of the damp penetration should be identified and suitable remedial actions undertaken prior to the redecoration of the damaged internal surfaces.

- Insufficient mechanical ventilation in the bathrooms, resulting in damp conditions with associated malodours.
    - A survey of the mechanical ventilation in the bathrooms/wc's throughout the ward should be undertaken. The ventilation levels should be adjusted to ensure that they are adequate to prevent the build-up of condensation and any associated malodours.

- Damage to the subfloor in the main corridor adjacent to the main day room.
    - The subfloor in this area should be inspected in detail and suitable remedial works implemented in a timely manner to ensure its integrity along with the health, safety and welfare of patients, visitors and staff.

- The use of door wedges at the main ward area compartment fire doors.
    - No fire doors should be wedged open at any time. If there is an operational need for these compartment fire doors to be held open, then a 'hold open' device, suitably linked to the ward's fire detection and alarm system should be installed.

- Weather damage to the external escape doors at the tea room adjacent to the main entrance.
    - These doors are in an unacceptable condition and should be replaced.

The findings from the estates inspection have been identified within the areas for improvement report detailed below.

Prescribed medication

Inspectors reviewed the wards clinical care and treatment practices including prescribing.

In relation to prescribing of medication there was significant polypharmacy with high doses of antipsychotic medication prescribed. Considering the difficulties associated with the illnesses and behaviour of the patients, inspectors considered this to be appropriate. In the case of the PRN prescriptions many were potentially over the maximum recommended daily dosages as detailed in the British National Formulary but again considering the patients this was probably appropriate and necessary. On some records no indication was written and, where more than one medication was prescribed, for example a benzodiazepine and an antipsychotic there was no indication as to which drug was to be the first line perhaps often leaving nursing staff in a difficult position. Generally, the PRN medications were not

used excessively. However, a number of patients were receiving their PRN medications on such a regular basis that consideration should be given to regular prescriptions of these medications.

8.0 Next steps

Areas for improvement are summarised below. The Trust, in conjunction with ward staff, should provide an improvement plan to RQIA detailing the actions to be taken to address the areas identified.

	Area for Improvement	Timescale for implementation in full
Priority 1 recommendations		
1	The ward's ethos and statement of purpose was not clearly stated.	20 November 2015
2	The ward was not clean in all areas.	6 November 2015
Priority 2 recommendations		
3	Ligature risks identified within the ward did not include a clear plan as to how they would be managed to help ensure patient safety.	20 January 2016
4	A continuing maintenance programme had not been devised or implemented to address the concerns identified in section seven of the report.	20 January 2016
5	Nursing staff training records were not up to date. Mandatory training deficits were noted and these were contrary to Trust standards.	20 January 2016
6	A rationale for the use of restrictive practices was not reflected in each patient's care plan and records.	20 January 2016
7	Discharge and resettlement plans for those patients receiving continuing care were not clearly stated.	20 January 2016
8	The ward's multi-disciplinary team did not include a clinical psychologist.	20 January 2016
Priority 3 recommendations		
9	Contingency plans for the future care and treatment of patients were not available.	20 April 2016

Definitions for priority recommendations

PRIORTY	TIMESCALE FOR IMPLEMENTATION IN FULL
1	This can be anywhere from **24 hours to 4 weeks from the date of the inspection** – the specific date for implementation in full will be specified
2	Up to **3 months** from the date of the inspection
3	Up to **6 months** from the date of the inspection

Appendix 1 – Previous Recommendations

Appendix 2 – PEI Questionnaires

This document can be made available on request.

Appendix 3 – Ward Environmental Observation Tool

This document can be made available on request.

Appendix 4 – Quality of Interaction Schedule

This document can be made available on request.

Appendix 5 – Is Care Safe?

This document can be made available on request.

Appendix 6 - Is Care Effective?

This document can be made available on request.

Appendix 7 - Is Care Compassionate?

This document can be made available on request.

Appendix 1

Follow-up on recommendations made following the unannounced inspection on 4 & 5 November 2014

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.3 (b)	It is recommended that the ward sister ensures the documentation for recording the minutes of the team assessment meeting is reviewed to ensure clarity of patient attendance at the meeting.	1	Inspectors reviewed the ward's team assessment meeting (TAM) template. The template included a section to ensure that a patient was invited to the meeting. In circumstances where a patient had not been invited staff were requested to provide an explanation regarding the patient's nonattendance. Completed TAM records reviewed by inspectors evidenced that patients had been invited. One record evidenced that a patient had not been invited as they had been to unwell to attend. It was also good to note that the ward manager had introduced a weekly checklist to ensure that all patients were given the opportunity to discuss and review their care plan and risk assessment.	Met
2	5.3.1 (c)	It is recommended that the ward sister ensures that patients whose financial affairs are managed by the hospital have an assessment completed in relation to capacity to management their finances.	1	Inspectors reviewed the ward's policy and procedures for the management of patients' finances and the assessment of patient capacity. A new procedure for the management of finances for inpatients had been completed. The new procedure had been agreed with the Trust's finance department and the ward's senior management team. Inspectors reviewed the financial records of six patients. Each patient had a financial capacity assessment completed. Capacity assessments were reviewed on a regular basis by the ward's multi-disciplinary team.	Met
3	5.3.1 (f)	It is recommended that the ward manager ensures that patients' capacity to consent to care and interventions is assessed regularly and documented in the patients	1	A team assessment meeting (TAM) was convened for each patient admitted to the ward. The progress of patients admitted in accordance to the ward's PICU protocols was reviewed on a weekly basis. Patients admitted on a long term basis were reviewed fortnightly. The TAM review included ongoing assessment of each patient's capacity to consent.	Met

		care documentation.		Patient progress notes reviewed by inspectors also evidenced that all members of the ward's multidisciplinary team continually discussed care plans and associated interventions with each patient on a one to one basis.	
4	5.3.1 (f)	It is recommended that the ward manager ensures that all staff attend training on capacity to consent.	1	Inspectors reviewed the ward's nursing staff training records. Records indicated that all nursing staff had completed training regarding capacity to consent and deprivation of liberty standards (DOLS).	Met
5	5.3.1 (a)	It is recommended that the ward manager ensures that person centred care plans are completed for all patients on the ward.	1	Care plans reviewed by inspectors were based on the assessed needs of each patient. Patient records were retained in handwritten format and on the Trust's MAXIMS electronic patient information system. Each patient had a nursing care plan and a treatment plan which were reviewed on a weekly/fortnightly basis by the ward's multi-disciplinary team. It was good to note that all staff updated the patients risk assessment and progress records retained on the MAXIMS system. However, inspectors noted that medical staff did not update patient progress records on the MAXIMS system. Medical progress records were retained in written format. Inspectors were also concerned that patients admitted to the ward on a long term basis did not have comprehensive rehabilitation programmes as these were not supported by positive behavioural change programmes or clinical psychology input. These issues are discussed in the main body of the report.	Met
6	6.3.2 (g)	It is recommended that the ward manager reviews the ward information booklet to ensure that patients are informed of information in relation to outside agencies that may assist patients with	1	The ward's patient information booklet had been reviewed. The new booklet included three pages detailing information regarding outside agencies and professional bodies. This included the contact details of the ward's patient advocate, the Northern Ireland Patient Ombudsman, RQIA and the Patient and Client Council.	Met

		concerns and complaints. E.g. Ombudsman, RQIA, patient and client council, professional bodies.			
7	6.3.2 (g)	It is recommended that the trust review the "tea room" environment. Patients' views should be sought and considered as part of this review.	1	Inspectors reviewed the tea room and noted that it had been repainted. Inspectors were informed that the room had been reviewed and that patients had been involved. The room appeared to be clean and appropriately furnished with natural lighting and access to outside. Inspectors were told that patients had chosen the room's colour scheme.	Met

A completed Improvement Plan from the inspection of this service has not yet been approved.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

HSC Trust Improvement Plan

WARD NAME	Ward 27 Downshire	WARD MANAGER	Liz McLaughlin	DATE OF INSPECTION	21 – 25 September 2015
NAME(S) OF PERSON(S) COMPLETING THE IMPROVEMENT PLAN		NAME(S) OF PERSON(S) AUTHORISING THE IMPROVEMENT PLAN			

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

The areas where improvement is required, as identified during this inspection visit, are detailed in the inspection report and improvement plan.

The completed improvement plan should be completed and returned to team.mentalhealth@rqia.org.uk from the HSC Trust approved e-mail address, by 11 November 2015

Please password protect or redact information where required.

PRIORTY	TIMESCALE FOR IMPLEMENTATION IN FULL
1	This can be anywhere from **24 hours to 4 weeks from the date of the inspection** – the specific date for implementation in full will be specified
2	Up to **3 months** from the date of the inspection
3	Up to **6 months** from the date of the inspection

Part A

Priority 1: Please provide details of the actions taken by the Ward/Trust in the timeframe **immediately** after the inspection to address the areas identified as **Priority 1**.

Area identified for Improvement	Timescale for full implementation	Actions taken by Ward/Trust	Attached Supporting Evidence	Date completed
Key Outcome Area – Is Care Safe? In accordance to the Trust's patient experience quality control audit and an infection prevention audit the ward was not clean **Minimum Standard 5.3.1 (f)** This area has been identified for improvement for the **first** time.	6 November 2015			
Key Outcome Area – Is Care Effective? The ward's ethos and statement of purpose was not clear **Minimum Standard 4.3 (h)** This area has been identified for improvement for the **first** time.	20 November 2015			

Key Outcome Area – Is Care Compassionate? None of the areas for improvement identified as a result of this inspection are required to be completed within this priority.				

Part B

Priority 2: Please provide details of the actions proposed by the Ward/Trust to address the areas identified for improvement. The timescale within which the improvement must be made has been set by RQIA.

Area identified for improvement	Timescale for improvement	Actions to be taken by Ward	Responsibility for implementation
Key Outcome Area – Is Care Safe? The ward's ligature risk assessment required updating regarding the management of a number of ligature points **Minimum Standard 4.3 (i)** This area has been identified for improvement for the **first** time.	20 January 2016		
A continuing maintenance programme was not available to address a number of estates concerns as detailed in section 7 of the report **Minimum Standard 5.3.1 (f)** This area has been identified for improvement for the **first** time.	20 January 2016		
Nursing staff training records were not up to date. Mandatory training deficits were noted and these were contrary to Trust standards.	20 January 2016		

Minimum Standard 5.3.3 (d) This area has been identified for improvement for the **first** time.			
A rationale for the use of certain restrictive practices was not reflected in each patient's care plan **Minimum Standard 6.3.2 (d)** This area has been identified for improvement for the **first** time.	20 January 2016		
Discharge and resettlement plans for patients receiving continuing care were not clearly stated. **Minimum Standard 5.3.1 (f)** This area has been identified for improvement for the **first** time.	20 January 2016		
Key Outcome Area – Is Care Effective? The ward's multi-disciplinary team did not include a psychologist. **Minimum Standard 5.3.3 (d)** This area has been identified for improvement for the **first** time.	20 January 2016		
Key Outcome Area – Is Care Compassionate? None of the areas for improvement			

identified as a result of this inspection are required to be completed within this priority. One issue was identified in relation to restrictive practices. This issue has been addressed as an area for improvement within the is care safe section relevant to this priority			

Part C

Priority 3: Please provide details of the actions proposed by the Ward/Trust to address the areas identified for improvement. The timescale within which the improvement must be made has been set by RQIA.

Area identified for improvement	Timescale for improvement	Actions to be taken by Ward	Responsibility for implementation
Key Outcome Area – Is Care Safe? None of the areas for improvement identified as a result of this inspection are required to be completed within this priority			
Key Outcome Area – Is Care Effective? Contingency plans regarding the future care of patients were not available. Contingency plans in relation to the ward's future, design/environment and statement of purpose should be considered **Minimum Standard 5.3.1 (a)** This area has been identified for improvement for the **first** time.	20 April 2016		
Key Outcome Area – Is Care Compassionate? None of the areas for improvement identified as a result of this inspection are required to be completed within this priority.			

TO BE COMPLETED BY RQIA

Inspector comment (delete as appropriate)	**Inspector Name**	**Date**
I have reviewed the Trust Improvement Plan and I am satisfied with the proposed actions or I have reviewed the Trust Improvement Plan and I have requested further information		
I have reviewed additional information from the Trust and I am satisfied with the proposed actions		