



The **Regulation** and
Quality Improvement
Authority

Carrick Male
Grangewood Hospital
Western Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 28 July 2015



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.

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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 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

2.1 What happens on inspection

What did the inspector do?

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(s)

- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at different types of documentation

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 any necessary improvements

3.0 About the ward

The Carrick ward is an acute admission ward for males aged from 18 to 65. Located in the Grangewood hospital the ward provides assessment and treatment services and is the in-patient component of the Trust's crisis service. It has an integrated psychiatric intensive care unit (PICU).

The ward provides accommodation for up to 18 patients. Patients have access to a consultant psychiatrist; clinical psychologist, social worker, occupational therapist and smoking cessation nurse. Patients can attend Grangewood's acute day care centre. The centre is located opposite the ward and provides day time activities and social outings. On the day of the inspection there were no patients admitted to the ward's integrated PICU and two patients were receiving enhanced observations.

4.0 Summary

Progress in implementing the recommendations made following the previous inspections carried out on 24 and 25 February 2015 and 18 March 2015 were assessed during this inspection. There were a total of 16 recommendations made following the last inspections.

It was good to note that 13 recommendations had been implemented in full.

Two recommendations had been partially met and one recommendation had not been met. These recommendations will be restated for a second time following this inspection.

On the day of the inspection the inspector and lay assessor evidenced that the ward's atmosphere was welcoming, relaxed and patients presented as being at ease. Patients could move freely throughout the main ward areas and could access the ward's garden as required. Patients could also attend the hospital's day services. Staff were observed as being present throughout the ward and remaining attentive and caring towards patients throughout the day.

The ward provided a range of information relevant to patients. Information contained in the patient induction pack and posted on the ward's notice boards was appropriate and up to date. The inspector noted that details of the nursing staff on duty were available on the ward's main notice board. However, the names of other members of the multi-disciplinary on duty were not available. A recommendation has been made.

Patient care records reviewed by the inspector evidenced that care plans were based on each patient's individual need. The plans had considered the patient's rights in accordance to Trust and regional guidance and were regularly reviewed by nursing staff and the multi-disciplinary team. It was positive to note that a restrictive practice care plan had been completed for each patient.

Care plans evidenced that patients had been involved in their care and treatment. Progress records demonstrated that nursing staff and the multi-disciplinary team continued to monitor each patient closely. It was good to note that patients could access the ward's advocate and independent legal advice as required.

Patients who met with the inspector and the lay assessor reported no concerns in their ability to speak with nursing staff as required.

4.1 Implementation of Recommendations

Six recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 24 and 25 February 2015 and 18 March 2015.

These recommendations concerned the admission, treatment and discharge of children or young persons under 18 to adult wards, staff training, patient care plans and trust governance and the monitoring of the use of physical interventions.

The inspector was pleased to note that four recommendations had been fully implemented. Young people admitted to the ward were being cared for in accordance to Trust and regional policy and procedure, nursing staff training was being appropriately managed and staff had completed up to date training in relation to the management of child protection concerns and deprivation of liberty guidance.

However, despite assurances from the Trust, two recommendations had not been fully implemented. The Trust had not ratified the mental health services protocol for the admission, treatment and discharge of young persons to adult wards and the Trust had not introduced a use of physical intervention record.

Five recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 24 and 25 February 2015.

These recommendations concerned staff supervision and appraisal, patients’ initial assessments, psychotherapeutic interventions, the ward’s information pack and Trust policies and procedures.

The inspector was pleased to note that four recommendations had been fully implemented. Staff were receiving supervision in accordance to Trust and professional standards, patients initial assessments were being completed in full, patients could access a range of psychotherapeutic interventions and the ward’s information pack had been updated.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The Trust had not ratified its protocols in relation to the admission, treatment and discharge of young people to adult wards.

Five recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection(s) undertaken on 24 and 25 February 2015. One of these recommendations was not assessed during the inspection as it had a longer implementation timeframe.

The recommendation assessed by the inspector concerned patient care plans, staff training and the use of restrictive practices, the installation of coffee and tea boilers and patients time off the ward.

The inspector was pleased to note that all four of the recommendations assessed had been fully implemented. The ward had reviewed patient care plans and ensured that the use of restrictive practices was based on each patient’s assessed need. Nursing staff had completed up to date training in relation to the Trust’s and regional guidance regarding the use of restrictive practices. The ward manager had ensured that the tea and coffee boilers for patient use would be installed and patient care records detailed each patient’s leave status.

5.0 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)

The inspector assessed the ward’s physical environment using a ward observational tool and check list.

Summary

The ward's environment presented as clean, clutter free and well maintained. Ward furnishings were comfortable and appropriate to the needs of the patient group. Patients could access a large garden area which was evidenced as being appropriately maintained and easy to access. The ward's main reception area and lounge areas were well presented and included notice boards that displayed information relevant to patients. This included ward activities, details regarding the advocacy service and the names of nursing staff on duty. There was information displayed on the ward's main notice board in relation to the date, time and day, the Trust's complaints procedure, the day centre schedule and details of an independent legal advice service. The inspector noted that the names of medical staff and other members of the multi-disciplinary team were not displayed on the patient information board. A recommendation has been made.

Patients' had their own ensuite bedrooms located within easy access to the ward's lounge, kitchen and the dining area. The inspector observed that patient access throughout the ward was appropriate and the ward provided easy to read signage to help orientate patients. Patients could also access the support of the ward's Occupational Therapist (OT) on a daily basis Monday to Friday. The OT was based in the hospital's day services provision which patients could also attend should they choose do so.

The room used to facilitate visits from patients' relatives/carers was located at the ward's main entrance. The room was bright, appropriately furnished and well maintained. The inspector noted that ward staff were available throughout the ward and patients presented as relaxed and at ease in their surroundings.

Two patients were receiving enhanced observations. Staff members were observed engaging positively with these patients. Staff treated each patient with respect and dignity. It was good to note that both patients moved freely throughout the ward and staff maintained appropriate spacial awareness whilst providing an appropriate level of support. Patients who met with the inspector reflected positively on the ward's environment.

The detailed findings from the ward environment observation are included in Appendix 2.

6.0 Observation Session

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 day of the inspection. Four interactions were recorded in this time period. The outcomes of these interactions were as follows:

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

Throughout the day of the inspection, patient and staff interactions observed by the inspector were noted to be positive, supportive and caring. Staff were available throughout the ward and it was good to note staff maintained a consistent presence in the main ward areas. Staff appeared to know the patients well, communicating in a manner appropriate to the individual needs of each patient. The inspector witnessed staff continually checking in with patients in a friendly and proactive manner.

Patients were observed moving freely throughout the ward. The atmosphere in the ward was relaxed and welcoming. Patients could access the ward garden as required and could also attend the hospitals day services. Patients who met with the inspector were complementary about the ward’s staff team, reporting no concerns regarding their ability to speak with nursing staff as required.

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

7.0 Patient Experience Interviews

Four patients agreed to meet with the lay assessor to talk about their care, treatment and experience as a patient. Two of the patients agreed to complete a questionnaire regarding their experiences.

Two patients who met with the lay assessor reported that they felt staff were supportive and helpful. The remaining two patients reflected that they could speak with staff as required. One patient reported that they felt staff did not listen to them and their (patient's) rights had not been explained to them. The inspector met with the patient and reviewed the patient's care records.

The patient informed the inspector that they had been involved in their care and treatment plan and could speak with their consultant psychiatrist on a regular basis. The patient's records detailed that staff continued to inform the patient about any changes in care and treatment. The records evidenced that staff had made the patient aware of their rights. The inspector discussed the patient's concerns with the charge nurse. The charge nurse agreed to ensure the patient was given a further opportunity to review their rights and to speak with the ward advocate and the independent legal service.

The patient also reported that they were not happy that they had previously received a physical intervention which resulted in the use of rapid tranquilisation. The inspector reviewed this incident with the patient, the charge nurse and examined the patient's care records and the ward's incident report records. The inspector evidenced that the use of physical intervention and rapid tranquilisation with the patient had been completed in accordance to Trust and professional policies and procedures. It was positive to note the records evidenced that staff had used this intervention as a last resort to ensure the patient's safety and well-being. The patient's progress records and the associated incident report included comprehensive detail of the incident, the names of the staff involved and staff attempts to de-escalate the situation prior to the use of a physical intervention. .

On the day of the inspection patients were observed moving freely throughout the ward. Staff maintained a consistent presence in the main ward areas and interactions between patients and staff were friendly and positive. Patients who spoke with the inspector and lay assessor commented that:

"It's a good ward with decent staff";

"I like the day centre activities";

"I feel safe on the ward... but I am not very happy"; *

"The seating areas are good for talking and meeting with other patients";

“Staff really listen to me”;

“I feel I am well looked after”;

“They need a mat inside the door to keep the ward clean...I feel sorry for the cleaner”;

“A safe place to be”;

“This ward has made me better”;

“I am happy to be treated here”;

“Sometimes the tea and coffee are not provided at the agreed times”.

* The inspector reviewed the patient’s circumstances to explore the reasons why they were not happy. The inspector noted no concerns regarding the care and treatment provided to the patient.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	4
Other ward professionals	0
Advocates	0

Ward staff who met with the inspector reflected that they felt the ward was busy and supported patients with a range of needs. Staff reported that they could access training and supervision and they could also attend the ward staff meeting. Staff detailed no concerns regarding the quality of care and treatment provided to patients.

The ward’s management team were described as being approachable and supportive. Staff also commented that they felt the ward staff team worked well together.

9.0 Next Steps

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions to be taken to address the areas identified and return the QIP to RQIA by 21 September 2015.

The lead inspector will review the QIP. When the lead inspector is satisfied with actions detailed in the QIP it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

Appendix 1 – Follow up on Previous Recommendations

Appendix 2 – Ward Environment Observation

This document can be made available on request

Appendix 3 – QUIS

This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 18 and 19 March 2015

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5.3.1(c)	It is recommended that the Trust insures that the Mental Health Services Protocol for the admission, treatment and discharge of children or young persons under 18 to adult wards is updated.	1	The inspector verified that the Trust had updated the Mental Health Services protocol for the admission, treatment and discharge of children or young person's under 18 to adult wards. However, the inspector was informed that the protocol had not been ratified by the Trust's senior management team.	Partially met
2	Section 5.3.1(a)	It is recommended that the Trust ensures that the Child and Adolescence Mental Health services (CAMHS) provide care and treatment to a young person admitted to an adult ward in accordance to Trust and regional policy and procedure.	1	The inspector reviewed the arrangements and provision for young people admitted to the ward. It was good to note that records reviewed by the inspector evidenced that the care and treatment to young people admitted to the ward was being carried out in accordance to Trust and regional policy and procedure.	Met

Follow-up on recommendations made following the unannounced inspection on 24 and 25 February 2015

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 6.3.2 (a)	It is recommended that the trust ensures that procedural safeguards and robust care-plans regarding restrictions on patients be	2	The inspector reviewed five sets of patient care records. Records evidenced that patient care and treatment was being provided in accordance to each patient's assessed need. This included the use of restrictive practices used with patients. Restrictive practice care	Met

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		implemented to protect against arbitrary deprivation of liberty (DOLS).		plans had been completed appropriately and considered each patient's individual need and human rights. Restrictive care plans reviewed by the inspector had also been completed in accordance to DOLS guidelines.	
2	Section 5.3.3 (c)	It is recommended that the ward manager reviews training records to identify any gaps in training, knowledge and skill, and sets out a plan to address any deficits in training as a matter of urgency.	2	The ward's nursing staff training matrix evidenced that the ward manager maintained appropriate oversight of nursing staff training. Gaps in training and the need for retraining had been identified. The inspector evidenced that appropriate steps had been taken to address training deficits.	Met
3	Section 5.3.3 (c)	It is recommended that the ward manager ensures that all staff receive training in relation to the application of the Trust's Restrictive Intervention policy.	2	Nursing staff training records evidenced that 21 of the ward's 25 nursing staff had completed training in relation to the application of the Trust's restrictive intervention policy. The inspector was informed that three staff had only recently commenced working on the ward and two staff were on long term leave. Training for these staff members had been prioritised. Training would be delivered in the near future/upon staff returning to work.	Met
4	Section 5.3.3 (d)	It is recommended that the ward manager develops a system to ensure all staff have formal supervision meetings and appraisal in accordance with policies and procedures as a matter of urgency.	2	Records reviewed by the inspector evidenced that staff were receiving supervision and appraisal in accordance to Trust and professional standards. The inspector met with one of the ward's supervisor's, nursing staff and reviewed the ward's supervision procedures. The supervisor provided a supervision timetable for those staff for which they had supervisory responsibility. Nursing staff reported no concerns regarding their ability to access supervision and appraisal. The ward's supervision procedures were noted to be appropriate.	Met

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5	Section 5.3.1 (f)	It is recommended that the ward manager ensures that the installation of the tea/coffee boilers is completed.	2	<p>The inspector reviewed the progress made regarding the installation of the tea/coffee boilers. It was good to note that engineers had assessed the room where the boilers were to be installed. However, the boilers were not available for patient use.</p> <p>The inspector evidenced that the ward manager had acted on the recommendation in accordance to the identified timeline. Delays in installing the boilers were as a result of unforeseen circumstances beyond the control of the ward manager. The inspector was assured that the boilers would be fitted in the near future.</p>	Met
6	Section 5.3.1 (a)	It is recommended that the Carrick ward implement patient care plans in accordance to regional guidance. This should include adherence to the Deprivation of Liberty Standards	2	<p>Patient care plans reviewed by the inspector had been completed and implemented in adherence to regional and trust guidance including Deprivation of Liberty Standards. Care plans were based on the patient's individually assessed need. The use of restrictive practices had been assessed by the multi-disciplinary team and recorded on a restrictive intervention care plan.</p> <p>Restrictive intervention care plans explained the rationale for the use of the restriction and considered the patient's human rights and least restrictive alternatives. It was good to note that patients had been involved in the completion of each of the restrictive practice care plans reviewed.</p>	Met
7	Section 5.3.3 (c)	It is recommended that the ward manager ensures that all nursing staff complete up to date child protection	2	The inspector reviewed the ward's nursing staff training records. Records evidenced that 24 of the 25 nursing staff had completed up to date child protection training in accordance to the trust's mandatory training	Met

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		training in accordance with the Trust's mandatory training standards.		requirements.	
8	Section 5.3.1(a)	It is recommended that the ward manager ensures that patient initial assessments are completed in full including the patient details section.	1	Initial assessments within the five sets of patient care records reviewed by the inspector had been completed in full. This included completion of the patient's details section.	Met
9	Section 5.3.3 (b)	It is recommended that the multi-disciplinary team ensures that patients are kept informed of their circumstances in relation to time off the ward. The patient's leave status should be recorded in their nursing and multi-disciplinary care plans.	1	<p>Patient care records reviewed by the inspector evidenced that staff kept patients informed of their (patient's) status in relation to time off the ward. Patient leave status was reflected in patient's care plans and multi-disciplinary review records.</p> <p>It was good to note that the electronic patient information board located in the ward's main office also displayed the patients leave status.</p>	Met
10	Section 5.3.1 (c)	It is recommended that the Trust reviews its swipe/locked door protocols. RQIA should be informed of the outcome of the review.	1	This recommendation was not reviewed during the inspection as the time line for completion was 31 July 2015.	Met
11	Section 5.3.3 (f)	It is recommended that the Trust oversees the availability of psychotherapeutic interventions to ensure that patients on the ward have access to the full range of	1	On the day of the inspection, the inspector evidenced that patients could access a range of evidenced based psychotherapeutic interventions. This included access to the Trust's psychological therapy service and the personality disorder service.	Met

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		evidence based therapeutic interventions to meet presenting needs.			
12	Section 5.3.3 (a)	It is recommended that the crisis service reviews and updates the patient information pack. The updated pack should include reference to the ward's current status, use of restrictive practices and patients' rights.	1	The ward's patient information pack had been updated. The inspector reviewed the information recorded in the pack and noted that reference to the ward's current status, patient rights and the use of blanket restrictions was available.	Met
13	Section 5.3.1 (a)	It is recommended that the Trust introduces a use of a physical intervention record. This record should record reasons why the intervention was necessary, the details of the staff involved and the outcome. A copy of the record should be retained in the patient's record. A further copy should accompany the associated incident report.	1	A use of physical intervention record was not available. The inspector was informed that the Trust had prioritised this. The inspector noted that ward staff continued to record the use of a physical intervention in accordance to the trust's incident reporting procedures. Staff also updated patient records. The inspector reviewed care records of a patient who had required the use of a physical intervention. Staff had completed a comprehensive record detailing the circumstances, actions and outcome relating to the use of physical intervention. This recommendation will be restated for a second time in the quality improvement plan accompanying this report.	Not met
14	Section 4.3 (b)	It is recommended that the Trust ensures that policies and procedures requiring renewal are updated.	1	The inspector evidenced that a number of the Trust's policies and procedures were available and up to date. These included the trust's search policy, guidance on the implementation of deprivation of liberty standards (DOLS), Inter hospital transfer procedures and	Partially met

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				Child and Adolescent Mental Health services referral policy and procedure. However, as detailed above the Trust's Mental Health Services Protocol for the admission, treatment and discharge of children or young persons under 18 to adult wards had not been ratified by the Trust's senior management team.	
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Quality Improvement Plan

Unannounced Inspection

Carrick Male, Grangewood Hospital

28 July 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the charge nurse and service manager on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
Is Care Safe?					
1.	Section 5.3.1(c)	It is recommended that the Trust insures that the Mental Health Services Protocol for the admission, treatment and discharge of children or young persons under 18 to adult wards is updated.	2	30 September 2015	The protocol for "Admission, Treatment and Discharge of Children or Young Persons Under 18 to Adult Wards at Tyrone and Fermanagh Hospital, Grangewood Hospital and Lakeview" has been reviewed and updated in August 2015 and is available on the Trust's Intranet.
2.	Section 5.3.1 (a)	It is recommended that the Trust introduces a use of a physical intervention record. This record should record reasons why the intervention was necessary, the details of the staff involved and the outcome. A copy of the record should be retained in the patient's record. A further copy should accompany the associated incident report.	2	30 September 2015	The Trust has established a working group led by the Governance Lead for Mental Health, to design, establish and implement a physical intervention record which will incorporate all the aspects highlighted in the recommendation within the recommended timescale.

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

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
Is Care Effective?					
3.	Section 4.3 (b)	It is recommended that the Trust ensures that policies and procedures requiring renewal are updated.	2	31 December 2015	<p>A multidisciplinary policy review group has been established with the Directorate to review and renew existing policies. The Group will be led by the Service Improvement Manager and will meet quarterly. Existing adult mental health and disability policies will be reviewed and updated by 31st December 2015.</p> <p>The Trust Head of Clinical Quality and Safety is reviewing the Corporate register of policies and establishing a system of quarterly review to ensure timely updates of policies.</p>
Is Care Compassionate?					
4.	Section 5.3.3 (a)	It is recommended that the ward manager ensures that information in relation to the multi-disciplinary team, when the ward round is held and the names of all staff on duty is displayed.	1	Immediate and ongoing	<p>The Charge Nurse has implemented a system whereby the names of the individual staff attending the multi-disciplinary team meeting are displayed on the patient notice board.</p>

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

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

NAME OF WARD MANAGER COMPLETING QIP	[Liam Dunne]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Elaine Way]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	21 September 2015
B.	Further information requested from provider				