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Quality Improvement  
Authority

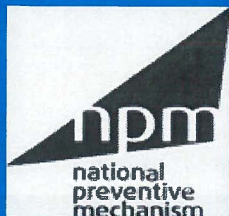
**Inver 1**

**Holywell Hospital**

**Northern Health and Social Care Trust**

**Unannounced Inspection Report**

**Date of inspection: 20 October 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://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

Inver 1 is a four bedded female ward located in the main building on the Holywell hospital site. The purpose of the ward is to provide assessment and treatment to patients who require acute inpatient psychiatric assessment and treatment in an intensive care environment. The main entrance doors to the ward are locked. Access to and from the ward can be gained via key fob.

The multidisciplinary team consists of nursing staff, psychiatric, social work and occupational therapy staff. On the days of the inspection there were four patients admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986. One patient was receiving enhanced support.

### 4.0 Summary

Progress in implementing the recommendations made following the inspections carried out on 11 and 12 March 2015 were assessed during this inspection. There were a total of 17 recommendations made.

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

The trust had completed significant renovation and redecoration of the ward. The main office had been moved to a more central location within the ward. This resulted in improved sightlines and helped ensure a consistent staff presence in all areas of the ward. The ward's former office had been converted into a quiet room for patient use. Inspectors noted that the redesign work undertaken by the trust had resulted in a more open, brighter and accessible ward environment.

### 4.1 Implementation of Recommendations

Two recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 11 and 12 March 2015.

These recommendations concerned a number of environmental issues and required modifications and the implementation of deprivation of liberty standards (DOLS) interim guidance.

Inspectors were pleased to note that both recommendations had been implemented. The trust had redesigned and redecorated the ward and inspectors noted significant positive changes to the ward's environment. The ward had also implemented DOLS guidance. This was evidenced in the patient care records reviewed by inspectors and by patients who met with inspectors.

Five recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 11 and 12 March 2015.

These recommendations concerned the composition of the ward's multi-disciplinary team, nursing staff mandatory training, use of restrictive practices, the occupational therapy room and patient discharge plans.

Inspectors were pleased to note that all five recommendations had been implemented. The trust had:

- reviewed the composition of the ward's staff team. Subsequently, the trust was in the process of appointing a consultant clinical psychologist. The psychologist's role will include protected time to support patients admitted to Inver 1;
- ensured that all nursing staff had completed up to date mandatory training. This included continued access to refresher training;
- patient care records reviewed by inspectors evidenced that deprivation of liberty safeguards (DOLS) interim guidance was being implemented within the ward;
- a ward based occupational therapy room had been provided. The room included a sink;
- patient discharge plans reviewed by inspectors evidenced that patient's care and treatment plans included reference to future goals and continuous discharge planning review.

Ten recommendations which relate to the key question "**Is Care Compassionate?**" were made following the inspection undertaken on 11 and 12 March 2015.

These recommendations concerned the ward's environment, patient involvement in daily therapeutic activities, ward routine, the implementation of deprivation of liberty safeguards and the use of restrictive practices.

The inspector was pleased to note that all of the recommendations had been fully implemented. The trust had:

- soundproofed the ward's main office;
- ensured that patients had access to daily therapeutic activity;
- redesigned and renovated the ward;
- implemented individual routines for each patient based on the patients' assessed needs;
- implemented appropriate safeguards to ensure patients' liberty was not unnecessarily affected by restrictive practices;
- ensured that restrictive practices used with patients were appropriate, based on the patient's assessed needs and included a rationale as to why the restriction was necessary;
- provided patients with appropriate storage space located beside each patient's sleeping area;
- reviewed the wards outside area and redesigned the area to ensure that patient privacy and dignity was not compromised.

## 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 was well presented, clean and designed in a manner that promoted patient access and movement whilst ensuring appropriate staff supervision and availability. The ward's main sitting area included notice boards that displayed information relevant to patients and carers. There was information displayed in easy read format in relation to the advocacy service, the trust's complaints procedure, the ward routine and the adult safeguarding procedures. Patients who met with inspectors reported no concerns regarding their ability to access information as required. This included information in relation to Human Rights, the Mental Health (Northern Ireland) Order 1986 and the Mental Health Review Tribunal.



On the day of the inspection inspectors evidenced the ward's atmosphere as being relaxed, warm and welcoming. There was good ventilation, a large lounge area and a large well maintained garden. Inspectors evidenced that the ward's main office had been moved and a new patient quiet room and occupational therapy room had been made available. Patients and staff who met with inspectors reflected positively on the changes to the ward's environment.

Inspectors noted that due to the age and original design of the building there were a number of ligature points located within the ward. These included door and window handles. An updated ligature risk assessment was available. The assessment had been completed on 29 September 2015. It identified a number of ligature points and a suggested action plan in relation to how the points should be managed. However, the action plan was not clear and inspectors were unable to evidence a specific timeline within which the ligature action plan would be implemented. Inspectors were informed that the trust's estates services department were preparing an action plan in response to the ligature assessment.

Patients could access their sleeping area, the ward garden and the ward's lounge as required. The ward was equipped with appropriate signage to help orientate patients. Patients could also access the support of the ward's occupational therapy (OT) service on a daily basis Monday to Friday. It was positive to note that patients could access an OT room within the ward. Patients could also access the facilities OT department including workshops, a gym and the hospitals Oasis centre (patient activity/social hub) room. The rooms used to facilitate visits from patients' relatives'/ carers were located in the ward's entrance corridor. The rooms were noted to be appropriately furnished and well maintained.

On the day of the inspection one patient was receiving enhanced observations. Staff members providing this level of support throughout the day were observed engaging with the patient in a respectful and dignified manner. Staff demonstrated a high level of knowledge and skill in supporting the patient.

Inspectors reviewed the ward's seclusion suite and noted that it was managed in accordance to trust and regional policy and procedure. Inspectors evidenced that the seclusion room was used as a last resort and for short periods of time. The use of seclusion was closely monitored by the multi-disciplinary team.

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. Three interactions were recorded in this time period. The outcomes of these interactions were as follows:

Positive	Basic	Neutral	Negative
% 100	%	%	%

On the day of the inspection patients presented as relaxed and at ease in their surroundings. Ward staff demonstrated a good level of understanding in relation to each patient's individual needs. Patients moved freely throughout the ward and patients could access the garden and main ward areas as required. Patients who met with inspectors stated that they felt the ward was a safe place to be and the food was good.

Inspectors observed interactions between staff and patients to be positive and respectful. Staff engaged with patients using appropriate verbal and non-verbal communication and inspectors evidenced that staff remained attentive and caring, responding quickly to patient requests.

The trust had made significant positive changes to the ward's environment. Patients and staff shared several examples as to why they felt the ward's new layout was good. These included patients being able to retain personal items in a cupboard beside their bed and being able to make phone calls from a private room. Staff reflected that the relocation of the ward's main office had improved observation and sightlines and provided patients with easier access to the staff team.

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

## 7.0 Patient Experience Interviews

Two patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. Both patients completed a questionnaire.

Because the inspection was unannounced no carers or relatives were available to meet with inspectors.

Each of the patients who met with inspectors reflected that they felt safe and secure on the ward. Patients reported that they felt staff listened to them. One patient reflected that they felt that on occasions some staff were not as sensitive as they could be. The patient also reported they were not fully involved in their care and treatment plan and staff did not keep them informed.

Inspectors reviewed the patient's care and treatment records. Records evidenced that staff had continued to update the patient. This included continuous discussion regarding treatment plans and outcomes of multi-disciplinary team meetings.

Patients reported no concerns in relation to their ability to access time off the ward. Patient comments included:

*"Ward keeps me safe";*

*"I don't find anything good";*

*"Domestics are friendlier than nurses";*

*"This has been a great experience...nursing staff are great...very caring and helpful";*

*"Staff keep an eye on my mood".*

The detailed findings are included in Appendix 4.

## 8.0 Other areas examined

During the course of the inspection the inspector met with:

<b>Ward Staff</b>	Five
<b>Other ward professionals</b>	0
<b>Advocates</b>	0

Ward staff who met with inspectors reflected that the ward had undergone significant changes during the previous six months. Staff highlighted that the environmental changes had had a positive impact on patients, staff and the ward's atmosphere. Staff reported no concerns regarding their ability to access supervision and training. Staff were complimentary regarding the ward's multi-disciplinary team reflecting that they felt the team worked well together and all opinions were listened to and considered.

Nursing staff reported that they felt the staffing levels were appropriate. Inspectors noted that the ward's management team did not include an assistant ward manager. This was discussed with the ward's senior management team during feedback. Inspectors were assured that appropriate management support was available in the absence of the ward manager. This included staff from other wards located within the facility providing support as required.

## 9.0 Next Steps

A Quality Improvement Plan (QIP) which details the areas identified for improvement was not required as a result of the inspection. The ward had met all of the previously stated recommendations and inspectors noted no further concerns on the day of the inspection. Inspectors have sought clarification regarding the management of ligature points as identified in the ward's most recent ligature risk assessment. Inspectors were informed that the assessment, completed on the 29 September 2015, included an action plan which was in the process of being implemented by the trust's estates services.

The progress made by the ward in implementing 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.

#### **Appendix 4 – Patient Experience Interview**

This document can be made available on request.



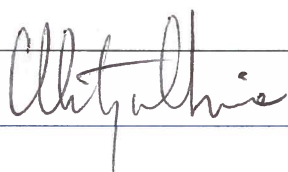
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No requirements or recommendations resulted from the inspection of **Inver 1, Holywell Hospital** which was undertaken on **20 October 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

.....

NAME OF REGISTERED MANAGER COMPLETING	Yvonne McElhinney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	DR TONY STEVENS

Approved by:	Date
	17-12-15

**Follow-up on recommendations made following the unannounced inspection on 11 and 12 March 2015**

<b>No.</b>	<b>Reference.</b>	<b>Recommendations</b>	<b>No of times stated</b>	<b>Action Taken (confirmed during this inspection)</b>	<b>Inspector's Validation of Compliance</b>
1	Section 5.3.1 (e)	It is recommended that soundproofing work is undertaken.	3	Inspectors reviewed the ward's main office and patient quiet room. Both rooms had been relocated since the previous inspection. Inspectors assessed each room and noted that they had been sound proofed. Patients could use the quiet room to meet with relatives and make telephone calls without being overheard. The ward's main office allowed staff to discuss patient progress and make calls confidentially.	<b>Met</b>
2	Section 5.3.3 (f)	It is recommended that the therapeutic programme available for patients is reviewed to ensure that patients on the ward have access to daily therapeutic activity.	3	<p>A daily ward therapy dairy was retained for each patient. The dairy evidenced the daily activities of each patient Monday to Sunday morning, afternoon and evening. The dairy detailed that patients participated in art therapy, music, relaxation, hair and make- up sessions, outings and film/takeaway food evenings.</p> <p>The ward's therapeutic programme was supported by an occupational therapist (OT) and OT assistant. At the time of the inspection the OP was off on long term leave. Inspectors were informed that the OT assistant continued to provide support and OT services remained subject to ongoing review.</p>	<b>Met</b>
3	Section 5.3.1(e)	It is recommended that Trust address the environmental issues and modifications as outlined in the report following the March 1 and 2 2011 RQIA inspection to include;	3	<p>Inspectors reviewed the ward's environment against the deficits identified as a result of the inspection completed 1 and 2 March 2011.</p> <ul style="list-style-type: none"> <li>The ward had been redesigned and redecorated to a good standard. The ward presented as airy, clean and well maintained;</li> </ul>	<b>Met</b>

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		<ul style="list-style-type: none"> <li>• austerity of the décor within the ward;</li> <li>• layout of the building which does not facilitate or enhance safe and effective practice;</li> <li>• broken sightlines - poor visibility of bedroom area from ward office and day space;</li> <li>• door locking systems - cumbersome and varied;</li> <li>• daylight in the bedroom area - no blackout blinds or covers over glass in fire door;</li> <li>• shower room and fire door difficult to open;</li> <li>• no phone points in dormitory area;</li> <li>• no night lights in dormitory area;</li> <li>• noisy doors in the dormitory area;</li> <li>• staff cannot adjust the ward temperature;</li> </ul> <p>location of the seclusion area - staff feel vulnerable when in the area and patients access it via the</p>		<ul style="list-style-type: none"> <li>• The trust had made a number of changes to the ward's layout. These included relocating the ward's main office, the patient quiet room and the activities room. Inspectors noted that the relocation of the ward's main office helped to facilitate a safer and more effective environment in which to support patients;</li> <li>• The new ward office provided staff with appropriate sight lines to the main ward areas;</li> <li>• The trust had reviewed the ward's door locking systems. Systems had been reduced from three to two;</li> <li>• Patients could control the light entering their bed area through use of curtains;</li> <li>• The shower room and fire doors had been adjusted. Both doors were easy to open;</li> <li>• A payphone had been relocated to the patients' quiet room. Patients could access the quiet room from the dormitory area;</li> <li>• Nightlights had been fitted above each patient's bed area;</li> <li>• The doors leading to the patients' dormitory area had been adjusted and sound damping had been fitted. Inspectors noted that the doors operated silently;</li> <li>• Inspectors were informed that staff could control the temperature of the ward;</li> <li>• Due to building design the location of the ward's seclusion area remained unchanged. Inspectors noted that the relocation of the ward's main office had resulted in staff being able to maintain a direct line of sight to the seclusion area;</li> </ul>	
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		day room - ward office is too small.		<ul style="list-style-type: none"> <li>The ward office had been relocated. The new office was large, airy and provided good sight lines to the main ward areas.</li> </ul>	
4	Section 5.3.1 (c)	It is recommended that the Trust ensure that the policy and procedure for staff to follow in the event procedure for staff for responding to, recording and reporting concerns about actual or suspected adult abuse is consistent with regional guidance 'Safeguarding Vulnerable Adults – A Shared Responsibility' (2010).	2	<p>Inspectors reviewed the referrals of two patients made as a result of safeguarding concerns. Both referrals had been completed in accordance to regional and trust guidance. The ward's designated officer had returned the required documentation and provided the patient and ward staff with appropriate support. Records also evidenced that the ward's multi-disciplinary team had continued to review the patient's progress and safeguarding plan on a regular basis.</p> <p>It was good to note that ward staff had taken appropriate action to ensure that patients remained safe.</p>	<b>Met</b>
5	Section 5.3.1 (a)	It is recommended that the ward manager reviews the ward routine to ensure that the routine for each patient is based on individual assessment and needs, gives consideration to the patient's human rights and is clearly documented within the patients care documentation.	2	<p>Patient care records reviewed by inspectors evidenced that each patient's care and treatment programme was based on their assessed needs. Assessments, risk assessments and care plans were up to date and regularly reviewed.</p> <p>The activity schedule and nursing care progress records evidenced that each patient's routine was appropriate to the patient's assessed needs. Records detailed that patients were involved in regular activities and received occupational therapy and social work support as required.</p> <p>Patients who met with inspectors reported no concerns regarding their ability to access staff and or ward based activities. Patients explained that they could access the</p>	<b>Met</b>

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				ward garden as required and they were given the opportunity to go for walks.	
6	Section 5.3.1	It is recommended that the Trust ensures that Deprivation of Liberty Safeguards (DOLS) – Interim Guidance, as outlined by the DHSSPSNI in October 2010, is implemented within Inver 1.	2	<p>Patient care plans reviewed by inspectors evidenced that each patient's rights had been considered and discussed on a continuous basis. Care plans reflected the reasons and rationale as to why each patient had been admitted to the ward. It was good to note that blanket restrictions used within the ward were reflected in each patients care plan. For example the requirement that the ward's front entrance remained locked was appropriate to each patient's assessed needs and to help ensure the safety and well- being of patients.</p> <p>Restrictive practices used within the ward were based on each patient's individually assessed needs. Records reviewed by inspectors evidenced an accompanying rationale as to why a restrictive practice was required.</p>	<b>Met</b>
7	Section 5.3.1(a)	It is recommended that the ward manager ensures that care plans in relation to actual or perceived deprivation of liberty are reviewed to ensure that an explanation of deprivation of liberty is included and relevant to the plan of care	2	Inspectors reviewed four 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 need for restrictive practices. Patient care records evidenced that restrictive practices had been applied in the patient's best interest and implemented in accordance to DOLS guidelines.	<b>Met</b>
8	Section 5.3.3(d)	It is recommended that the Trust review the composition of and clinical specialities available within the multidisciplinary team	2	Inspectors were informed that the trust had reviewed the composition of the ward staff team. To address the identified deficits the trust had commenced the process of recruiting a consultant clinical psychologist to oversee psychological interventions within the trust's	<b>Met</b>

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		and availability of psychotherapeutic interventions to ensure that patients on the ward have access to the full range of evidence based therapeutic interventions to meet presenting needs.		<p>acute mental health services. A senior manager informed inspectors that it was hoped that the consultant psychologist would be in post as soon as possible.</p> <p>At ward level it was good to note that occupational therapy staff continued to provide one to one and group sessions on a daily basis Monday to Friday. Inspectors also noted that a number of ward staff had completed wellness recovery action plan (WRAP) training. Inspectors were informed that, where appropriate, patients had been offered the opportunity to complete a WRAP programme.</p>	
9	Section 5.3.3(a)	It is recommended that the Trust ensure storage area for patient property is enhanced so that patients can view their belongings while staff are accessing them.	2	Patients could access their own wardrobe and drawer space located beside their bed area. Patients could also request that staff retain items for them in a personal drawer retained in a locked room within the main ward area. Patients could access their locked drawer upon request to staff.	<b>Met</b>
10	Section 5.3.3(a)	It is recommended that the Trust review the geographical location of patient property and clothing in relation to the sleeping area on the ward	2	The Trust had fitted new cupboard and drawers within each patient's sleeping area. Patients could store their clothing and personal items directly opposite their sleeping area. Personal items and items assessed as being restricted were retained in a personal locked drawer. This drawer could be accessed by staff upon request.	<b>Met</b>
11	Section 5.3.3(a)	It is recommended that the Trust consider the provision of a locked facility on the ward for patients to independently securely	2	Each patient could access their own wardrobe and drawers. These could be locked by the patient providing this had been assessed as appropriate in accordance to the patient's assessed needs.	<b>Met</b>

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		store their personal belongings.			
12	Section 5.3.3(d)	It is recommended that the ward manager ensures that all staff working on the ward undertake all mandatory training appropriate to their role.	2	<p>Inspectors reviewed the nursing training records and staff training protocols for all staff working on the ward. Nursing records evidenced that staff had completed their required mandatory training and the need for refresher training was being continually monitored. Inspectors' evidenced that nursing staff requiring refresher training had been identified and a retraining date had been organised.</p> <p>The training records for medical staff, social work staff the occupational therapist and allied health professionals visiting the ward were retained by the staff members' professional manager. These records were monitored by the ward's senior management team.</p>	<b>Met</b>
13	Section 5.3.1(c)	It is recommended that the Trust enhance the fenced outdoor area in Inver 1 to ensure that patient privacy and dignity is not compromised	2	The trust had installed hedging to one side of the ward's garden area. This enabled patients to access privacy as required.	<b>Met</b>
14	Section 5.3.1(c)	It is recommended that the Trust reviews the use of locked doors within the Inver ward. In circumstances where it is necessary to lock internal doors patient's care plans should record the rationale for this and evidence ongoing review.	1	The trust had reviewed the use of locked doors within the ward. It was positive to note that the ward's internal doors leading to the garden remained open on a continuous basis between 8.00am and 11.00pm. Where an internal door was locked the need for this was reflected in the ward's environmental assessment and in patient care records.	<b>Met</b>



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15	Section 5.3.1(c)	It is recommended that the multi-disciplinary team ensures that the use of restrictive practises in relation to patients' personal property is recorded in the patient's care plan. This should include a rationale as to why the restriction is necessary and detail how the restriction will be monitored and reviewed.	1	<p>The use of restrictive practices was reviewed on a daily basis by the nursing staff and on a weekly basis by the ward's multi-disciplinary team. Inspectors noted that patients retained a number of personal items in their bedside wardrobe and drawer. Patients could also use a personal locked drawer to store items such as makeup/ drinks and other items. Patients who met with inspectors reflected that items were stored in their locked drawer by consent. Patients reported no concerns in being able to access their locked drawer as required.</p> <p>Inspectors were also informed that personal drawers were not accessed without the patient being present.</p>	<b>Met</b>
16	Section 5.3.1 (e)	It is recommended that the Trust install a sink in the ward's occupational therapy room.	1	A new activity room had been located at the end of the patient's dormitory area. The room could be accessed by patients as required. The room had originally been used as a side room. Subsequently, it contained a sink. Inspectors noted the room was bright, well maintained and contained enough space to support the patients admitted to the ward.	<b>Met</b>
17	Section 5.3.1 (a)	It is recommended that the multi-disciplinary team (MDT) ensures that patient discharge plans clearly document the care and treatment goals and future plans.	1	Patient care records reviewed by inspectors evidenced that the MDT reviewed each patient's progress on a weekly basis. This included consideration regarding a patient's early discharge/ medically fit for discharge and whether the patient was ready for trial leave.	<b>Met</b>