



The **Regulation** and
Quality Improvement
Authority

Clare Ward
Knockbracken Healthcare Park
Belfast Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 24 August 2015



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

Ward address: Clare Ward

Knockbracken Healthcare Park

Saintfield Road

Belfast

BT8 8BH

Ward Manager: Jacinta Larkin

Telephone No: 028 90638448

E-mail: team.mentalhealth@rqia.org.uk

RQIA Inspector: Kieran McCormick

Lay Assessor: Ann Simpson

Telephone No: 028 9051 7500

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.....	5
2.0 Purpose and aim of inspection.....	5
2.1 What happens on inspection.....	6
3.0 About the ward	6
4.0 Summary.....	6
4.1 Implementation of inspection.....	7
5.0 Ward environment.....	8
6.0 Observation session.....	10
7.0 Patient Experience Interviews	11
8.0 Other areas examined.....	13
9.0 Next Steps.....	13

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
- 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

Clare ward is a 20 bedded mix gender unit on the Knockbracken Health Care Park site. The purpose of the ward is to provide on-going assessment and treatment to patients who require continuing care in an inpatient care environment. The main entrance doors to the ward are locked.

The multidisciplinary team (MDT) consists of nursing staff and health care assistants, a consultant psychiatrist, a General Practitioner, an occupational therapist (OT) and a social worker.

There were thirteen patients on the ward on the days of the inspection and eleven of these patients were detained under the Mental Health (NI) Order 1986.

4.0 Summary

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

It was noted that four recommendations had been implemented in full. One recommendation had been partially implemented and four recommendations had not been implemented. All five recommendations will be stated for a second time following this inspection.

Outstanding work requires completion in relation to specific ligature risks identified on the ward. The inspector also identified that the storage and maintenance of patients medical files particularly loose pages and untidiness

within each of the medical files reviewed. The inspector identified ongoing concerns from the review of patients medicine kardex's and that visiting professionals continue to fail to record centrally their progress notes and assessments on the electronic recording system. The inspector also noted little evidence of reference to the obtaining or assessing of a patients consent to care and treatment. Registered nurses were not consistently recording in daily progress notes if a patient had consented to their care and treatment.

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained. The inspector identified a number of concerns following completion of the ward environment observational tool. As a result some new recommendations have been made and the ward manager agreed to address a number of other concerns on the day of inspection.

On the day of the inspection the inspector evidenced that the ward was calm and relaxed; the atmosphere was welcoming and patients presented as being at ease in their surroundings. Nursing staff were available throughout the ward and it was positive to note that staff were responsive, attentive and respectful in their interactions with patients. The inspector noted positive interactions throughout the inspection between staff and patients.

During the inspection the inspector and lay assessor met and spoke with four patients regarding their care and treatment. Patients provided a mixed response in relation to their time and experience on the ward.

The ward manager was the person in charge of the ward on the day of inspection.

4.1 Implementation of Recommendations

Four 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 updating the ward ligature risk assessment and replacing identified ligature risks, storage and maintenance of patients paper care files, completing of physical health risk assessments and correct recording on patients medicine kardex's.

The inspector noted that one recommendation had been fully implemented:

- Physical health risk assessments were in place for each patient and regularly reviewed.

However, despite assurances from the Trust, three recommendations had not been fully implemented. This included concerns identified regarding work not completed to replace identified ligature risks, concerns identified regarding the volume of loose pages and untidiness within each of the three medical files reviewed and lack of full and accurate recording on all patients medicine kardex's.

Two 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 availability and access for patients to the full range of psychotherapeutic interventions and all visiting professionals completing records on the electronic recording system.

The inspector noted that one recommendation had been fully implemented:

- The trust had progressed the recruitment of an inpatient clinical psychology for Clare ward and had enhanced the availability of other psychotherapeutic interventions.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The inspector reviewed the care files for three patients and noted that in each case hand written entries continue to be made in each patients medical notes by visiting professionals.

Three 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 care plans in relation to deprivation of liberty, assessing and documenting patients consent to care and treatment and the current arrangements for rotating the ward based occupational therapist.

The inspector noted that two recommendations had been fully implemented:

- care plans were in place in for each patient in relation to actual or perceived deprivation of liberty. Care plans were regularly reviewed in each case.
- The inspector was satisfied with the occupational therapy arrangements and provisions for the ward that were in place.

However, despite assurances from the Trust, one recommendation had not been fully implemented. Patients nursing care plans made no reference to the obtaining, assessing or what to do if a patient did not consent to care and treatment. Patients care files reviewed also made no reference in daily progress notes of the patients consent to their care and treatment.

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 had an information booklet that provided up to date information in relation to the purpose of the ward. Further information was also displayed on notice boards throughout the ward. There was no information displayed in relation to the wards performance.

The ward holds monthly patient "have your say" meetings. Patients have the opportunity at these meetings to feedback on service development and their experience of the ward.

On the day of the inspection there appeared to be enough staff on the ward to meet the patients' needs.

The ward was clean and tidy. There was ample lighting and the air quality was good. Signage to orientate around the ward was displayed.

All patients are provided with single ensuite bedrooms. Patients could lock their bedroom doors. Patients can also independently lock their bathroom doors. Staff are able to override a locked door if required in an emergency. Patients could access their bedrooms freely throughout the day. There were also communal areas for patients to use. A visitor's area was available on the ward. All furnishings appeared clean and well maintained. There were enough seats available throughout the ward.

Patients had access to their mobile phones. Two pay phones were also available on the ward.

The inspector noted that not all staff on duty were wearing name badges. Only the name of the nurse in charge on the day of inspection was displayed. The ward manager advised that the information of all other members of the multi-disciplinary team was previously displayed on the ward but was subsequently removed as a result of a team decision. The inspector was satisfied with the explanation and rationale provided in relation to this.

Information regarding the Mental Health Order, mental health review tribunal and the right to access information held about patients was displayed throughout the ward on notice boards.

The ward had an outside garden/sitting. Patients are required to request access to the garden from staff. The inspector was concerned to note that the outside garden space was littered with cigarette butts and rubbish. The inspector also noted that the outside of the wards windows were dirty. The inspector discussed these matters with the ward manager and senior hospital management who agreed to address.

The ward door is locked. Patients are required to ask staff should they wish to exit and enter the ward. Respective deprivation of liberty care plans were in each patients file for the locked door, these were appropriate and in accordance to patients assessed need and deprivation of liberty guidance. There was no information publically displayed in relation to deprivation of liberty.

On the day of the inspection the inspector was able to overhear confidential telephone calls at the main nurses station. The inspector also observed confidential information on a whiteboard at the nurses station that could be viewed by the public. The ward manager was advised of this. A recommendation has been made in relation to this. Confidential records were stored in cabinets in the ward office.

The inspector reviewed the records for emergency resuscitation equipment for the ward and noted that this was routinely checked.

Staff were present in the communal areas throughout the day. There were call systems in the bathrooms and bedrooms for patients. A staff alert system was also available.

There was a ward activity schedule on display. In addition patients also had an individualised schedule. The inspector observed a variety of activities being offered and provided to patients throughout the day. Information regarding the advocacy service was displayed throughout the ward and Information regarding the next patient forum meeting was displayed in the dining rooms. However there was no evidence that staff were recording when activities were cancelled or a reason for this. A recommendation has been made in relation to this.

Patients are provided with a choice of food during their mealtime experience. Although the menu was not displayed. The inspector noted that the specific times for meals was also not displayed. The dining room was clean and comfortable. There was no overcrowding. Patients are required to ask staff if they require a hot or cold drink. The inspector observed that staff were prompt and efficient in responding to a patients request for a drink.

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 a direct observation 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

The formal session involved an observation of interactions between staff and patients/visitors. Two interactions were noted in this time period. The outcome of these interactions were as follows:

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

Overall the quality of interactions between staff and patients were positive. The atmosphere was relaxed and all present appeared in good spirits. Staff were available and prompt in assisting patients throughout the observations. The inspector observed staff interaction with patients as respectful and staff were efficient in responding to patients' individual needs and requests. The inspector noted that staff were constantly available throughout the ward on the day of inspection.

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

7.0 Patient Experience Interviews

Four patients agreed to meet with the inspector and lay assessor to talk about their care, treatment and experience as a patient. All four patients also agreed to complete a questionnaire. A further one patient agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Responses to the questionnaire were varied:

- All five patients stated that they had been informed of their rights.

- Two of the five patients agreed that they were treated with dignity and respect all the time, two patients felt this was not always the case.
- One patient stated they felt fully involved in their care and treatment, two patients felt involved in some parts of their care, one patient stated they were just told how it was going to be and another patient did not provide a response.
- All patients confirmed that staff listen to them.
- Three patients said that staff provide an explanation before supporting them with care and treatment; two patients did not provide a response.
- Three patients said that staff inform them on how they are progressing; one patient said this happened sometimes another patient said that they were not told.
- Two patients said they felt safe and secure on the ward the other three patients stated that they sometimes do not feel secure but staff provided reassurances.
- All five patients confirmed that they attend activities.
- Four of the patients confirmed that they felt being on the ward was helping their recovery, one patient was unsure if being on the ward was helping their recovery.

Patients made the following comments:

“The food is good; I enjoy getting out on the bus”

“The weekends are boring”

“I would like to access the outside area more often”

“I like watching the football and the trips out”

“The outside yard is not clean”

“My shower is too small”

“This is a good place to be”

“I have met with the patient advocate”

“I feel I am progressing but haven’t been told this by medical or nursing staff”

“The ward is warm and comfortable”

“I have a good relationship with the staff”

“I feel I am in the right place to help me recover, I am hopeful that I am getting better and moving towards discharge”

The inspection was unannounced. No relatives or carers were available to meet with inspectors during the inspection.

The detailed findings are included in Appendix 4.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	2
Other ward professionals	3
Advocates	0

Wards staff

The inspector spoke with two members of nursing staff working on the day of inspection. Staff who met with the inspector did not express any concerns regarding the ward or patients' care and treatment.

Other ward professionals

The inspector spoke with three visiting ward professionals over the course of the inspection. This included the consultant psychiatrist, ward social worker and occupational therapist. All professionals spoke highly of the care delivered on the ward. The inspector spoke at length with the consultant psychiatrist in relation to a number of the recommendations specific to their area of practice. The inspector provided feedback to the consultant in relation to these recommendations. The inspector also met with the occupational therapist for the ward who advised that they had recently commenced working on Clare ward.

The inspection was unannounced. No advocates were available to meet with the inspectors during the inspection.

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 19 October 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

Appendix 4 – Patient Experience Interview

This document can be made available on request

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

No.	Reference.	Recommendations	Number of time stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	6.3.1 (a)	It is recommended that the Trust review the composition of and clinical specialities available within the multidisciplinary team 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.	2	<p>The inspector was informed during the course of the inspection that at present no formal inpatient psychology arrangements were available for the patients on Clare ward.</p> <p>The inspector however was informed that a previous psychology post (band 8a) was advertised and was withdrawn so that it could be amended to include cover of Clare Ward. The post has been approved through the Trusts scrutiny process but to date has not been advertised. Senior hospital management reassured the inspector that they expect the post to be advertised before the end of September 2015.</p> <p>The new appointment of a clinical psychologist for Clare ward will take the lead in developing the psychotherapeutic interventions programme. The inspector was informed that 12 ward staff have attended Respond to Appropriate and Ignored Destructive Behaviour (RAID) training and the trust plan to provide this course to the remainder of clinical staff. The inspector was also informed that patients from Clare ward have availed of Dialectal Behavioural Therapy (DBT).</p> <p>The Occupational Therapy (OT) Lead for Shannon Clinic is also responsible for the OT service in Clare and is intending to replicate a range of therapeutic</p>	Met

Appendix 1

				<p>interventions available in Shannon to Clare ward. The female patients in Clare have now been offered the opportunity to participate in a Creative Writing Group. There is also training available this year (certificate and specialist practise level) in Dual Diagnosis Interventions and the trust plan to identify staff who will be willing to undertake this with the trusts support and commitment. A Clare ward development group has also been established, chaired by the consultant psychiatrist which is looking at all aspects of the patients experience including therapeutic interventions.</p> <p>The ward also has an extensive programme of social activities that is available for patients.</p>	
2	5.3.1 (a)	It is recommended that the ward manager ensures that care plans in relation to actual or perceived deprivations of liberty are reviewed to ensure that an explanation of deprivation of liberty is included and relevant to the plan of care for all patients.	2	The inspector reviewed the care files for three patients on the ward and noted that care plans were in place in each case in relation to actual or perceived deprivation of liberty. Care plans were devised in accordance accordance to DOLS guidance and were regularly reviewed in each case.	Met
3	5.3.1 (f)	It is recommended that the Trust ensures that all visiting professionals, complete patient progress records and reviews onto the PARIS system.	1	<p>The inspector reviewed the care files for three patients and noted that in each case hand written entries continue to be made in each patient's medical notes by visiting professionals.</p> <p>This recommendation will be stated for a second time.</p>	Not met

Appendix 1

4	4.3 (i)	It is recommended that the Trust review the ligature risk assessment for the ward and consider the replacement of the water taps on the communal bath. Also the water taps within those patients' ensuite bathrooms where taps present as a risk.	1	<p>The inspector met with the ward manager and was advised that the identified water taps had not been replaced.</p> <p>The inspector reviewed evidence that a capital bid had been submitted and was awaiting approval for the work that requires completing. No date of commencement or completion was available.</p> <p>This recommendation will be stated for a second time.</p>	Not met
5	8.3 (j)	It is recommended that the ward manager ensures that staff assess and document patients consent to care and treatment. This should be recorded in the patients' individual care plans.	1	<p>The inspector reviewed the care records for three patients and noted that none of the patients nursing care plans made any reference to the obtaining, assessing or what to do if a patient did not consent to care and treatment. The inspector also noted that registered nurses were not consistently recording in daily progress notes if a patient had consented to their care and treatment.</p> <p>This recommendation will be stated for a second time.</p>	Not met
6	8.3 (h)	It is recommended that the ward manager reviews the current storage and maintenance of patients' paper care files to ensure that information is securely stored within each patient's file.	1	<p>The inspector reviewed the medical and nursing care files for three patients. The inspector did not identify any concerns in relation to the storage or maintenance of patients nursing paper care files. The inspector was concerned with the volume of loose pages and untidiness within each of the three medical files reviewed.</p>	Partially Met

Appendix 1

				<p>The inspector observed that paper care files were securely stored within either the ward office or the nurses staff.</p> <p>The inspector was informed that the consultant's secretary is responsible for the ongoing maintenance of patients medical files.</p> <p>This recommendation will be stated for a second time.</p>	
7	5.3.1 (a)	It is recommended that the ward manager ensures that an appropriate risk assessment is completed and regularly reviewed for any patient with a concern related to their physical health e.g. MUST assessment. The ward manager should ensure that all patients' nursing assessments are reviewed as prescribed.	1	The inspector reviewed the care files for three patients and noted that physical health risk assessments were in place in each case and regularly reviewed.	Met
8	5.3.1 (f)	It is recommended that medical staff ensure that a clinical indication for the use of as and when required medication is clearly recorded on the kardex. The date of commencement and discontinue of all medications should be clearly recorded on the kardex.	1	<p>The inspector reviewed the prescription kardex for three patients and noted the following concerns:</p> <p>Patient 1 – No indication for use on one as and when required medication. Start date not recorded on three medications still in use. Stop date not recorded on a discontinued medication.</p> <p>Patient 2 – One discontinued medication not signed by doctor.</p>	Not met

Appendix 1

				<p>Patient 3 – Nine as and when required medications with no start date recorded. One as and when required medication with no stop date recorded and the same medication with no clinical indication. One regular medication with no stop date recorded.</p> <p>As a result of the above findings this recommendation will be stated for a second time.</p>	
9	6.3.1 (b)	It is recommended that the Trust review the current process for the rotation of occupational therapists. A plan to extend the time between rotations and allow a period of cross over when rotation occurs should be considered to help reduce the impact on the ward and continuity of patient care.	1	<p>The inspector spoke with the occupational therapy (OT) manager for mental health and learning disability who advised that the current rotation of OT staff within the Belfast Trust occurs every 12 months. This is longer than other trusts in the region. A month before rotation the outgoing OT will engage with the incoming OT in order to facilitate a smooth handover and transition. The manager also advised that the trust anticipate with the restructure of the acute mental health services that a permanent band 6 OT will be based on Clare ward in addition to the rotational band 5 OT. The manager also advised that a band 3 OT assistant is soon to commence post in Clare ward shared with another ward on the hospital site.</p>	Met



Quality Improvement Plan

Unannounced Inspection

Clare Ward, Knockbracken Healthcare Park

24 August 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 the ward manager and other members of senior hospital management 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	4.3 (i)	It is recommended that the Trust review the ligature risk assessment for the ward and consider the replacement of the water taps on the communal bath. Also the water taps within those patients' ensuite bathrooms where taps present as a risk.	2	31 December 2015	A capital bid for the replacement of all relevant taps within Clare Ward was submitted and went to the Trust's Capital Bid Meeting in September 2015 however was rejected. This will be taken to the next Trust Capital Bid Meeting which is hopefully taking place in November 2015. In the meantime all patients will continue to be risk assessed and those at higher risk will be allocated rooms with anti ligature taps.
2	8.3 (h)	It is recommended that the ward manager reviews the current storage and maintenance of patients' paper care files to ensure that information is securely stored within each patient's file.	2	Immediate and ongoing	All staff on Clare Ward now record their progress notes on PARIS. A filing system is now in place for Clare Ward. The Consultant's Secretary has also commenced work on the maintenance of the files and this work will be ongoing. The Ward's Band 6 staff and medics will complete spot checks of patient files on the wards to ensure that information

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 stored appropriately and securely.
3	5.3.1 (f)	It is recommended that medical staff ensure that a clinical indication for the use of as and when required medication is clearly recorded on the kardex. The date of commencement and discontinue of all medications should be clearly recorded on the kardex.	2	Immediate and ongoing	This issue has now been rectified. Clare's Consultant Psychiatrist has checked medicine kardex within the ward and will continue to complete spot checks of these. Nursing staff will also ensure that any visiting medic completes medicine kardexes as per the inspector's recommendation.
Is Care Effective?					
4	5.3.1 (f)	It is recommended that the Trust ensures that all visiting professionals, complete patient progress records and reviews onto the PARIS system.	2	30 November 2015	The ward has been in contact with the Trust's PARIS team in relation to this issue and are awaiting a response.
5	5.3.3	It is recommended that the ward manager ensures that all staff record when a recreational/therapeutic activity is cancelled and the reasons for this. This should be kept under	1	30 October 2015	All nursing staff have been reminded of the need to record where a recreational/therapeutic activity has been cancelled including the reasons for this within individual patient notes. The Ward Manager has also opened a diary where this will also be

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
		review for any patterns or trends arising.			recorded. Recreational/therapeutic activities will be kept under review by Clare's Service Development Meeting which takes place every six to eight weeks.
Is Care Compassionate?					
6	8.3 (j)	It is recommended that the ward manager ensures that staff assess and document patients consent to care and treatment. This should be recorded in the patients' individual care plans.	2	Immediate and ongoing	<p>All nursing staff have been reminded of the need to address consent to care and treatment within care plans.</p> <p>Can the inspector elaborate on his expectations as to the recording of consent to care and treatment.</p> <p>All patient careplans are discussed with them where they are given the opportunity to accept or refuse the proposed intervention/ treatment. Patients are also aware of their rights to refuse interventions/treatment whilst in Clare Ward, their right to complain etc.</p> <p>Consent will be recorded for any physical</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.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
					intervention needed i.e. before bloods are taken. The Consultant Psychiatrist for Clare Ward is also contacting the Low Secure Unit Quality Network which they are part of for best practice advice on this issue.
7	8.3 (f)	It is recommended that the Trust review the location of confidential patient information displayed at the main nurses station and the concerns regarding ensuring patient confidentiality is maintained at all times in relation to information displayed or overheard at the nurses station.	1	Immediate and ongoing	The Ward Manager is exploring a change in the location of the notice board within the nurses station. The doors of the notice board will also be closed over to maintain patient confidentiality. Nursing staff will be reminded of their obligations under confidentiality and advised to either clear the area prior to discussing confidential material over the phone or to take a telephone number and call the person back from the Ward Manager's Office.

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	[Declan McCusker, Acting Ward Manager]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Martin Dillon, Deputy Chief Executive]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		Alan Guthrie	5 November 2015
B.	Further information requested from provider	✓		Alan Guthrie (discussion and clarification regarding rec. 6)	5 November 2015