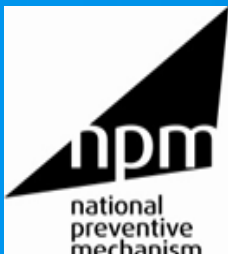




The **Regulation** and
Quality Improvement
Authority

**Neurobehavioral Rehabilitation Unit,
Knockbracken Healthcare Park
Belfast Health and Social Care Trust
Unannounced Inspection Report**

7 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 Neurobehavioral Rehabilitation Unit is a 12 bedded male unit on the Knockbracken Health Care Park site. The purpose of the ward is to provide rehabilitation to patients who require continuing care in an inpatient care environment due to an acquired brain injury. The main entrance doors to the ward are locked.

The multidisciplinary team consists of a team of nursing staff, health care assistants, a consultant psychiatrist, a medical doctor, psychologist (one session a week) and a social worker. A local GP visits the ward twice a week to address any physical health concerns for patients.

On the days of the inspection the inspector found the atmosphere to be relaxed and welcoming. There were two, four bedded bay areas and four single rooms. The wards nursing station overlooked the communal area which led out onto a sunroom and garden area. There was a range of equipment available on the ward for patients to use including a pool table and mobile sensory unit.

On the day of the inspector there were ten patients on the ward. Three patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

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

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 25 and 26 March 2015 were assessed during this inspection. There were a total of nine recommendations made following the last inspection.

It was noted that six recommendations had been implemented in full. Three recommendations had not been met. Two of these recommendations will be restated for a third time with a further one being stated for a second time following this inspection.

The inspector was pleased to note that patients' care plans and risk assessments were up to date, person centered, individualised and regularly reviewed by staff.

There continues to remain insufficient provision of therapeutic interventions. Records reviewed did not provide the inspector with the assurances that therapeutic and meaningful activities were being offered on an individualised basis throughout the week to include evenings and weekends. This was attributed to there being no occupational therapists working on the ward. The ward manager advised that none of the nursing staff have been provided with training to facilitate low level psychological therapies.

The ward environment was clean and clutter free. There was, good ventilation and neutral odours however the ward was dull with poor lighting in some areas. The inspector was concerned regarding the internal environment and its approach for patients with dementia or alternative cognitive impairment. Ward furnishings in communal areas were comfortable and well maintained.

On the day of the inspection the inspector evidenced that the ward appeared calm and relaxed and 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 observed positive interactions throughout the inspection between staff and patients.

One patient admitted to the ward was receiving enhanced observations. Staff members providing this level of support throughout the day were observed engaging with the patient and treating them with respect and dignity. Staff demonstrated a high level of knowledge and skill in supporting the patient.

During the inspection the lay assessor met with one patient regarding their care and treatment and spoke briefly to other patients during the course of the inspection. Patients made positive comments about how they had been treated on the ward.

Other inspection findings

Restrictive practices

Upon commencement of inspection the inspector was provided with a tour of the ward. The inspector noted a number of locked areas this included; the main ward entrance, doors to the garden, all bathroom/toilet areas and the four single bedrooms when unoccupied.

The inspector reviewed the care files for three patients and noted that a restrictive practice care plan had been devised and regularly reviewed. In each case the care plans clearly reflected the locked areas that were in place. The inspector met with the ward manager who provided a rationale for the locked areas. Despite this the inspector remained concerned that the rationale for the locked bathrooms/toilet areas and bedrooms was not sufficient to justify depriving all patients on the ward of their independence and liberty. The inspector observed that when patients required access to their bedroom or to use the toilet facilities that staff were prompt and efficient in responding to their needs. The inspector discussed the concerns with the operations manager who agreed to support the ward manager to review the current arrangements that were in place. A recommendation has been made in relation to this

Patient storage and property

During an observation of the ward the inspector noted a patient's wardrobe that had been broken with sharp screws still in place on the hinges. The inspector discussed this issue with the ward manager who advised that the broken wardrobe had been reported on 15 June 2015. During the inspection the ward manager spoke with the estates manager who provide assurances that the matter would be resolved by the end of the day.

The inspector also observed a patient's walking/standing frame on the ward. The inspector noted that the frame was in a poor state of repair, the material had multiple tears and sponge foam missing from the arm support area. The inspector discussed this with the ward manager who provided evidence that a new frame had been on order for the patient.

4.1 Implementation of Recommendations

Four recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 25 and 26 March 2015.

These recommendations concerned the safeguarding of patients' finances and the completion of patients risk assessments and care plans. The inspector was pleased to note that all four recommendations had been fully implemented.

Four recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 25 and 26 March 2015. These recommendations concerned the composition of the clinical specialities available within the multi-disciplinary team and availability of psychotherapeutic interventions. The electronic recording of patients’ records by all disciplines, review of patients care plans and provision of occupational therapy on the ward.

The inspector noted that one recommendation had been fully implemented:

- Care plans were comprehensively reviewed at least three monthly or earlier if changes occurred. There was also evidence of the review of patients care during multi-disciplinary team meetings.

However, despite assurances from the Trust, three recommendations had not been fully implemented. The ward did not provide the full range of evidence based therapeutic interventions available to meet patients presenting needs. Medical staff continue to record their assessments and continuous records in patients’ hard copy paper files and there was no occupational therapy provision on the ward.

One recommendation which relate to the key question “**Is Care Compassionate?**” were made following the inspection undertaken on 25 and 26 March 2015.

This recommendation concerned the assessment and recording of patient’s capacity. The inspector was pleased to note that this recommendation had been fully implemented.

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 and lay assessor assessed the ward’s physical environment using a ward observational tool and check list.

Summary

Information regarding the principles and aims of the ward were displayed on the ward notice board. The ward’s patient information booklet was comprehensive. The booklet was colourful, easy to follow and included pictures. The inspector noted that there was no information displayed in relation to the wards performance. This was highlighted to the ward manager.

Patients admitted to the ward could access the ward's independent advocate as required. Patients could also attend the patient staff meeting.

On the day of the inspection the inspector observed that the number of staff available was appropriate to meet the needs of the patients. There were five staff on duty. There was one patient who requires visual monitoring at all times. On the day of the inspection the inspector evidenced that the monitoring of this patient was carried out with respect and dignity. Staff demonstrated a high level of skill and knowledge in managing the needs of the patient.

The ward environment was spacious, clean, tidy and well maintained. The ward however was dull in a number of areas with poor lighting. Furnishings were clean, well maintained and appropriate to the needs of the patient group. The day and date were displayed on a notice board. Clocks were also available throughout the ward. Signage on the ward provided limited opportunity for orientation or to meet the communication needs of all patients on the ward. The ward physical environment was not deemed conducive to the needs of patients with dementia. There were no dementia friendly adaptations to the ward as recommended in best practice guidance. This was discussed with the ward manager.

The ward is a single sex environment. There are two four bed bay areas and four single bedrooms. The ward provided appropriate space and privacy to facilitate relatives/carers visits. Inspectors noted adequate seating was available throughout the ward. Patients could control their level of social contact. Inspectors noted no concerns regarding overcrowding.

On the day of the inspection none of the staff on duty wore a name badge. The names of nursing staff only were displayed. Staff allocated to individual patients was listed in the conference room and could not be read by patients due to its location. This was highlighted to the ward manager.

Patients had their own room or curtains available around their bed. Patients could not access all areas independently. Bedrooms were locked throughout the day and communal toilets were also noted to be locked. Patients had to ask for access to both areas. Patients cannot independently access the outside space. Patients had to ask staff to grant access. The garden areas were overgrown and poorly maintained. There was appropriate outside seating available in the ward's garden. The ward's main entrance door was locked. Restrictions that were in place were reflected in the individual patients care plans. Despite this the inspector was not satisfied with the proportionality of the restrictions. A recommendation has been made in relation to this.

Patients' records and personal details were not on public view. The inspector noted that confidential records were being stored appropriately.

The medical room was spacious, clean, organised and appropriately maintained. The resuscitation equipment was checked daily.

On the day of the inspection staff were available throughout the ward. Staff were noted as being observant and responsive to patient requests. All staff wore a personal alarm. Pull cords were available for patients in bathrooms areas.

A basic activity list was displayed. Activities were provided by the nursing staff team where possible. The inspector noted that the range of activities available was limited. There was no occupational therapy provision on the ward. In the absence of a ward based OT there were no structured and individualised recreational activities. Staff do not record if activities are cancelled. This was discussed with the ward manager.

Patients who met with the inspector presented with no personal hygiene concerns. On the day of the inspection patients' clothing was clean. Patients were informed of meal times. Information regarding meal times was displayed in the dining area. Meal times were protected. Patients are required to ask staff should they require a drink. Information regarding the ward's menu was available in the dining room. During the inspection the dining area was noted to be clean and comfortable. Patients reported no concerns regarding the choice of meals. The ward's menu included meals for people with different dietary requirements.

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 a direct observation of interactions between staff and patients/visitors. Five interactions were noted in this time period. The outcome of these interactions were as follows:

| Positive | Basic | Neutral | Negative |
|----------|-------|---------|----------|
| 100% | 0% | 0% | 0% |

Interactions observed between patients and staff during the course of the inspection were noted to be positive on each occasion. Staff were attentive and responsive to patients needs and appeared aware of individual patient’s likes and dislikes. Staff were continually available throughout the ward and responded to patients’ requests promptly. Staff remained supportive and reassuring to patients throughout the day.

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

7.0 Patient Experience Interviews

One patient agreed to meet and complete a questionnaire with the lay assessor and to talk about their care, treatment and experience as a patient. A further one patient agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Patients spoke positively regarding their relationships with staff. Patients informed the lay assessor and the inspector that they had not been informed of their rights or not given enough time to understand them. Both patients informed that they felt safe on the ward.

Patients reported that they had been involved in planning their care. Patient’s responses indicated that they felt care within the ward was effective.

Patient’s experience of their admission was good and that staff were supportive and helpful. Patient’s comments included:

“I am very happy in this ward. The staff always help me”

“patients receive the help they need”

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 | 4 |
| Other ward professionals | 1 |
| Advocates | 0 |

The inspector met with three members of nursing staff and two members of hospital and ward management, including the ward manager, 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 than those matters identified from the inspection.

The inspector also met with the operations manager who advised that they had recently taken over responsibility for the 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 1 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

Appendix 4 – Patient Experience Interview

This document can be made available on request

Follow-up on recommendations made following the announced inspection on 25 and 26 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 the clinical specialities available within the multidisciplinary team and the availability of psychotherapeutic interventions to ensure the patients on the ward have access the full range of evidence based therapeutic interventions to meet their presenting needs. | 2 | <p>The inspector met with the ward manager who advised that patients received limited psychotherapeutic interventions. The ward currently receives one session a week of psychology which up until recently had been spent participating in the ward round. The ward manager advised that none of the nursing staff have been provided with training to facilitate low level psychological therapies. The ward manager also advised that the head psychologist was currently reviewing the provision of psychology on the ward however no end date for an outcome has been determined. Patients on the ward would have completed some psychotherapeutic work with the occupational therapist (OT) however this is no longer available as there is currently no OT in post.</p> <p>This recommendation will be restated for a third time.</p> | Not met. |
| 2 | 5.3.1 (f) | It is recommended that the Trust review the electronic care record process for all disciplines to ensure that there is a continuous record of all aspects of care provided to patients on the ward. | 2 | <p>The inspector reviewed three sets of patients' notes and noted that medical staff continue to record their assessments and continuous notes in patient's paper files. The ward manager advised the inspector that they were not aware of a date for medical staff to commence using the electronic recording system in line with all other disciplines.</p> <p>This recommendation will be restated for a third time.</p> | Not met. |

Appendix 1

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| 3 | 5.3.1 (f) | It is recommended that the ward manager ensures that regular individual patient statements are received from the cash office at the ward to facilitate reconciliation of expenditure and receipts | 2 | The inspector reviewed a sample of the cash statements received by the ward manager for all patients. These are cross referenced with the ward records for any discrepancies. | Fully met |
| 4 | 5.3.1 (a) | It is recommended that the ward manager ensures that when it has been agreed by the multidisciplinary team that a patient requires a physical intervention/restrictive practice that this is completed in accordance with the Trust's policy and procedure in relation to restrictive practice. This should include an individualised risk assessment and associated care/treatment plan detailing patients' capacity and how this practice is in the person's best interest. A best interest care pathway should be set up and reviewed regularly with the involvement of the patient's relative/carers when appropriate. | 1 | <p>The inspector reviewed the care records for three of the ten patients on the ward. In the case of two patients it was clear that the need for any physical interventions was not required.</p> <p>In the case of the other patient the inspector reviewed a care plan in place that provided a clear rationale for the use of physical intervention when delivering personal care. The records clearly identified that the decision had been made in accordance with the patient's best interests.</p> <p>The inspector noted in the case of each patient that there was evidence of patient and/or relative involvement where appropriate. This included recorded discussions between members of the multi-disciplinary team and the parents of a patient.</p> | Fully met |
| 5 | 5.3.3 (b) | It is recommended that the ward manager ensures all nursing care plans are reviewed and updated in line | 1 | The inspector noted that in the case of the three patients care files reviewed that nursing care plans were comprehensively reviewed. The review of all care plans was completed at least three monthly or | Fully met |

Appendix 1

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| | | with trust policy and professionals guidelines. Multi-disciplinary team decisions regarding changes in care plans should be documented with the involvement of the patient. | | earlier if changes occurred. There was also evidence of the review of patients care during multi-disciplinary team meetings. | |
| 6 | 5.3.1 (a) | It is recommended the ward manager ensures that all patients have an individualised risk assessment/care plan in place in relation to ligature points. This should detail how risks are going to be managed and reviewed to ensure patient safety. | 1 | In the three care files reviewed the inspector noted that a joint ligature and use of profiling bed care/management plan had been devised. | Fully met. |
| 7 | 5.3.1 (c ,f) | It is recommended that the ward manager ensures that when patients are assessed as requiring a profiling bed that a risk assessment is completed for each individual patient and reviewed regularly in accordance with the safety alert issues on 23/12/13 by the Northern Ireland Adverse Incident Centre (NIAC) Estates Facilities Alert /2010/006 associated with profiling beds. | 1 | <p>The ward manager advised that a ward specific risk assessment for the use of profiling beds had been completed.</p> <p>In addition senior hospital management had also completed a risk assessment for the management of profiling beds in mental health wards.</p> <p>In the three care files reviewed the inspector noted that a joint ligature and use of profiling bed care/management plan had been devised. The care plan was individualised and person centred with a clear rationale in each case for the use of the profiling bed.</p> | Fully met |

Appendix 1

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|---|-----------|--|---|---|-----------|
| 8 | 5.3.3 (b) | It is recommended that the Trust make arrangements for occupational therapy sessions to be available to all patients on the ward now that the permanent OT has retired from their post. | 1 | <p>The inspector was advised that there was currently no occupational therapy provision for the ward. The ward manager advised that there had been recent interviews for an OT assistant however there has been no date of commencement or information regarding the level of OT provision the ward will receive.</p> <p>This recommendation will be stated for a second time.</p> | Not met |
| 9 | 5.3.1 (a) | It is recommended that the ward manager ensures that when patients have been assessed as lacking capacity to understand their care and treatment this is clearly stated in their care documentation. | 1 | <p>The inspector noted that in each of the three patients files reviewed that individual patients had been assessed and deemed as not having capacity in relation to certain areas of their care and treatment. In each case this was clearly recorded throughout their care file with supporting care plans in place also.</p> | Fully met |



Quality Improvement Plan

Unannounced Inspection

Neurobehavioural Rehabilitation Unit, Knockbracken Healthcare Park

7 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 ward manager and the operations manager on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all requirements and 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? | | | | | |
| | | No recommendations have been made against this statement. | | | |
| Is Care Effective? | | | | | |
| 1 | 5.3.1 (f) | It is recommended that the Trust review the electronic care record process for all disciplines to ensure that there is a continuous record of all aspects of care provided to patients on the ward. | 3 | 30 September 2015 | A project team is currently working on the completion of implementation of the Community Information System (CIS) with staff. This work should be concluded by September 2015. A number of pilots are also underway to ensure full use of the system by all staff and to ensure continuous records for patients. |
| 2 | 6.3.1 (a) | It is recommended that the Trust review the composition of the clinical specialities available within the multidisciplinary team and the availability of psychotherapeutic interventions to ensure the patients on the ward have access the full | 3 | 2 August 2015 | Psychology Services are not currently commissioned by the Health and Social Care Board for this ward. Senior staff have highlighted this to HSCB Commissioners and will continue to do so. In the interim they will fund this at risk and Psychology will be made available on the ward |

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 |
|-------------------------------|-----------|--|------------------------|-------------------|---|
| | | range of evidence based therapeutic interventions to meet their presenting needs. | | | from August 2015. |
| 3 | 5.3.3 (b) | It is recommended that the Trust make arrangements for occupational therapy sessions to be available to all patients on the ward now that the permanent OT has retired from their post. | 2 | 30 September 2015 | Occupational Therapy services are not currently commissioned by the Health and Social Care Board for this ward. Senior staff have highlighted this to HSCB Commissioners and will continue to do so. In the interim they have funded this at risk and Occupational Therapy staff are now available on the ward. |
| Is Care Compassionate? | | | | | |
| 4 | 8.3 | It is recommended that the Trust review the locked areas on the ward particularly the locked bedrooms and toilet facilities to ensure the least restrictive measure is in place and any restrictions are proportion to maintaining patient safety, independence and liberty. | 1 | 30 September 2015 | The Trust has already commenced a review of restrictive practices in the ward. Restrictive practices required will be proportionate to maintaining patient safety, independence and liberty and the least restrictive necessary |
| 5 | 5.3.3 | It is recommended that the Trust review the internal environmental | 1 | 31 October | The Trust is proposing that the ward will close |

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 |
|-----|-----------|--|------------------------|-----------|---|
| | | area to provide a more conducive, orientating and friendly environment particularly for those patients with a dementia in accordance with evidence based and best practice guidance. | | 2015 | by the summer of 2016. The Trust will undertake a review of the ward environment and look to implement improvements where possible without incurring significant expenditure. |

| | |
|--|---|
| NAME OF WARD MANAGER COMPLETING QIP | [Matthew Twomey] |
| NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | [Martin Dillon, Deputy Chief Executive] |

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

| Inspector assessment of returned QIP | | | | Inspector | Date |
|--------------------------------------|---|-----|----|------------------|----------|
| | | Yes | No | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | x | | Kieran McCormick | 26/08/15 |
| B. | Further information requested from provider | | x | Kieran McCormick | 26/08/15 |