Unannounced Follow Up Inspection Report
22 – 23 March 2018

Ward 11
Dementia and Over 65 Functional Care

Lagan Valley Hospital
39 Hillsborough Road
Lisburn
Tel No: 02892633518

Inspector: Cairn Magill
Lay Assessor: Nan Simpson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

Ward 11 is a 16 bedded mixed gender facility situated on the ground floor in Lagan Valley Hospital. The ward provides assessment and treatment to patients with dementia who may present with behaviours that are challenging and older persons over 65 years with a functional mental illness. The two patient groups are accommodated in different parts within the ward and have separate day, dining and bedroom areas. On the days of inspection there were 12 patients on the ward; seven patients in the dementia ward and five patients in the function mental health ward. Five patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

Patients have access to a multi-disciplinary team consisting of psychiatry, medical, nursing, and social work. Access to clinical psychology, physiotherapy, speech and language therapy, occupational therapy, palliative care, tissue viability nurse and dietetics was by referral. Advocacy services were available twice a week.

Whilst there is no current occupational therapist assigned to Ward 11 a community OT has been assigned to the ward on a referral basis to complete the following assessments; road safety assessments, home assessments, personal care, shopping and budgeting and any functional assessment that is required. There is an on-going recruitment process in place to appoint a permanent occupational therapist to the ward.

3.0 Service details

Responsible person: Mr. Hugh McCaughey	**Ward Manager:** Roisin Keown
Category of care: Dementia and Over 65 Functional Care	**Number of beds:** 16
Person in charge at the time of inspection: Roisin Keown	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 22-23 March 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent previous unannounced inspection 6 - 8 February 2017.

There were eight areas of improvement noted at the previous inspection. One area of improvement was met in full. This related to the employment of a band 6 nurse on the ward. Two areas of improvement were partially met. The first related to self-harm and outstanding ligature works, and the second was in relation to environmental and fire safety. Five areas of improvement were not met. These related to occupational therapy resources, staff attendance

at staff meetings, the absence of information collected on patient/relative experience, the lack of person centred goals and staff were using two systems to record patient information.

The ward was bright and welcoming and the atmosphere was relaxed. The inspector noted that patients appeared at ease and comfortable in their surroundings. Staff demonstrated compassion during interactions with patients and knowledge of individual patient's likes and dislikes. The dementia side of the ward had incorporated aspects of a dementia friendly environment. Doors were painted different colours to assist dementia patients to orientate around the ward. The ward also had a pet guinea pig named Hilda. Staff reported that evidence showed that having a pet on the ward reduced incidents of aggression and had a positive, calming effect on patients. The ward had displayed details of staff on duty on both sides of the ward and had menu options for the day displayed.

Patients Views

The lay assessor met with six patients, three patients from the dementia side of the ward and three from the over 65 functional side. All patients stated that care on the ward was delivered in a safe, effective, compassionate manner and that the ward was well-led.

Patients did comment that the days were long due to a lack of patient activities occurring. This issue was discussed with the nurse development lead and ward manager who accepted this finding. The inspector was informed that efforts were ongoing to recruit a permanent ward based occupational therapist however in the interim an expression of interest was issued to recruit a patient activity coordinator.

Patients Said;

"I feel very safe and secure here"

"I am definitely getting better - hoping to be going home soon".

"Staff are very thoughtful and caring".

"There are no activities during the day - very long and boring (especially if there are no visitors)".

"There is always a bit of banter".

"This ward is excellent. All the staff are very kind and helpful. I've felt well looked after".

"The care couldn't be better".

"There is little to do during the day".

"Food is good there is always enough and there is a good choice".

"The staff are excellent, very kind and always available to help".

"Sometimes I feel bored".

“The days are long. There’s not very much to do”.

Two patients returned a “Your Care, Your View card” which was designed for patients to complete upon their discharge and asked them, based on their experience, if patients would recommend Ward 11to their friends and family if they were to need similar care. The two patients stated they were very likely to recommend Ward 11. An additional comment was made;

“Every staff member displays sincere sympathy for patients together with an obvious love for their work. Exemplary in every way!”

Relatives Views

No relatives were available to meet with the inspector however three relatives completed and returned the patient/relative questionnaire. All three relatives reported they were very satisfied that care was being delivered in a safe, compassionate, effective manner and believed the ward was well-led.

Relatives said;

“On visiting Ward 11 for now eight weeks I find the staff to be very approachable polite and kind. X & X (named two staff) are wonderful with my mother-in-law. Ward sister knows everyone, runs a great team, great atmosphere in the ward indicating great team work”.

“This Ward 11 has been totally supportive to both my dad and my family with excellent care and compassion”.

Staff Views

The inspector met with six members of the multi-disciplinary team including a doctor, nurses, a health care assistant, a student nurse, domestic staff and one visiting professional.

All staff reported they were very satisfied that care was delivered in a safe compassionate and effective manner and that the ward was well-led. Staff reported that the ward had excellent multi-disciplinary relationships and had developed a good rapport with disciplines off the ward including OT, physiotherapists, the speech and language therapy service, tissue viability nurse specialist, and dietetics. Staff reported that referrals to these services are responded to in a prompt manner and there is good communication between services. The ward manager and outreach specialist dementia practitioner informed the inspector that when required they are flexible and will “come off” their specific roles to ensure staffing numbers on the ward are maintained at a safe levels.

Staff said;

“This ward is very safe. We do not have our full quota of staff and at times we are stretched but that does not affect patient care”.

“Everybody is treated as an individual. Patients can decide when to get up and when to attend to their personal care. ….If my mum ever needed to come into care I’d love her to come in here.”

"X is an excellent manager, goes out on the floor and is hands on with us. She and X are very supportive with learning and training".

"Everyone is very warm. You can tell they genuinely care, even how staff talk during handover. They know so much about patients how they like their drink what music they like….It's lovely to see".

"Staff are very open minded. Always thorough and keep an open mind. They try new things…. If something isn't working they will try new things. Every day things are changing that is why handovers are very important".

"They made me feel I am part of the team. They listen to me and my ideas. I feel valued."

"You'll not get a better safer ward. There is lots of space here".

"It's perfect here. Lovely nursing staff and lovely sister. This is a lovely ward to work on. There is a calmness on this ward. It is a pleasure to come to work on this ward…..visitors seem so happy. Everybody loves Ward 11".

"Staff team are very compassionate and good at what they do. It is good experience to see care at that level".

"If I ever became unwell this is where I would want to come. Staff are absolutely brilliant".

"Sometimes there is a bit of a wait for maintenance to fix things".

"There is not much for patients to do on the ward. I hear it from patients' day in and day out".

"The computer system is irritating".

The issue relating to the computers was addressed during the inspection. The ward has limited access to computer terminals. The ward manager informed the inspector that two new iPads have been ordered for the ward with two additional keyboards. The ward manager also advised that all staff will be moving to document all care records on the electronic recording system mid-April 2018.

Other Findings

Award Nominees

The inspector was informed that the ward manager and deputy ward manager were nominees in the Dementia Care NI Awards. The ward manager was nominated for her leadership in Dementia care and the deputy ward manager was nominated for her role in developing the Dementia care strategy.

Staff Recruitment

The ward currently has three vacancies, two vacancies for registered nurses and one for a health care support worker. The Trust has had several recruitment initiatives and continues to

host further recruitment events. The option of working in a mental health and dementia ward is being offered to other nurses in other fields including general and learning disability.

Home Treatment Team for Functional Over 65's

The ward manager informed the inspector that there is currently no community home treatment team for people over 65 who experience acute mental health issues. However the South Eastern Trust are currently submitting a bid for funding to establish a service for the over 65 functional mental health population in line with that offered by the general adult mental health service. It is anticipated if this service is set up admissions to the over 65 functional side of the ward may decrease.

The findings of this report will provide the Trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

4.1 Inspection outcome

Total number of areas for improvement	Nine

There are nine areas for improvement seven of which have been restated for a second time and two new areas of improvement identified.

These are detailed in the Quality Improvement Plan (QIP).

Areas for improvement and details of the QIP were discussed with senior Trust representatives, members of the multi-disciplinary team, the ward manager and ward staff as part of the inspection process. The timescales for completion commenced from the date of inspection.

5.0 How we inspect

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

The following areas were examined during the inspection:

- Care Documentation in relation to five patients.
- Ward environment.
- Advocacy service.
- Fire risk assessment.
- Environmental ligature risk assessment.
- Profile Bed Risk Assessment Tool (flow chart).

- Correspondence to Estates Department.
- Staff training records.
- General risk assessment.
- Quarterly health and safety inspection Proforma completed on 15 March 2018.
- Minutes of staff meetings x 2.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interactions Schedule Tool (QUIS)

We reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met/partially met and not met.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection 6-8 February 2017

The most recent inspection of Ward 11 was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by the inspector during this inspection.

Areas for Improvement from last inspection		Validation of Compliance
Area for Improvement No. 1 **Ref:** Quality Standard 5.3.1 (f) **Stated:** First time **To be completed by:** 8 March 2017	<u>Self-harm and ligature risk assessments</u> The flow chart in relation to self-harm and the use of profiling beds in place for each patient had not been reviewed since each patient's admission. All beds in the ward were profiling beds which were required for patients admitted to the dementia ward side of the unit because of the physical needs. However it was unclear why all the beds on the over 65 functional mental health side of the ward were profiling beds. None of the patients who were admitted to the functional mental health side had a care plan in place to clarify the clinical need for this type of bed. The inspector was concerned to note that one patient was assessed at risk of self-harm since admission and had also complained of life not worth living. The patient risk assessment flow chart had not been updated, and a care plan was	**Partially met**

	not in place to address the risk in relation to the use of the profiling bed. Ligatures were assessed as part of the general risk assessment. Each section of the ward was assessed as high, medium or low. In relation to self-harm the over 65 functional mental health ward was highlighted as red. Some changes had been made however the inspector observed that not all ligature points had been removed e.g. taps and some door handles were not anti-ligature. It was also recorded that one of the control measures was staff have Applied Suicide Intervention Skills Training (ASIST) training. The training records reviewed evidenced that only four staff had received ASIST training.	
	Action taken as confirmed during the inspection: The inspector reviewed the flow chart in relation to self-harm and the use of profiling beds. The flow chart had been reviewed by the Trust and updated. However the inspector reviewed care documentation for three patients in the functional mental health side of the ward. There were care plans in place evidencing a clinical need for some patients to use a profiling bed however not all patients in the functional mental health side of the ward had a clinical need for a profiling bed. The revised flow chart indicated the need to implement safety measures once the risk of using a profiling bed was established and discussed at a multi-disciplinary meeting. The safety measures suggested the use of enhanced observations. However it failed to consider the use of a static bed as a least restrictive option for patients who present a risk of self-harm. The inspector observed some ligature risks remained on the ward. The inspector seen evidence that efforts were made at ward level to progress the completion of works to remove ligature risks. The first phase of work was completed in relation to electrical assessment for sensor taps. The ward manager received verbal confirmation from the contractor that all outstanding ligature points would be removed / replaced and all works would be completed by 18 April 2018.	

	The inspector reviewed the training matrix. The training matrix did not include reference to ASIST Training. Subsequent to the inspection the ward manager emailed the inspector to confirm seven members of ward staff are trained in either Applied Suicide Intervention Skills Training (ASIST) or STORM Training – a suicide prevention skills training package. The ward manager advised that the Trust plan to have all Health Care Assistants trained in ASIST and all nurses trained in STORM. This area for improvement will be reworded and restated to reflect the findings from this inspection in the new QIP at the end of this report.	
Area for Improvement No. 2 **Ref:** Quality Standard 5.3.1 (f) **Stated:** First time **To be completed by:** 8 March 2017	<u>Environmental and fire safety</u> The fire risk assessment had been updated in January 2017. The previous fire risk assessment was completed in July 2014. This was outside the timeframe of one year. One recommendation in relation to fire drills remains outstanding since July 2014. The inspector was concerned that there were difficulties with the locking mechanism on the ward doors during the inspection. Both doors did not secure shut immediately and if staff / visitors were not aware of the issue the doors would remain unsecure. This was addressed at feedback with the staff member from estates services. One door was repaired during the inspection. Assurances were given by estates staff that this issue would be addressed immediately. From the incidents reviewed from 1 April 2015 - 31 March 2016 it was noted that patients have been injured by trapping their fingers in the doors. Inspectors were also informed by the ward manager that staff have been also injured. Inspectors observed some of the doors on the ward and noted because of the heavy nature of the doors and the closing mechanism the doors slammed shut. This was addressed with estates staff at feedback and an action plan agreed. There was no environmental health and safety audit completed for Ward 11.	**Partially met**

	Action taken as confirmed during the inspection: The inspector noted that the fire risk assessment was due for review as the previous one was completed on 24 January 2017. The ward manager informed the inspector that the review of Ward 11 fire risk assessment was scheduled by Fire and Rescue Service Northern Ireland (FRSNI) for 29 March 2018. The ward manager forwarded the fire risk assessment to the inspector on 6 April 2018 post inspection. A fire evacuation drill was completed on 14 February 2018. Fire Evacuation training was also completed on 15 February 2018. Whilst the previous area for improvement referenced concerns with the door closure mechanism in the dementia side of the ward the inspector noted the doors on this side of the ward now appeared to be operating effectively. However, the doors on the functional over 65 side of the ward were not. The inspector noted an email was sent to the estates department on 19 March 2018 requesting the door mechanisms to be repaired. The inspector requested to meet with the estates manager however they were unavailable. On the 23rd March 2018 an engineer from the estate services arrived on the ward to assess the issue with the doors. The door closure mechanism repairs were completed by the end of the last inspection day. Staff reported to the inspector that there were sometimes delays in response times from the Estates Department to job requests submitted in relation to door closures. Response times from Estates Department will be a new area for improvement. The ward manager stated there have been no recent reports of accidents where staff or patients have sustained an injury in relation to the doors. A review of Ward 11's environmental health and safety assessment is scheduled for 10 April 2018. This area for improvement will be reworded and restated to reflect the findings from this inspection in the new QIP at the end of this report.	

Area for Improvement No. 3 **Ref:** Quality Standard 6.3.1 **Stated:** First time **To be completed by:** 3 May 2017	<u>Occupational therapy resource</u> There was a limited occupational therapy activity budget of £50 between three services. This limited community living activities.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met as there had been no occupational therapy activities completed in the ward. There has been no occupational therapist on the ward for over a month. This area for improvement will be reworded and restated in the QIP at the end of this report.	
Area for Improvement No. 4 **Ref:** Quality Standard 5.3.3 (c) **Stated:** First time **To be completed by:** 3 May 2017	<u>Staff meetings</u> Attendance at staff meetings was low. The minutes reviewed evidenced that seven staff attended in October 2016, four staff attended in November 2016 and ten staff attended the meeting in January 2017. Attendance was only from nursing staff. The following was not included in the team meeting agenda: Learning from incidents / accidents Up to date evidence based practice, new guidelines etc. Feedback from any courses / study days attended by staff which would enable shared learning and encourage service improvement.	**Not met**
	Action taken as confirmed during the inspection: Two minutes of staff meetings were available to the inspector. The inspector noted nine staff including one doctor attended the staff meeting in January 2108 and 11 staff signed the minutes indicating they had read them. Five staff nurses attended the staff meeting in February 2018 alongside two student nurses. Minutes of the staff meetings were extremely short	

	and did not reflect the breadth of discussion or acknowledge good practice e.g. noted against the item entitled; Compliments was *"plenty of".* This comment did not illustrate the good practice which warranted compliments. The following items were still not included in the team meeting agenda: Learning from incidents / accidents Up to date evidence based practice, new guidelines etc. Feedback from any courses / study days attended by staff . This area for improvement will be restated.	
Area for Improvement No. 5 **Ref:** Quality Standard 6.3.2 (g) **Stated:** First time **To be completed by:** 3 May 2017	<u>Patient / relative experience</u> There was no information displayed in relation to patient and relative experience. **Action taken as confirmed during the inspection**: This area for improvement was not met. There was no patient/relative experience information displayed. Details of a dementia care carers group was posted on the ward noticeboard. Ward 11 did not have patient /staff meetings. However twice a week two advocates visit the ward and speak with patients. Any issues patients have are discussed with the advocates. The advocate addresses any issues of patient experience with staff who then try to resolve these issues. This is completed in an informal manner through conversations. The inspector advised that this patient experience and subsequent actions taken by staff should be recorded to evidence patient's voice and staff's response to the issues raised. The ward manager reported Ward 11 and senior managers from the Trust secured funding to have a virtual reality dementia bus come from England which enabled staff and carers to a have a virtual experience of what life can be like for a person with end stage dementia. However feedback from carer's and staff's experience of this virtual reality bus was not displayed on notice boards. This was	**Not met**

	a missed opportunity. This area for improvement will be restated.	
Area for improvement 6 **Ref:** Quality Standard 4.3 (j) **Stated:** First time **To be completed by:** 3 May 2017	<u>Skill mix</u> There was no Band 6 nurse working on the ward. The nurse consultant stated that an expression of interest will be circulated in February 2017 and an advertisement for permanent post will be issued before the end of February 2017. **Action taken as confirmed during the inspection**: Two Band 6 staff have been appointed. A permanent deputy ward manager was appointed on 30 November 2017 and a temporary outreach practitioner for the CLEAR model in Dementia care was also appointed.	**Met**
Area for improvement 7 **Ref: Quality Standard 5.3.1 (a)** **Stated:** First time **To be completed by:** 9 August 2017	<u>Person centred goals</u> It was unclear in the occupational therapy documentation if patient's goals had been achieved. Nursing care plans were not goal orientated. Goals were recorded at interventions with no time frame recorded and the inspector found it difficult to establish if the interventions were effective. **Action taken as confirmed during the inspection:** As there was no ward based occupational therapist therefore the inspector could not assess OT documentation. The inspector reviewed four sets of nursing care plans, two from the dementia side and two from the over 65 functional mental health side. The inspector found that goals continued to be written as interventions with no time frame recorded and it remained difficult to establish if the interventions were effective. This area for improvement will be restated.	**Not met**

Area for improvement 8 **Ref:** Quality Standard 5.3.1 (a) **Stated:** First time **To be completed by:** 9 August 2017	<u>Patient recording system</u> There were two systems for recording patient information. Some information was recorded in patient's paper files and some on the electronic recording system (MAXIMS).	**Not met**
	Action taken as confirmed during the inspection: The ward continued to operate two recording systems. All patient care on the dementia side of the ward was recorded on paper files. Patients in the over 65 functional side of the ward had some notes recorded on the electronic system and some in hardcopy files (e.g. Care plans). This area for improvement will be restated.	

7.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with senior Trust representatives, members of the multi-disciplinary team, the ward manager, and ward staff as part of the inspection process. The timescales commence from the date of inspection.

The responsible person must ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

7.1 Actions to be taken by the service

The quality improvement plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector by 16 May 2018**.**

Quality Improvement Plan

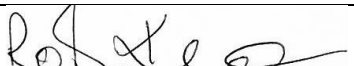
The responsible person must ensure the following findings are addressed:

Area for Improvement No. 1 **Ref:** Quality Standard 5.3.1 (f) **Stated:** Second Time **To be completed by** 22 April 2018	Self-harm and ligature risk assessments All beds in the ward were profiling beds which were required for patients admitted to the dementia ward side of the unit because of their physical needs. However it was unclear why all the beds on the over 65 functional mental health side of the ward were profiling beds. All patients who were admitted to the functional mental health side did not have a clinical need for this type of bed. The patient risk assessment flow chart for the use of a profiling had been updated however it did not identify the use of a static bed for patients as a least restrictive option to manage patients at risk. Ligatures were assessed as part of the general risk assessment. Each section of the ward was assessed as high, medium or low. In relation to self-harm the over 65 functional mental health ward was highlighted as red. Anti- ligature work was not completed in full. It was also recorded that one of the control measures was staff have Applied Suicide Intervention Skills Training (ASIST) training. All staff had not received training in suicide prevention strategies.
	Response by responsible individual detailing the actions taken: All patients' with a functional mental illness have a 'profile bed risk assessment' completed on admission and prior to using a profiling bed. The outcome is documented, actioned and reviewed daily in the progress notes on Maxims. One static bed has been purchased as a 'lesser restrictive option' and is available for use for any patient who is assessed as having an increased ligature risk. This will be reviewed on a daily basis and documented on Maxims. The flowchart has been updated to include this option. The anti-ligatures works are on-going and will be completed by 18/05/18. Staff Training STORM 1 and STORM 2 is the appropriate training for registered staff in SET Mental Health Wards. ASIST Training is for Health Care Support Workers. Training sessions booked and 80% of staff will have completed to training by Sept. 2018. The General Risk Assessment will be updated to reflect this.

Area for Improvement No. 2 **Ref** Quality Standard 5.3.1 (f) **Stated:** First Time **To be completed by**: 22 April 2018	<u>Response time from Estates Department</u> Staff reported to the inspector that there were sometimes delays in response times from the Estates Department to job requests submitted in relation to door closures.
	Response by responsible individual detailing the actions taken: All faults are immediately reported to the estates department. The Ward Sister notes the estates response has been prompt with any request involving the ward doors. When possible, faults are fixed at the time of an estates inspection. If parts need to be sourced, a sign is placed on the door to make all staff and visitors aware of any additional instructions. Estates would be in contact daily with an update until doors are fully functional.
Area for Improvement No. 3 **Ref** Quality Standard 5.3.1 (f) **Stated:** Second Time **To be completed by**: 22 April 2018	<u>Environmental Safety</u> There was no environmental health and safety audit completed for Ward 11 although the inspector was informed that Ward 11's environmental health and safety assessment is scheduled for 10 April 2018.
	Response by responsible individual detailing the actions taken: Environmental health and safety audit completed on 26th March 2018 and a copy is held on the ward file. A reminder process is in place to ensure the audit is completed in a timely manner in 2019.
Area for Improvement No. 4 **Ref:** Quality Standard 6.3.1(a) **Stated:** First Time **To be completed by:** 22 September 2018	<u>Occupational therapy resource</u> There was no ward based occupational therapist assigned to Ward 11.
	Response by responsible individual detailing the actions taken: The ward occupational therapy needs are being covered by the community occupational therapist at present. This includes ADL assessment, functional assessment, road safety and postural management as required. The ward has successfully employed a WTE 1.0 Montessori Activity Coordinator under Expression of Interest commencing 7th May 2018. Training for this role was undertaken on 8th May 2018. The role is being undertaken by 2 health care support workers on a job-share basis over the 7 days. They will be supported by the Ward Outreach Worker, Ward Sister and Consultant Nurse to develop and coordinate suitable activities for patients on the ward. Long term plans to secure a ward-based occupational therapist are being pursued through an IPT bid proposal.

Area for Improvement No. 5 **Ref:** Quality Standard 6.3.1 **Stated:** Second Time **To be completed by:** 22 September 2018	There was a limited occupational therapy activity budget of £50 between three services. This limited community living activities.
	Response by responsible individual detailing the actions taken: The occupational therapy budget of £50 is available to be lifted as and when required and is not for a set period of time. The occupational therapists have been informed of this provision and will accessed as required.
Area for Improvement No. 6 **Ref:** Quality Standard 5.3.3 (c) **Stated:** Second Time **To be completed by:** 22 April 2018	<u>Staff meetings</u> Attendance at staff meetings was low. The minutes reviewed evidenced that seven staff attended in October 2016, four staff attended in November 2016 and ten staff attended that meeting January 2017. Attendance was only from nursing staff. The following was not included in the team meeting agenda: Learning from incidents / accidents. Up to date evidence based practice, new guidelines etc. Feedback from any courses / study days attended by staff this would enable shared learning and encourage service improvement.
	Response by responsible individual detailing the actions taken: The proforma for the ward meeting 'Agenda' has been updated to include: Learning from Incidents and Accidents, SEA/SAIs; items for evidence based learning; update on ward SQE project; new practice 'guidelines and policies' that have been issued and any feedback from staff attending study days etc. The meetings will be held on the 1st Wednesday of the month at 2pm and will be multi-disciplinary. An email will be sent to all relevant staff informing them of the dates and time. All Staff advised that they need to attend at least 4 meetings per year. Ward Clerk to minute these meetings and share.
Area for Improvement No. 7 **Ref:** Quality Standard 6.3.2 (g) **Stated:** Second Time **To be completed by:** 22 April 2018	<u>Patient / relative experience</u> There was no information displayed in relation to patient and relative experience.
	Response by responsible individual detailing the actions taken: The notice board at the entrance to the ward has been redesigned. It now has a 'comment section' for anyone to write a comment on. A selection of thank you cards and anonymised feedback letters are displayed on the board. Peer Advocate and Alzheimer's Advocate are undertaking patient experience audits in both FMI & dementia inpatient. The outcomes will be displayed on this notice board. The audits will be completed 6 monthly. New information racks have been erected in this area which hold information relevant to mental health and dementia care information.

Area for Improvement No. 8 **Ref:** Quality Standard 5.3.1 (a) **Stated:** Second Time **To be completed by:** 22 June 2018	<u>Person centred goals</u> It was unclear in the occupational therapy documentation if patient's goals had been achieved. Although OT documentation was not assessed on this inspection it has been brought forward for review at the next inspection of Ward 11. Nursing care plans were not goal orientated. Goals were recorded as interventions with no time frame recorded and the inspector found it difficult to establish if the interventions were effective.
	Response by responsible individual detailing the actions taken: Nursing care plans are currently being reviewed with the nursing team and developed to incorporate goals for patients throughout their inpatient stay. Training is being provided for staff in-house and all nursing staff will attend to further develop knowledge and skills in this area. A further Occupational Therapy audit will be completed re goal setting care planning to.
Area for improvement No. 9 **Ref**: Quality Standard 5.3.1 (a) **Stated:** Second Time **To be completed by:** 22 June 2018	<u>Patient recording system</u> There were two systems for recording patient information. Some information was recorded in patient's paper files and some on the electronic recording system (MAXIMS).
	Response by responsible individual detailing the actions taken: The transition towards full electronic recording system continues; the medical staff now fully record on Maxims. The further planned introduction of new computers to the ward will provide adequate staff access and allow for all patients' records to transition to electronic recording in a planned transition.

Name of person (s) completing the PCP	Roisin Keown		
Signature of person (s) completing the PCP		**Date completed**	14/05/18
Name of responsible person approving the PCP	Brenda Arthurs		
Signature of responsible person approving the PCP		**Date approved**	14/05/18
Name of RQIA inspector assessing response	Cairn Magill		
Signature of RQIA inspector assessing response		**Date approved**	15/05/2018

Please ensure this document is completed in full and returned to RQIA via the Web Portal

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