The Regulation and Quality Improvement Authority

Unannounced Inspection Report

7 – 9 June 2016

Oak A

Tyrone and Fermanagh Hospital

Western Health and Social Care Trust

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

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 four specific and important key stakeholder outcomes:

2.0 What Happens on Inspection

This inspection focused on the theme of **Person Centred Care.**
This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

What the inspectors did:

- Reviewed information sent to RQIA before the inspection
- Talked to patients, carers and staff
- Observed staff practice on the days of the inspection
- Reviewed other documentation on the days of the inspection
- Reviewed the ward's progress since the last inspection

At the end of the inspection the inspectors:

- Discussed the inspection findings with staff
- Discussed areas for improvement

After the inspection the ward staff will:

- Submit a Quality Improvement Plan to RQIA to describe the actions they will take to address any areas of improvement

3.0 About the Ward

Oak A is a ten bedded mixed gender ward on the Tyrone and Fermanagh Hospital site. The purpose of the ward is to provide assessment and treatment for patients over the age of 65 with a functional mental illness.

The multidisciplinary team consists of nursing staff, health care assistants, a consultant psychiatrist (Locum), a clinical psychologist, a senior house officer, an occupational therapist (OT) and an activity coordinator.

On the first day of the inspection there were five patients on the ward; two patients were discharged on the second day of the inspection. One patient was detained in accordance with the Mental Health (Northern Ireland) Order 1986.

4.0 Inspection Findings

4.1 What inspectors were told during the inspection

During the inspection inspectors met with two patients. One patient completed a questionnaire. This patient informed the inspectors that they were involved in their care and treatment and felt that the care they were receiving was helping them to recover. They felt safe and secure on the ward and felt that staff treated them with dignity and respect. They stated that there were activities held on the ward every day for them to participate in and this included evenings and weekends. They advised that staff seek consent from them prior to providing them with care and treatment. They stated staff listened to them however, they were not sure if their views were considered. They said that they had spoken to staff regarding the limited choice of vegetarian meals and this was resolved as they were able to make a specific request on the comment section of the order form.

Patients said:

"The food is lovely"

"They are very good to me"

"All necessary facilities are in place"

During the inspection patient relatives/representatives were invited to meet with inspectors. Three relatives met with inspectors. They all stated that they were involved in their relatives care and treatment and they felt that staff were approachable and listened to their views. They stated that they felt the care and treatment their relative received was beneficial.

Relatives said:

"It helps when my mother is seeing the same nursing staff as unfamiliar faces sometimes can cause confusion. Generally overall the support and care received has been brilliant"

"Very pleased"

"Staff are very caring and kind. Both night staff and day staff are good to my wife. It is very reassuring when you are feeling down yourself"

Inspectors met with 11 members of the ward's multi-disciplinary team (MDT). Staff told inspectors that they the MDT worked well together. All staff stated that they enjoyed working on the ward and a number of staff stated they were well supported by the ward manager. Staff reported no concerns regarding the care and treatment provided to patients on the ward. Staff confirmed that they had attended their mandatory training and had up to date supervision and appraisals in place.

Inspectors spoke to two nursing staff and three health care workers (HCA) who all stated they were happy working on the ward and felt supported in their role by all members of the MDT. They were aware of their role in relation to adult safeguarding and child protection concerns and knew what to do when an incident occurred on the ward. They advised that they could see the benefits of therapeutic and recreational activities and confirmed they were involved in carrying out some of these activities. They stated they were never asked to work beyond their role and experience.

Inspectors asked nursing staff about their understanding of defined care pathways and what evidence based practice is implemented on the ward to support patients' with their recovery. However, staff appeared to have limited knowledge in this area. This was discussed with the ward manager who advised that they had recognised there were gaps in staff knowledge and had developed a training plan with the clinical psychologist for staff to attend. In relation to supporting patients on a daily basis with 1:1 therapeutic time one staff member stated that this may not happen on a daily basis if the ward is busy.

Inspectors met with the ward clerk who works part-time on the ward. They advised that they felt supported by the ward manager and that the care on the ward was very effective. They advised that they were aware of the complaints procedure and although they had not attended training on adult safeguarding they were aware they should report all concerns to the nurse in charge. They felt part of the MDT however; they informed the inspectors that they did not attend the ward staff team meetings. They stated they felt their administration role was important in relation to the overall function of the ward. However, they raised a concern in relation to their role when they have to decant information from the ward files into the patients' community file when patients are discharged. This was discussed at the conclusion of the inspection with

the acting head of older peoples' mental health service and lead nurse who confirmed that a meeting has been organised to discuss these concerns and to plan a way forward.

The inspectors met with the OT who advised that a 'therapeutic hub' was being set up for patients on the ward and they would be transferring to this unit. They advised they do not attend the staff meetings on the ward however this may change when they transfer to the therapeutic hub. They discussed the occupational therapy pathway used on the ward and explained how they assess and plan activities for patients. They discussed a number of assessment tools they use and how they set individual goals for patients.

The activity coordinator discussed their role on the ward and informed the inspectors they were also transferring to the new 'therapeutic hub'. They advised they were looking forward to this move. They stated that they set up individual therapeutic and recreational care plans for patients based on their assessed need. They meet each week with the OT to plan activities for the week. They stated they were well supported by the OT on the ward and the ward manager.

Inspectors met with the consultant psychiatrist who has worked on the ward for the past two months as a locum. They confirmed that they had an up to date appraisal completed in their previous post. However, they did not know who their supervising consultant was and therefore did not know who to contact if they had any concerns. At the feedback meeting a senior trust representative updated them on their clinical lead. They advised that they had not received any information in relation to clinical governance meetings.

Inspectors met with the senior house officer who advised that the MDT worked well together and they were supported by the consultant psychiatrist and all members of the MDT team.

Inspectors met with the clinical psychologist who advised they had developed a training plan for staff on the ward. However, they stated that once this piece of work is completed, they were unsure of how much time they will be allocated to the ward to complete psychological interventions with patients, as this had not yet been confirmed by senior staff. They advised they have not received any information in relation to clinical governance meetings from their clinical lead.

The inspectors spoke to the community psychiatric nurse and the community mental health team leader. Both professionals stated that the MDT worked well together. They advised that the community team has a rota system in place to ensure that a member of this team attends the MDT meeting each week. This member of staff then provides an update on each patient's progress to their keyworker in the community.

The community mental health team leader also raised the same concerns as the ward clerk in relation to patients' files from the ward having to be decanted and placed into one file.

4.2 Ward Environment

Inspectors assessed the ward's physical environment using a ward observational tool and check list

4.3 Summary

The ward was clean, tidy and well maintained. There was ample lighting and neutral odours. The ward had an information booklet which was a trust wide booklet for patients in all mental health wards in the Western Health and Social Care Trust. The ward staff were also in the process of devising an information booklet specifically for patients in Oak A.

Information was displayed in relation to the ward's performance, the advocacy service, the complaints procedure and when the patient forum meetings were arranged. A bill of human rights was displayed in the main corridor and there was evidence that patients had been given information on the Mental Health (NI) Order 1986, The Mental Health Review Tribunal and their right to access information held about them. Information was also displayed in relation to staff on duty which included members of the MDT team as well as the day of the ward round.

On the days of inspection there appeared to be enough staff on the ward to attend to patients' needs. The inspectors observed staff carrying out a number of different activities with patients. The ward was very warm due to the weather conditions at the time of the inspection. None of the patients raised this issue directly with the inspectors. However, the inspectors overheard one patient report to a member of the nursing staff that they did not want to return to the communal area after lunch as "it was too hot". When this was discussed with the ward manager they agreed to source extra fans for the ward.

In an adjoining room to the ward which was used as an activity room the velux window would not open and the room was very warm. The ward had two four bedded bays and two single side rooms with an ensuite. Each bay was gender specific and patients had access to a toilet and shower. Patients could screen off their bed area for extra privacy with the use of a curtain.

One patient informed the inspectors that their bedroom was situated opposite the nurses' station and they found it disturbing whenever the ward telephone rang. When this was discussed with the ward manager they advised that there are plans to move Oak A to the ward next door which is currently vacant. This move will ensure that when patients are in their bedroom areas they will not be disturbed by the phone.

The ward had an environmental ligature risk assessment completed on 16 March 2015 detailing further action required to ensure patients would be safe

on the ward. However, this assessment did not include an action plan detailing when this work would be completed. A number of ligature points were identified in the general health and safety risk assessment completed on 30 March 2016 but these were not included in the ligature risk assessment.

There was one patient on the ward who required a profiling bed due to their clinical need. However, this patient did not have an individual risk assessment/management plan in place. There were five vacant profiling beds on the ward which required to be replaced with a divan bed.

There were enough seats available for patients on the days of the inspection. However, the two communal rooms were very small. The ward had a garden area which could be accessed by patients freely throughout the day. The code to access the keypad door to the garden was displayed on the wall near the keypad. The garden area was well maintained and during the inspection the inspectors observed volunteers from the Prince's Trust working in the garden to improve this area. This was an excellent initiative by the ward staff. The garden had a wooden picnic bench, a small shelter with seats, stackable plastic chairs and a gazebo had been set up to offer shade as the weather was very hot.

The ward was locked and access was controlled by a keypad. Deprivation of liberty (DOLS) care plans were in place. However, these require to be developed further as they did not detail a rationale in relation to the locked door on the ward and the individual details around each person's access to the keypad code.

A ward therapeutic and recreational schedule was displayed and this was changed every week after the OT and activity co-ordinator met with patients. Fresh water was available in the ward kitchen, lounge and quiet room which patients could access throughout the day. It was good to note that patients could use the ward kitchen to make tea or coffee.

4.4 Observation

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.

Inspectors completed direct observations using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

- **Positive social (PS)** - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

- **Basic Care (BC)** – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.
- **Neutral** – brief indifferent interactions.
- **Negative** – communication which is disregarding the patient's dignity and respect.

4.5 Summary

Observations of interactions between staff and patients/visitors were completed throughout the days of the inspection. 20 interactions were recorded in this time period. The outcomes of these interactions were as follows:

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

Inspectors observed interactions between staff and patients throughout the three days of the inspection. Inspectors noted that communication and contact between staff and patients was warm, friendly, encouraging and supportive. Staff were observed showing patients respect and treating patients with dignity throughout all interactions. It was good to note the full achievement of 100% in this area.

Staff appeared to have developed positive relationships with patients and their relatives. One patient was waiting on a family member to collect them and was observed becoming anxious whilst waiting. The nurse noticed this and was observed speaking to the patient in a warm emphatic manner and provided the patient with reassurance which reduced the patient's anxiety.

The inspectors observed patients and staff participating in a recreational activity. Patients who appeared reluctant to engage were encouraged by staff. Staff were observed offering patients continuous praise for their efforts. When one patient indicated they wanted to leave the group staff checked if they were alright and then accompanied the patient back to the main part of the ward, respecting the patient's decision to leave.

Inspectors observed staff serving patients their lunch. Staff continually checked with patients if they wanted more fluids or additional helpings. Staff appeared mindful of patients' hearing and visual impairments and adapted their communication and tone of voice appropriately. Staff were also observed using non verbal communication to complement their verbal communication when necessary.

Staff were present within the communal areas and were observed assisting patients with reading newspapers, supporting patients with their mobility and attending to patients' personal hygiene needs.

5.0 Our Assessment

5.1 Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

What the ward did well:

Staff had up to date mandatory training in place.

Staff supervision and appraisals were completed in accordance to the required standards.

Staff informed inspectors that they enjoyed working on the ward and that the MDT worked well together.

Staff confirmed that they never worked beyond their role and experience.

There was enough staff available during the inspection to meet the needs of the patients in the ward.

Inspectors evidenced robust arrangements in place to ensure the discharge of statutory functions in accordance to the Mental Health (Northern Ireland) Order 1986.

Patients knew how to make a complaint and had access to an advocacy service.

Areas for improvement:

The ward's environmental ligature risk assessment and action plan had not been updated to detail when this work would be completed. *Quality Standard (5.3.1f).*

Patients' risk assessments were not completed in accordance with the Promoting Quality Care – Good Practice Guidance on the Assessment of Risk and Management of Risk in Mental Health and Learning Disability Services, May 2010. *Quality Standard (5.3.1a).*

- The review section of the risk assessments detailed what was discussed at the MDT meetings and did not record and update/change in the risks identified for each patient.

- The E-pex computer system did not have an option for updating the assessment in the main body of the report.
- In four out of the five assessments reviewed there was no evidence of patient/family involvement.

- There was no evidence of contingency or management plans.

A patient who required a profiling bed did not have a risk assessment/management plan in place. *Quality Standard (5.3.1a).*

A number of vacant profiling beds were on the ward which created extra ligature points and therefore needed to be removed. *Quality Standard (5.3.1f).*

Patients' individual environmental risk assessments were not person centred. *Quality Standard (5.3.1a).*

5.2 Is Care Effective?

The right care, at the right time in the right place with the best outcome.

What the ward did well:

Assessments were completed by medical and nursing staff and these were used to inform care plans.

Patients' care plans were person centred and had been completed with patients' involvement.

Patients attended their MDT meetings each week and there was evidence that their progress was monitored and reviewed regularly.

Patients had individual activity/therapeutic care plans in place which had been devised by the OT and activity coordinator.

It was good to note that a training plan had been developed for staff which focused on a number of areas such as rehabilitation and recovery based interventions, defined care pathways and the process of psychological formulation.

There was evidence of good involvement from the community teams.

The ward was in the process of setting up a 'therapeutic hub'. It is planned that this service will provide therapeutic/recreational sessions for patients based on assessed need.

There was evidence that discharge planning commenced on admission and was discussed each week at the MDT meeting with patients' involvement. Community teams were also involved in this process to ensure support mechanisms were in place for patients prior to discharge.

Staff promoted a least restrictive practice ethos.

Areas for improvement:

Patients did not always receive daily 1:1 therapeutic time. *Quality Standard (5.3.1a).*

Care plans were inconsistently reviewed in the progress notes. *Quality Standard (5.3.1a).*

Not all care plans were recovery focused and evidence based with defined care pathways. *Quality Standard (5.3.1a, 5.3.f).*

- In a number of care plans the goals were unclear and appeared to be interventions and not specific patient centred goals.

- Goals were not SMART (Specific, measurable, achievable, realistic and time-bound).
- There was no evidence of formulation to underpin care planning and inform relevant models of intervention.

Nursing staff appeared to have limited understanding with regard to defined care pathways, evidence based practice and the process of formulation. *Quality Standard (4.3 l).*

Patients did not appear to be routinely reviewed again during the week by the consultant psychiatrist. *Quality Standard (5.3.3 b).*

The MDT template was not fully completed to detail decisions agreed, the responsible person for implementing agreed actions and the timeframe to complete the action plan. *Quality Standard (5.3.1a).*

The ward environment was very small with limited room in the communal rooms. *Quality Standard* (6.3.2a)

Deprivation of liberty (DOLS) care plans were in place for each patient, however these did not detail the rationale in relation to the locked door on the ward and the individual details around each person's access to the keypad code. *Quality Standard* (5.3.1a)

5.3 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.

What the ward did well:

Patients informed the inspectors that staff treat them with dignity and respect.

Communication and contact between staff and patients was warm, friendly, encouraging and supportive

Patients were involved in decisions regarding their care and treatment.

Patients had access to an advocacy service.

Patients had access to a variety of information in order to make informed choices about their care and treatment.

Staff were observed attending to patients' needs in a compassionate manner.

Relatives and patients made positive comments regarding the care and treatment on the ward.

Areas for improvement:

In an adjoining room to the ward which was used as an activity room the velux window was broken (it would not open) leaving the room very warm with no ventilation.

5.4 Is The Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and experiences of patients in order to deliver safe, effective and compassionate care.

What the ward did well:

Staff understood their roles and responsibilities.

Governance arrangements were in place to monitor the prescription and administration of medication.

There was governance oversight of patients who were delayed in their discharge.

There were effective systems in place to report and analyse incidents, accidents and serious adverse incidents.

There was evidence that learning was shared with nursing staff.

There was evidence of good working relationships between the MDT.

There were systems in place to improve safety through analysis of information.

There was a clear management structure identifying the lines of responsibility and accountability

The ward manager had commenced a process of monitoring patient experience.

All staff had received up to date mandatory training, supervision and appraisal.

There were effective staffing arrangements in place.

Areas for improvement:

The consultant psychiatrist and clinical psychologist had not received any information in relation to clinical governance meetings from their clinical leads. *Quality Standards (4.3 l)*

The consultant psychiatrist was working on the ward as a locum. There was no permanent consultant on the ward for some time. *Quality Standards (4.3 j)*

The clinical psychologist was unclear regarding their allocated time on the ward to provide patients with psychological interventions. *Quality Standards (4.3 n)*

The consultant psychiatrist (locum) was not aware of their clinical lead. *Quality Standards (4.3 l)*

Minutes of the patient forum meetings did not evidence that action had been taken to address issues raised at the previous monthly meeting. Patient's average stay on the ward was 51 days however the patient forum meetings were held on a monthly basis. *Quality Standards (6.3.2 g)*

Two policies were out of date. *Quality Standards (5.3.1f)*

- Records Management Policy November 2013.
- Learning, Education and Development Strategy, December 2013.

6.0 Follow up on Previous Inspection Recommendations

Ten recommendations were made following the last inspection on 10 August 2016. Inspectors were pleased to note that nine recommendations had been assessed as met.

One recommendation is required to be restated and is included in the quality improvement plan.

7.0 Other Areas Examined

The inspector identified other areas which should be reviewed by the ward manager to improve standards on the ward in accordance with good practice guidance. These include:

- Ensuring patients are aware of which staff member has been allocated therapeutic 1:1 time with them.
- Displaying the ward's vision or mission statement.

8.0 Next Steps

There is a quality improvement plan included with this report. This will include the areas for improvement and the timescales for implementation under each stakeholder outcome.

HSC Trust Quality Improvement Plan

	Oak A		Nicola Hayes		7-9 June 2016
	Nicola Hayes Pauline Casey			Elaine Way	

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

The areas where improvement is required, as identified during this inspection visit, are detailed in the inspection report and quality improvement plan.

The completed improvement plan should be completed and returned to team.mentalhealth@rqia.org.uk from the HSC Trust approved e-mail address, by 4 August 2016

Please password protect or redact information where required.

1	This can be anywhere from **24 hours to 4 weeks from the date of the inspection** – the specific date for implementation in full will be specified
2	Up to **3 months** from the date of the inspection
3	Up to **6 months** from the date of the inspection

Part A

Priority 1: Please provide details of the actions taken by the Ward/Trust in the timeframe **immediately** after the inspection to address the areas identified as **Priority 1**.

1	***Key Outcome Area – Is Care Safe?*** The wards' environmental ligature risk assessment and action plan had not been updated to detail when this work would be completed. ***Quality Standard (5.3.1f).*** This area has been identified for improvement for the **first.**	7 July 2016	Actioned. Please refer to additional supporting information already provided - Letter sent to RQIA dated 7th July 2016.		Proposed for March 2017
2	A patient who required a profiling bed did not have a risk assessment/management plan in place. **Quality Standard (5.3.1f).** This area has been identified for improvement for the **first.**	9 June 2016	Actioned. All current patients and future patients will have risk assessment and management plans in place to address the need for a profiling bed - Letter sent to RQIA dated 7th July 2016.		Ongoing
3	A number of vacant profiling beds were on the ward which created extra ligature points and therefore needed to be removed.	7 July 2016	Actioned. Please refer to additional supporting information already provided.		Ongoing until divan beds are delivered

	Quality Standard (5.3.1a). This area has been identified for improvement for the **first.**				
2	***Key Outcome Area – Is Care Effective?*** No areas for improvement				
3	***Key Outcome Area – Is Care Compassionate?*** No areas for improvement				
4	***Key Outcome Area – Is Care Well Led?*** No areas for improvement				

Part B

Priority 2: Please provide details of the actions proposed by the Ward/Trust to address the areas identified for improvement. The timescale within which the improvement must be made has been set by RQIA.

	[illegible]	[illegible]	[illegible]	[illegible]
1	***Key Outcome Area – Is Care Safe?*** Patients' risk assessments were not completed in accordance with the Promoting Quality Care – Good Practice Guidance on the Assessment of Risk and Management of Risk in Mental Health and Learning Disability Services, May 2010. **Quality Standard (5.3.1a).**	4 August 2016	Actioned. Ongoing consultation with CMHTOP regarding e-risk assessments and management plans to ensure same are in accordance with PQC with a view to having a "live" E risk assessment	Ward Manager Nicola Hayes

	This area has been identified for improvement for the **first** time.			
2	Patients' individual environmental risk assessments were not person centred. ***Quality Standard (5.3.1a).*** This area has been identified for improvement for the **first** time	4 August 2016	Actioned. Risk assessments and management plans for ligature risks and profiling beds will be individually and person-centred assessed and managed.	Ward Manager Nicola Hayes
3	***Key Outcome Area – Is Care Effective?*** Patients did not always receive daily 1:1 therapeutic time. **Quality Standard (5.3.1a)** This area has been identified for improvement for the **first** time.	14 July 2016	Currently being actioned. Multi-disciplinary training plan for staff has been devised and currently being implemented. Therapeutic Hub is currently under development. Sub-group for development of Operational Guidelines for Therapeutic Hub ongoing. Occupational Therapist ready for post. Activities Co-Ordinator ready for post. Therapeutic Nurse ready for shortlisting. Seven day activity plan commenced at ward level. All patients to have activity care plans in place and same to be reviewed daily through daily progress notes and weekly through care plan reviews. Recovery focused care plans currently being devised.	Ward Manager Nicola Hayes
4	Care plans were inconsistently reviewed in the progress notes. ***Quality Standard (5.3.1a)*** This area has been identified for improvement for the **first** time.	14 July 2016	Currently being actioned and ongoing. Daily progress notes written linking same to active care plans. Training in Integrated Care Pathway will enhance this area further. Integrated Care Pathways will be monitored and reviewed monthly via audit dashboards and six monthly via Head of	Ward Manager Nicola Hayes

			Service audits.	
5	Patients did not appear to be routinely reviewed again during the week by the consultant psychiatrist. ***Quality Standard (5.3.3 b)*** This area has been identified for improvement for the **first** time	14 July 2016	Actioned and ongoing. Consultant currently documenting on patients on reviews carried out outside main weekly multi-disciplinary case conferences. This will be monitored by ward manager and ward nursing staff.	Ward Manager Nicola Hayes
6	The MDT template was not completed in full. ***Quality Standard (5.3.1a)*** This area has been identified for improvement for the **first** time	14 July 2016	Actioned and ongoing. Training in Integrated Care Pathway will enhance this area further. These will be monitored and reviewed by Ward Manager regularly and randomly and also by Head of Service via six monthly audits.	Ward Manager Nicola Hayes
7	The ward environment was very small with limited room in the communal rooms. ***Quality Standard* (6.3.2a)** This area has been identified for improvement for the **first** time	9 September 2016	Plan in place to relocate Oak A to Oak B post ligature work having been completed. Oak B has a larger floor space.	Ward Manager Nicola Hayes
8	***Key Outcome Area – Is Care Compassionate?*** In an adjoining room to the ward which was used as an activity room the velux	9 September 2016	Velux window has been reported to Estates Department for repair – awaiting same at present.	Ward Manager Nicola Hayes

	window was broken (it would not open). **Quality Standard (6.3.2 a)** This area has been identified for improvement for the **first** time.			
9	***Key Outcome Area – Is Care Well Led?*** The consultant psychiatrist (locum) was not aware of their clinical lead. **Quality Standards (4.3 l)** This area has been identified for improvement for the **first** time.	14 July 2016	Completed. Consultant has been made aware of who is the medical clinical lead for PCOP	Consultant Dr George
10	Minutes of the patient forum meetings did not evidence that action had been taken to address issues raised at the previous monthly meeting. Patients' average stay on the ward was 51 days however the patient forum meetings were held on a monthly basis. **Quality Standards (6.3.2 g)** This area has been identified for improvement for the **first** time.	14 July 2016	Patient forum meetings are now held weekly. Documentation for recording weekly meetings minutes has been revised to include previous agenda items and actions	Ward Manager Nicola Hayes
11	The clinical psychologist was unclear regarding their allocated time on the	14 July 2016	The Clinical Psychologist contributes to the ward multi-disciplinary team. Currently senior managers, the ward manager and the Clinical Psychology manager have	Lead Psychologist

	ward to provide patients with psychological interventions. **Quality Standards (4.3 n)** This area has been identified for improvement for the **first** time.		agreed to enhance the current allocated time between the wards of Ash and Oak to 2 full days per week in order to deliver a training programme to staff on the wards. This enhanced support will be delivered over a 3-4 month period, depending upon the training need of both wards. This 2 day allotted time includes attendance at ward rounds in Oak ward and Ash ward, direct and indirect input and staff training. The two allocated days are for both wards. How this time is spent will be negotiated with the ward manager and as per patient need. A job plan to this effect was shared with the clinical psychologist on 31.5.16 and finalised on 13.6.16. Following the implementation of the agreed training plan, the allocated time that the clinical psychologist can dedicate to the ward is to be reviewed. This review will take into account the following factor. Currently there is one vacant post within the clinical psychology service. Until this post is filled it is anticipated that ward Oak A will be allocated a minimum of 0.5 day per week for direct and indirect therapeutic work. The same time (0.5 day) will be allocated to Ash ward. Following successful recruitment of staff this will increase to the agreed 1.5 days per week, per psychologist, as per the clinical psychologist's agreed job plan (as of May 2015). One psychologist will a deliver a psychological service in Oak ward for 1.5 days per week and the other psychologist will deliver 1.5 days per week in Ash ward. This will enable the clinical psychologists to continue to provide psychological interventions and to contribute to the ward based psychological formulation and multi-disciplinary care plan. Job plans can be provided as requested.	
12	The consultant psychiatrist and clinical psychologist had not received any	14 July 2016	Historically only immediately relevant information from Primary Care and Older People's governance meetings	Lead Psychologist

	information in relation to clinical governance meetings from their clinical leads. **Quality Standards (4.3 l)** This area has been identified for improvement for the **first** time.		has been shared with Clinical Psychology staff. As of 23/6/16 minutes of all PCOP clinical governance meetings and agenda will now routinely be shared with all clinical psychology staff. Additional accompanying information will be made available on a centralised system for staff to access.	

Part C

Priority 3: Please provide details of the actions proposed by the Ward/Trust to address the areas identified for improvement. The timescale within which the improvement must be made has been set by RQIA.

	Key Outcome Area – Is Care Safe? No areas of improvement identified			
1	***Key Outcome Area – Is Care Effective?*** Nursing staff appeared to have limited understanding with regard to defined care pathways, evidence based practice and the process of formulation. ***Quality Standard (4.3 l).*** This area has been identified for improvement for the **first** time.	9 December 2016	Multi-disciplinary training plan for staff has been devised which will enhance these areas.	Psychology; Occupational Therapy and Ward Manager
2	Not all care plans were recovery focused, evidence	9 December 2016	Multi-disciplinary training plan	Ward Manager

	based with defined care pathways. **Quality Standard (5.3.1a, 5.3.f)** This area has been identified for improvement for the **first** time		for staff has been devised which will enhance these areas.	Nicola Hayes
3	***Key Outcome Area – Is Care Compassionate?*** No areas of improvement identified			
3	***Key Outcome Area – Is Care Well Led?*** The consultant psychiatrist was working on the ward as a locum. There was no permanent consultant on the ward for some time. **Quality Standards (4.3 j)** This area has been identified for improvement for the **first** time.	9 December 2016	Medical Recruitment in OPMH remains a challenge but ongoing. Every effort including International recruitment has been explored to recruit permanent Consultant posts, however to date unsuccessful but recruitment drive will continue.	Assistant Director of OPMH
4	Two policies were out of date. • Records Management Policy November 2013. • Learning, Education and Development Strategy, December 2013 **Quality Standards (5.3.1f)** This area has been identified for improvement for the **first** time.	9 December 2016	Records Management Policy reviewed and approved at P&SI Governance on 13.6.16 – now taken to CMT and Trust Board for final approval. Learning, Education and Development Strategy reviewed implementation in May 2015 and due for review 31 Dec 2016	Performance and Service Improvement Lead

Part D

Outstanding Recommendations: Please provide details of the actions proposed by the Ward/Trust to address outstanding recommendations, identified at previous inspections. The timescale within which the improvement must be made has been set by RQIA.

	Key Outcome Area – Is Care Safe? No outstanding recommendations			
1	***Key Outcome Area – Is Care Effective?*** It is recommended that the ward manager ensures that when decision have been made at the MDCC meetings in relation to the rationale around restrictive practices this is clearly documented in the patients' deprivation of liberty care plans **Quality Standard 5.3.1 *a*** This area has been identified for improvement for the **second** time.	14 July 2016	Actioned and ongoing. Multi-disciplinary training plan for staff has been devised which will enhance these areas.	Ward Manager Nicola Hayes

	Key Outcome Area – Is Care Compassionate? No outstanding recommendations			
	Key Outcome Area – Is Care Well Led? No outstanding recommendations			

TO BE COMPLETED BY RQIA

I have reviewed the Trust Improvement Plan and I am satisfied with the proposed actions or I have reviewed the Trust Improvement Plan and I have requested further information		
I have reviewed additional information from the Trust and I am satisfied with the proposed actions		