



The **Regulation** and
Quality Improvement
Authority

**Addictions Treatment Unit
Tyrone and Fermanagh Hospital
Western HSC Trust**

Unannounced Inspection Report

Date of inspection: 26 May 2015



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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.

Contents

1.0 Introduction	5
2.0 Purpose and aim of inspection	5
2.1 What happens on inspection	5
3.0 About the ward	6
4.0 Summary	6
4.1 Implementation of recommendations	8
5.0 Ward environment	9
6.0 Observation session	10
7.0 Patient Experience Interviews	11
8.0 Other areas examined	12
9.0 Next steps	13

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

Is Care Safe?

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

Is Care Effective?

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

Is Care Compassionate?

- Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

2.0 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

2.1 What happens on inspection

What did the inspector do:

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(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 Addictions Treatment Unit (ATU) is a mixed gender ward providing a recovery/rehabilitation based alcohol and drugs treatment programme. The ward provides accommodation for seven patients from Monday morning to Friday afternoon. Patients return home at the weekend. The ward has a six week intensive rehabilitation programme. The programme is abstinence based and requires that patients participate in both individual and group work sessions. The therapeutic programme is largely facilitated by the nursing staff team. At the time of the inspection there were six patients receiving care.

The nursing staff team consisted of a ward manager, four staff nurses and a nursing assistant. The ward is also supported by a consultant psychiatrist; the community addiction service manager (located within the same facility), a senior social worker, a large active former service user group and alcoholics/narcotics anonymous groups. There were no patients who were detained in accordance with the Mental Health (Northern Ireland) Order 1986

The inspector discussed the future plans for this ward with a senior Trust representative who advised that plans are in place to reconfigure the current service to provide patients with a detoxification programme. This new unit will provide a service for patients with complex detoxification needs and will operate as a 24 hour service for 7 patients. The ward will close at the end of June 2015 and will reopen in September 2015 as a new unit.

4.0 Summary

Progress in implementing the recommendations made following the previous inspections carried out on 22 July 2014 and 7 and 8 January 2014 were assessed during this inspection. There were a total of nine recommendations made following the inspection undertaken on 7 and 8 January 2014 and one recommendation was made following the inspection undertaken on 22 July 2014.

The inspector was concerned to note that only three recommendations had been implemented in full.

One recommendation had been partially met and six recommendations had not been met. These recommendations will be restated for a **second** time following this inspection.

The inspector noted that the ward had reviewed the multidisciplinary team template to ensure that appropriate records were maintained, patients had access to lockable storage and the ward had reviewed patients' access to gym equipment and physical activity

Concerns were raised in relation to the low staffing levels as there were a number of staff absent from work due to retirement and sickness, the absence of a risk assessment in relation to lone working and deficits in mandatory training. The supervision policy had not been updated and patients were sleeping in metal frame beds without a risk assessment completed and subsequent risk management plan in place. The ward had completed an environmental ligature risk assessment however this did not detail all ligature points and patients did not have an individual risk assessment and care plan to mitigate against any potential risks. The damaged flooring had not been replaced and the internet was not available for clinical staff.

The inspector assessed the ward's physical environment using a ward observational tool and check list. The environment appeared relaxed, comfortable, clean and clutter free. There was ample natural lighting and good ventilation. Patients had their own private bedrooms and there were rooms available for patients to have quiet time on their own. The inspector was concerned to note that patients were sleeping in metal frame beds without a risk assessment completed and subsequent risk management plan in place. A new recommendation has been made in relation to this.

The above concerns were discussed at the conclusion of the inspection with a senior Trust representative and assurances were given that these recommendations would be implemented.

During the inspection the inspectors completed a direct observation using the Quality of Interaction Schedule (QUIS) tool. This assessment rated the quality of the interactions and communication that took place on the ward between patients and a ward professional during a group activity. The quality of interactions observed between patients and this professional were positive.

During the inspection the lay assessor spoke to four patients who had agreed to meet with them to complete a patient experience questionnaire. This recorded their experience in relation to the care and treatment they had received on the ward. All four patients made positive comments about how they had been treated on the ward.

4.1 Implementation of Recommendations

Four recommendations which relate to the key question “**Is Care Safe?**” were made following the inspection undertaken on 7 and 8 January 2014

These recommendations concerned the staffing levels on the ward as the full complement of staff were not on duty, the risks associated with members of staff working on their own, deficits in mandatory training and the potential ligature points throughout the ward with the absence of a ligature risk assessment.

However, despite assurances from the Trust, none of these recommendations had been fully implemented. The ward did not have the full complement of staff available to work on the ward, the risk assessment associated with lone working was unavailable, all staff did not have up to date mandatory training, and a risk assessment had not been completed of all the potential ligature points within the ward. These recommendations will be restated for a **second time** following this inspection.

Four recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 22 July 2014 and 7 and 8 January 2014. These recommendations concerned the recording of information from the outcome of multidisciplinary team meetings (MDT) as appropriate records had not been maintained, the updating of the supervision policy, the absence of internet access for clinical staff and the lack of gym equipment.

Two recommendations had been fully implemented.

- The ward had had reviewed the MDT template to ensure appropriate records were maintained
- Patients are encouraged to exercise within the community and there was a set session during the week for community involvement and patients could access the local gym at this time as part of their programme of care.

However, despite assurances from the Trust, two recommendations had not been fully implemented. The supervision policy had not been reviewed and the consulting rooms used by clinical staff were not equipped with internet access. These recommendations will be restated for a **second time** following this inspection.

Two recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection undertaken on 7 and 8 January 2015

These recommendations concerned patients not been having access to lockable storage and damaged flooring in areas throughout the ward.

One recommendation had been fully implemented

- The ward had provided patients with lockable storage for personal items.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The Trust had not replaced the flooring in the ward which had been damaged. This recommendation will be restated for a **second time** following this inspection.

The detailed findings are included in Appendix 1

5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward’s physical environment using a ward observational tool and check list.

Summary

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained however the flooring needed replaced and this work had not been carried out. A recommendation has been restated in relation to this.

The ward environment promoted patients’ privacy and dignity. Patients had their own bedroom and held a key to their bedroom. Patients could lock bathroom doors, and staff could open from the outside in case of emergency. A call system was available in the bathrooms and bedrooms. There were private rooms available for patients to meet with their visitors and a payphone was available. Patients were able to leave the ward when they wanted however they were requested to attend group activities as part of their six week programme on the ward.

The ward was spacious and there were no areas of overcrowding; there was a large room which was split into a day room and dining room and the furniture was arranged in a way that encouraged social interaction.

Staffing levels were not adequate as one staff member was on long term leave and one staff member had retired and was not replaced. A recommendation has been restated in relation to this. Staff were observed supporting patients in group activities.

Patients were sleeping in metal frame beds and did not have a ligature risk assessment completed with a care plan. A ward environment risk assessment had been completed however this was not a comprehensive assessment as it did not include all ligature points in the ward. A recommendation has been made in relation to this.

Information on the set group activities was displayed in the meeting room and activities were available each day. Patients were involved in an intensive programme of group work. Patients were observed during lunch time in a clean and comfortable dining area. Patients work on a rota system whereby they take it in turn to serve meals and ensure the kitchen is kept clean and tidy. The inspector noted that staff were warm, friendly and respectful of patients. Patients appeared at ease and comfortable. The inspector noted that patients were very keen to share their positive experiences of the unit with the lay assessor.

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

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 20 minute 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 20 minute observation of interactions between a ward professional and patients who were taking part in a group activity. Five interactions were noted in this time period. The outcome of these interactions were as follows:

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

The inspector observed a relaxation group that was held in the morning. The session commenced with the staff member explaining to the patients how the session would be carried out. They informed the group that they would have a discussion with each patient on “how they were feeling” and if they had “anything they wished to discuss with the group”. After this update they informed the group that they would play a relaxation tape. They then confirmed with everyone if they were in agreement with this plan. The inspector observed positive engagement between the staff member and all patients throughout this session.

The detailed findings from the observation session are included in [Appendix 4](#)

7.0 Patient Experience Interviews

Four patients agreed to meet with the lay assessor to complete a questionnaire regarding their care, treatment and experience as a patient.

Responses to the questions asked were all positive.

- All four patients felt that staff were supportive and helpful on admission to the ward.
- All four patients stated that they had been informed of their rights and that they were treated with dignity and respect all of the time. They stated that they were fully involved in their care and treatment and could refuse treatment.
- All four patients confirmed that staff listen to them and provide an explanation before supporting them with care and treatment and they all stated that staff inform them on how they are progressing.
- All patients said that they attend activities and they all felt that these activities were helping them to recover.

Patients made the following comments:

"There is nothing I could complain about, it is a well run unit.....i'm delighted I got the help I needed and I will continue on. I would recommend it to anybody",

"It's been absolutely amazing, there's a quare change in myself compared to what I was",

"The only negative thing is the rules but you need the rules, there's nothing to complain about",

"It's going well. I'm more settled this time. I'm just so grateful the help was there for me",

"Everything in here is happy days. The staff are brilliant you can talk to staff anytime. There's nothing you could improve",

"I feel safe. I don't feel safe outside when I think about all the people who gave me drugs, you know nobody's going to come here. You have to get up every morning and get out and about",

"Ex patients coming in and encouraging you...it's great and the AA meetings are really good"

"Personally I have learnt a lot about alcohol and the effect it has on the body. There is a lot of information given to us. Being in here is like a safety net type thing".

The detailed findings are included in Appendix 2

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	2
Other ward professionals	0
Advocates	0

Wards staff told inspector that:

The ward is working with reduced members of staff due to sickness on the ward and a staff member had recently retired. They stated that the ward was operating with using bank staff on a daily basis. The staff members informed the inspector that the staff on the bank system are staff that are familiar with the programme on the ward as they have experience of working on the ward. They advised that the ward will be restructuring in the near future and the patient group will be changing to patients who will require treatment in relation to complex detoxification.

The inspection was unannounced. Advocates were not available to meet with the inspector 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 20 July 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 – Patient Experience Interview

Appendix 3 – Ward Environment Observation (This document can be made available on request)

Appendix 4 – QUIS (This document can be made available on request)

Follow-up on recommendations made following the announced inspection on 7 and 8 January 2014.

No.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	It is recommended that the Trust ensures that staffing levels within the Addiction Treatment Unit are in accordance with required standards	1	<p>The inspector was informed by the staff member in charge on the day of the inspection that the ward used bank staff on a regular basis. This was due to low staffing levels as there were a number of staff absent from work due to retirement and sickness.</p> <p>The inspector discussed this situation with a senior Trust representative who advised that plans are in place to reconfigure the current service to provide patients with a detoxification programme. This new unit will provide a service for patients with complex detoxification needs and will operate as a 24 hour service for 7 patients. The ward will close at the end of June 2015 and will reopen as a new service in September 2015. Part of the reconfiguration will involve the recruitment of new staff members. The new team will consist of a ward manager, 2 bands 6's, 2 band 5's and 5 band 3's. The inspector was informed that recruitment for these new members of staff has commenced.</p> <p>This recommendation will be restated for a second time</p>	Not met
2	It is recommended that the Trust risk assess lone working within the Addiction Treatment Unit	1	There was evidence on the day of the inspection that new guidance had been implemented in relation to lone working on the ward. The inspector was informed by a senior Trust representative that the lone worker	Partially met

Appendix 1

			<p>guidelines had been developed by the charge nurse and staff in the unit taking into account the Trust's lone worker policy. However the risk assessment completed in relation to these guidelines was unavailable to the inspector. The inspector was informed that when the new unit opens in September there will be no staff members working on their own.</p> <p>This recommendation will be restated for a second time</p>	
3	It is recommended that the multi-disciplinary team (MDT) review the MDT review record template to ensure appropriate records are maintained	1	The inspector reviewed the multi-disciplinary team (MDT) review record template and there was evidence that this had been updated to ensure appropriate records were maintained	Fully met
4	It is recommended that the Trust ensures that patients are provided with personal lockable storage	1	All patients are provided with personal lockable storage in their rooms and each patient holds on to the key of this unit.	Fully met
5	It is recommended that the Charge Nurse ensures all staff complete mandatory training in accordance with Trust policy	1	<p>The inspector reviewed training records of nursing staff and all staff did not have up to date mandatory training in place.</p> <p>At present there are two members of staff absent from work. One staff member has recently retired and one staff member has been off on long term leave.</p> <p>Out of the 4 staff members currently on the ward none had up to date fire training in place. Two out of the three</p>	Not met

Appendix 1

			<p>staff members who required medication management training did not have this in place. Two out of the four staff members did not have up to date vulnerable adult training, child protection training, intermediate life support training, and suicidal risk assessment training. One staff member did not have up to date training in the management of actual or potential aggression (MAPA) and one staff member did not have up to date training in infection control.</p> <p>This recommendation will be restated for a second time</p>	
6	It is recommended that the Trust updates the policy and procedure for supervision in nursing	1	<p>The inspector reviewed the policy and procedure on supervision and this had not been updated as the current policy was dated 2011. The inspector discussed this with a senior Trust representative who advised that the Trust are currently working on reviewing this policy</p> <p>This recommendation will be restated for a second time</p>	Not met
7	It is recommended that the Trust completes a risk assessment of all potential ligature points within the ward	1	<p>The inspector reviewed a ligature risk assessment which had been carried out on 22 April 2014. The inspector was concerned to note that there were two areas identified as high risk within one of the bathrooms however work had not been completed to alleviate these risks. The inspector observed a number of ligature points throughout the ward which had not been raised in this risk assessment. This was discussed with a senior Trust representative who advised that this ligature risk assessment was carried out with the staff on the ward and the estates department. The outcome of the</p>	Not met

Appendix 1

			<p>assessment was processed through to minor capital works however due to financial constraints this work had not yet been actioned. They also advised that they are now in the process of completing a further ligature risk assessment which will be a more detailed assessment using new documentation developed in the admission wards and this will be forwarded for completion. They advised that the patients currently on the ward would all be deemed low risk in relation to ligature risks in the ward. All patients attend the ward during the week and go home at the weekends. However, in the interim all patients will have a risk assessment completed and a care plan will be devised to meet the assessed needs of each patient, to mitigate against any potential risks.</p> <p>This recommendation will be restated for a second time and a new recommendation will be made in relation to this.</p>	
8	It is recommended that flooring within the ward is replaced where damaged	1	<p>The inspector reviewed the flooring on the ward and this had not been replaced. There were a number of areas throughout the ward that needed replaced. This was discussed with a senior trust representative who advised that replacing the floor covering was requested through minor capital works. They were unable to give an exact time frame for when this work would be completed but informed the inspector that approval had been granted.</p> <p>This recommendation will be restated for a second time</p>	Not met
9	It is recommended that consulting rooms used by	1	<p>The inspector was informed by the staff member in charge on the day of the inspection that this work had not</p>	Not met

Appendix 1

	clinical staff are equipped with internet access		<p>been completed. This was discussed with a senior trust representative who advised that internet provision was requested under the minor capital works but has not been complete. They advised that plans are in place for WIFI to be installed on the Tyrone & Fermanagh site which should cover the unit and therefore hard cabling will not be an issue. A work schedule is in place within the Information Technology (I.T) Department within in the Western Trust.</p> <p>This recommendation will be restated for a second time</p>	
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Follow-up on recommendations made following the patient experience interview inspection on 22 July 2014.

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	7.3 (e)	It is recommended that the Trust reviews access to gym equipment and opportunities to undertake physical activity for patients on the ward to ensure that where appropriate, all patients have the opportunity to undertake physical activity during their admission to the ward.	1	<p>The inspector was informed by a senior Trust representative that all patients are encouraged to exercise within the community and to part take in walks. There is a set session during the week for community involvement and patients can access the local gym at this time as part of their programme of care</p> <p>The inspector spoke to four patients on the day of the inspection and none of the patients raised any issues regarding access to the gym and physical activities whilst on the ward.</p>	Fully met



Quality Improvement Plan Unannounced Inspection

Addictions Treatment Unit, Tyrone and Fermanagh Hospital

26 May 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 nurse in charge and a senior trust representative 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?					
1	4.3 (j)	It is recommended that the Trust ensures that staffing levels within the Addiction Treatment Unit are in accordance with required standards.	2	31 August 2015	–Currently the ward is not operational. We are recruiting additional staff to facilitate the 24 x 7 shift pattern. The existing staff are receiving additional training in line with the current development and provision.
2	4.3 (i)	It is recommended that the Trust risk assess lone working within the Addiction Treatment Unit.	2	31 July 2015	Guidelines were developed for the ATU from a risk assessment perspective however this is not applicable as the Unit is currently closed and will not have any lone working in the future shift pattern.
3	4.3 (m)	It is recommended that the Charge Nurse ensures all staff complete mandatory training in accordance with Trust policy.	2	31 August 2015	The newly appointed Charge Nurse intends to establish a robust training timetable ensuring all staff complete mandatory training in accordance with Trust Policy.
4	4.3 (i)	It is recommended that the Trust completes a risk assessment of all potential ligature points within the ward.	2	31 July 2015	This was completed with Estates personnel and the current manager on 6th July 2015, this assessment encompassed the whole ward and all ligature areas are detailed. This is currently with Estate Services for costing and priority scoring. This assessment has been costed and a business plan for this work is ongoing.

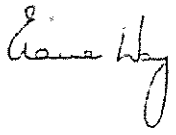
Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
5	4.3 (i)	It is recommended that the Trust ensures that all actions with the environmental ligature risk assessment are completed in full prior to the opening of the new ward in September to ensure patients are provided with a safe environment.	1	31 August 2015	—The Trust notes the recommendation and will make every effort to ensure ligature work is completed. Ensure that all clients have a comprehensive risk assessment and careplan. Anyone with acute risk will not be nursed in this ward.
6	5.3.1 (c, f)	It is recommended that where the use of exposed metal frame beds on the ward is unavoidable, the Trust develops and implements a risk assessment as outlined by the Northern Ireland Adverse Incident Centre (NIAIC) – EFA/2010/006 safety alert self-harm associated with profiling beds reissued on 23 December 2013 and in the letter issued to Trust Chief Executives jointly from the Public Health Agency and Health and Social Care Board on 28 February 2014	1	Immediate and ongoing	The ATU Unit is not currently operational however all beds are being replaced as per Northern Ireland Adverse Incident (NIAI) EFA/2010/006 prior to reopening.

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 Effective?					
7	5.3.1 (f)	It is recommended that the Trust updates the policy and procedure for supervision in nursing.	2	30 September 2015	The Trust has updated the Supervision Policy and this is now available in draft dated July 2015. This document is currently progressing through governance to validate and ensure that this is fully adopted.
8	8.3 (c)	It is recommended that consulting rooms used by clinical staff are equipped with internet access.	2	31 August 2015	There are a number of rooms utilised by clinical staff which have internet access. Additional facility and cabling has been requested via Estate Services. This had been requested previously however was not prioritised due to financial pressures and competing patient priorities.
Is Care Compassionate?					
9	6.3.2 (b)	It is recommended that flooring within the ward is replaced where damaged.	2	31 August 2015	The current assessment for the flooring in the Addiction Unit is included in the minor capital works bid, which was submitted in July 2015. We are awaiting costings.

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

NAME OF WARD MANAGER COMPLETING QIP	Anne Marie Hughes
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		Ann Loken	11/8/15
B.	Further information requested from provider				

