

Mental Health Service Inspection (Unannounced)

**Rushcliffe Independent
Hospital Aberavon
Rushcliffe Care Ltd**

Inspection Date: 23 – 25 January 2017

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of Rushcliffe Independent Hospital Aberavon mental health service Part of Rushcliffe Care Ltd on the evening of 23 January and days of the 24 & 25 January 2017. The following hospital sites and wards were visited during this inspection:

- Rushcliffe Independent Hospital Aberavon

Our inspection team was made up of one HIW inspection manager, two clinical peer reviewers, one of whom was the nominated Mental Health Act reviewer.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act and the Code of Practice for Wales 2016, Mental Capacity Act and Deprivation of Liberty Safeguards.

For independent mental health services, HIW also considers how the service meets the requirements of the Independent Health Care (Wales) Regulations

2011 and National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent mental health service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

Further details about our approach to inspection of independent mental health services can be found in Section 6.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services.

<http://www.hiw.org.uk/regulate-healthcare-1>

2. Context

Rushcliffe Independent Hospital Aberavon (Rushcliffe) currently provides mental health services in the Aberavon area of Neath Port Talbot County Council.

Rushcliffe is a purpose built mental health hospital providing locked rehabilitation and was first registered with HIW in July 2009. The setting is a male only hospital with 16 registered beds; there were 14 patients at the time of the inspection.

The service employs a staff team which includes the two registered managers (the Hospital Manager and the Service Manager), a psychiatrist (the responsible clinician for the patients at Rushcliffe) a psychologist, an occupational therapist and a team of registered mental health nurses (including two clinical leads) and health care support workers.

Rushcliffe is also engaged with local community services for the physical health and wellbeing of the patients which included General Practice (GP) surgeries, dentists and opticians.

3. Summary

Overall, we found evidence that Rushcliffe provides safe and effective care for the patients. The focus of care was very much on rehabilitation in a safe hospital environment with risk assessed access to community activities and services. Patients' care plans reflected individual and measured steps to enable them to progress to discharge to a less restrictive environment.

This is what we found the service did well:

- Patients that we spoke to were happy with the service provided.
- Staff we spoke to were happy in their roles and stated that they felt supported by peers and management.
- Patient documentation was completed and maintained to a high standard.
- Strong governance arrangements were in place to deliver safe and effective care.

This is what we recommend the practice could improve:

- Signage in the hospital should be displayed in Welsh as well as English.
- Members of staff have update in training on the 2016 revised Mental Health Code of Practice for Wales.
- Patients care and treatment plan goals are reflected in short term and long term goals.

We identified the following areas for improvement during this inspection regarding:

- Minor maintenance works be confirmed as completed.
- The temperature of the clinic fridge is always recorded as required.
- The Activity Co-ordinator vacancy is recruited to.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

Findings

Quality of patient experience

We saw staff treating patients with respect whilst providing patients with individualised rehabilitation care. We saw that staff upheld patients' rights and supported patients to be as independent as possible.

All patients had very detailed care plans that gave an accurate, up-to-date reflection of the care provided. Patients' current needs were being met at Rushcliffe by the staff team who were providing care and suitable activities within the hospital and the community.

Dignity and respect

We found that patients at the hospital were treated with dignity and respect by the staff working there and this was also reflected in patients' care documentation.

Patients had their own bedrooms with en-suite facilities as well as access to communal and visitor areas at times of their own choosing. The hospital provided care, treatment and support to male patients only.

The registered provider's Statement of Purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity. Patients who spoke with us stated that they had no general issues of concern regarding their privacy or dignity.

We heard staff speaking with patients in calm tones throughout our inspection. This was also the case when staff members were talking to patient relatives or visitors, whether in person or over the telephone. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

Patients' consent was requested when we asked to view an individual patient's bedroom or sit in on patient meetings. We observed a number of patient bedrooms and it was evident that patients were able to personalise their rooms and had sufficient storage for their possessions. Patients had their own keys for their bedrooms so that they could lock them and access them freely; staff were able to over-ride the locks if required.

Patients also told us that they felt comfortable in approaching any member of staff for advice or guidance and had received a great deal of help with their care and treatment.

Discussions with the registered managers and the multi-disciplinary team revealed the considerable emphasis on involving patients and their families/representatives in day to day care and running of the service. This was, in part, achieved through the use of appropriate verbal and written information, encouragement to participate in a variety of meetings.

Patient information and consent

Throughout the hospital there were areas where up-to-date patient information was clearly displayed. This included statutory information along with information on operation of the hospital, activities that were being undertaken in the hospital and community. There was also information displayed on what community services were available for patients, such as support groups and advocacy.

The Patient Guide was well laid out and easy to read. It enabled people to gain a good understanding of their rights and what they could expect from the service.

Signage throughout the hospital was clear, however this was only provided in English. HIW recommend that signage is also available in Welsh for those patients whose preferred language is Welsh.

Patients were provided information in written format and there was evidence that staff discussed this information recorded in their individual notes. Where required the hospital was able to provide written information in Welsh or other languages.

Communicating effectively

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated with patients effectively. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear or misunderstood, staff would patiently clarify what they had said.

There were a number of meetings that involved patients and staff, this included formal individual care planning meetings and group community meetings.

For individual meetings patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. Patient families and carers were also included in some individual meetings.

Each month there was a hospital patient meeting with senior members of staff present. Patients were able to express their views on the operation of the hospital and provide suggestions or raise concerns. These meetings were recorded with action points taken and reviewed at subsequent meetings. It was clear from the meeting minutes that the patients' views were respected by staff and that any concerns or suggestions were considered appropriately with reasoning to the outcome of the decisions taken.

There were also daily meetings each morning to plan the rehabilitation activities, within the hospital and the community, along side other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc. We observed one patient meeting and it was evident that staff encouraged patients to partake in their individually planned activities and co-ordinate staffing resources to fulfil patients' activity timetables.

The hospital also had a patient identified as the patient group representative who was not only involved in the community group meetings but also other service development meetings, including providing questions for staff recruitment. This showed a strong willingness of the registered provider to include the patient voice in the development of the service.

Care planning and provision

There was a clear focus on community based rehabilitation, with measured steps to progress to discharge to a less restrictive environment.

Each patient had their own individual weekly activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

Activities were varied and focused on recovery, these included Activities of Daily Living, relaxation, arts and crafts, music therapy, pool competitions, attending church, access to community gym, beach walks, tenpin bowling, attending college courses and undertaking volunteer work.

Activity participation was monitored and audited. We observed staff actively encouraging patients to participate in their planned activities. Where patients declined we observed staff offering alternatives, this was recorded in the patient record. There was a weekly audit of activity participation which would feed in to future activity planning.

Delivery of safe and effective care

Overall we found that safe and effective care was provided to patients.

The statutory documentation in relation to both the Mental Health Act and the Mental Health (Welsh) Measure were completed to a high standard and compliant with their associated legislation.

Rushcliffe was suitable for providing the service of locked mental health rehabilitation with good facilities within the hospital and very good links with the community. The environment was maintained to a high standard, although there were three areas of minor repair required at the time of our inspection.

There was safe management of medication at Rushcliffe; however we identified a small number of occasions when the temperature of the clinic room fridge had not been recorded.

Application of the Mental Health Act

We reviewed the statutory detention documents of four of the detained patients being cared for at Rushcliffe. The documentation held at Rushcliffe was well organised and evidenced that the detentions were compliant with the Mental Health Act (the Act).

It was evident that the renewal of detentions had been completed as and when required by the Act. Patient detentions were reviewed at hospital manager's hearing and patients had the opportunities to appeal against their detention at Mental Health Review Tribunals as per statutory timescales.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms. During the review of the Section 17 Leave authorisation forms we suggested two amendments to the registered provider:

- To include whether the patient had received a copy of the form
- For the responsible clinician to record the expectation / outcome of the leave.

Medication was provided to patient in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) had been required we suggested that the provider included a statutory consultee record of discussion form that is completed and kept with SOAD documentation.

It was positive to note that the registered provider updated the Section 17 Leave authorisation form and developed a statutory consultee form during the inspection. This demonstrated that the registered provider was keen and willing to learn from feedback.

There were no copies of the revised 2016 Mental Health Code of Practice for Wales (the Code) available at the hospital. We informed the registered provider that these should be available for staff and patients in English and Welsh. It was positive to note that the provider ordered copies of the Code during the inspection following our advice.

Staff at Rushcliffe had not received training on the Code. HIW recommend that staff are provided with training on the revised Code to ensure that they practice in line with the statutory guidance.

Care planning and provision - Monitoring the Mental Health (Wales) Measure 2010

We reviewed three sets of Care and Treatment Plan documentation. All documentation that we reviewed was completed to a high professional standard. The following observations were identified:

- Care and Treatment Plans were complete and kept up-to-date. They were regularly reviewed with the patient and their named nurse.
- There was evidence of discharge and aftercare planning from patient admission.
- Individual Care and Treatment Plans drew on patient's strength and focused on recovery, rehabilitation and independence. Patient unmet needs were also identified.
- An extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.
- Good physical health monitoring and health promotion recorded in patient notes.
- Individual patient notes were well organised and in good order.

As noted there was regular review of care plans with the focus on long term rehabilitation. Due to the duration of the rehabilitation care at Rushcliffe being long term, HIW recommended that along with the long term goals, the registered provider identifies short term goals within the care and treatment plan. This will provide the patient, care team and other interested parties with

clear progress on the short term goals in meeting the long term goals of the Care and Treatment Plan.

Environment

Rushcliffe is a single storey building overlooking the coastline of Aberavon beach. The hospital is in close proximity to local amenities which enables the hospital to provide a community focused rehabilitation service.

The entrance to the hospital building was secure, which is controlled by staff at reception. A visitor room was located off the reception which provided a comfortable private area for patients to meet with families, friends or professionals. There was also an administration office and a doctor's office located off the reception. At the time of the inspection the registered provider was undertaking building work to expand the meeting room accessed from the reception area.

Access to the ward area was via the reception secured by an airlock. The entrance leads to a communal area that was used as the dining room at meal times and accessed freely by patients throughout the day. Adjoining the dining room was the hospital kitchen from where patients' meals were provided and the patient kitchen where patients could make their own meals, snacks and drinks throughout the day. The dining room also had an area where patients could freely access hot and cold drinks.

The staff room, nursing office, clinic room and computer room were also accessed from the dining room area. The dining room led through to the main lounge area that had relaxing views on to Aberavon beach. Also from the dining room were the two main corridors of the hospital which had patients' individual en-suite bedrooms and other communal facilities.

At the time of our inspection there was additional building work being undertaken to expand each of the two main hospital corridors to provide an extra bedroom on each. The registered provider was ensuring areas of building work were secured from patient access and there was a risk assessment in place in regards to the building work.

Patients had access to a games room that included a pool table and table football, an arts room that had plenty of arts and crafts materials available, a music room with a range of instruments, a workshop for activities such as woodwork, and a quiet room where patients could relax away from other patients by themselves, with staff or as a small group of patients.

The hospital had two on-ward laundries that patients could access with staff supervision to learn and maintain their skills. There was also the hospital laundry that was used for patients who were unable to complete their own laundry.

On the whole the hospital environment was furnished and decorated to a good standard and well maintained throughout. It was bright, modern and welcoming. The registered provider employs a maintenance person who is dedicated to Rushcliffe and undertakes maintenance work or manages contractors.

During the inspection we identified two areas of maintenance that were awaiting repair. There was damage to one corner of quiet room door after an incident a number of days prior to our inspection; the provider confirmed that a replacement had been ordered. The other area of repair work was superficial damage to a wall where a door handle had been striking the wall. This had resulted in damage to the plaster work and required attention before the wall was damaged further.

During our observation of patient bedrooms one patient informed us that the extractor fan within their en-suite shower was not clearing sufficiently. It was evident on reviewing the area that there was paint peeling off the wall and some discoloured metal work which indicated that the room was not being sufficiently ventilated. The hospital manager confirmed during the inspection that this would be investigated and rectified.

Requirements

The registered provider must confirm that the replacement of the quiet room door has been completed.

The registered provider must confirm that the repair and protection of the wall behind the corridor has been completed.

The registered provider must confirm that the extractor fan in the identified patient's en-suite shower is operating to the required standard.

Managing risk and health and safety

We spoke to a range of staff, none of whom raised any safety concerns and all staff had a personal alarm that could be used in an emergency. There were also nurse call alarms in bedrooms and other areas throughout the ward should assistance be required.

Staffing levels during our visit were appropriate for the patient group and no concerns were raised by staff or patients regarding insufficient staffing levels. The patients we spoke to said that they felt safe at the hospital.

The hospital undertook regular maintenance, security and safety audits, including ligature point audits, to provide assurance that the hospital was safe.

Infection prevention and control (IPC) and decontamination

The registered provider employees dedicated housekeeping staff for Rushcliffe. All areas of the hospital appeared visibly clean and hygienic throughout the inspection. The communal bathroom, showers and toilets were clean, tidy and clutter free and there was access to hand washing and drying facilities in all ward/kitchen and bathing areas.

Dedicated cleaning staff provided a high standard of cleaning services compliant with healthcare environment and patient safety core standards, reflecting the Department of Health document “Standards for Better Health” and also undertook a programme of regular deep cleaning methods in patients’ bedrooms and all areas of the hospital.

Nutrition

When we looked at a sample of patients’ records, we were able to see that their dietary needs had been assessed and physical observations were being monitored, i.e. body weight, blood sugars, etc.

Discussions with patients and staff also revealed the emphasis being placed on ‘healthy eating’. We spoke with kitchen staff and looked at patient menus and found that a balanced four-week menu plan had been devised. In addition, we were told that alternative meals were available in response to individuals’ cultural requirements and medical needs.

As part of patient rehabilitation care, patients were encouraged and supported to cook their own meals. Where patients had Section 17 Leave authorisation they could also undertake food shopping as part of their community focused rehabilitation activities.

There were suitable facilities available to patients for hot and cold drinks and we observed patients accessing the patient kitchen facilities throughout the inspection.

Medicines management

On the whole we found safe management of medication at the hospital. The clinic room was locked and medication was stored securely. There were clinical audits in place, including a weekly external pharmacy audit, which provided assurance that medication was being stored and used safely.

There was a weekly clinical audit in place to ensure that all emergency equipment was present in case it was required.

It was evident that staff monitored the temperature of the clinic fridge to ensure that medication was stored at the correct temperature as indicated by the manufacturer. However, on review we identified three occasions in the previous two weeks where this had not occurred.

Medication Administration Records (MAR Charts) charts were seen to be completed as required. The recording of the use and stock of controlled drugs was satisfactory.

Requirement

The registered provider must ensure that staff monitor and record the temperature of the clinic fridge to ensure that medicines are stored at the required temperature.

Safeguarding children and safeguarding vulnerable adults

We found that staff had access to, and sufficient knowledge of, the current hospital policy on the protection of vulnerable adults.

We were also able to confirm that there were suitable arrangements in place at such times when children visited patients at the hospital.

Safe and clinically effective care

We found that care and treatment was provided in accordance with well established guidelines and relevant national and professional guidelines. Reference to which was made within relevant policy documents that supported the staff in their work.

There were also well established systems for revising policies, procedures and guidelines on a regular basis, or at the point when a change was required. This meant that staff had access to up to date guidance to help them care for their patients.

Records management

Records used at the hospital were stored securely to prevent unauthorised people from accessing and reading them. Patient records were completed to a very good standard, up-to-date, signed, dated and contemporaneous.

Daily entries in individual patients' files were regular throughout the day and detailed so that it was easily understandable of the patient's activity and presentation.

Quality of management and leadership

We saw very good management and leadership at Rushcliffe. There was a committed staff team who appeared to have a very good understanding of the needs of the patients at the hospital.

There was strong multi-disciplinary team-working with staff commenting favourably on each other and stating that they felt that their views were listened to and respected by other members of staff.

Staff told us they could talk to their managers about their work and staff supervision was being.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery. Conversation with the registered managers further revealed their role in monitoring governance processes and reporting at corporate level. We found that staff were committed to providing patient care to high standards.

It was positive that throughout the inspection that the staff at Rushcliffe were receptive to our views, findings and recommendations. It was also positive to see that the staff were prompt to implement suggestions during the inspection.

Despite the challenges they faced in order to meet patients' complex, changing needs, our observations and discussions held with staff throughout the inspection clearly demonstrated that they worked effectively as a team. This included multidisciplinary staff along with axillary staff such as the domestic staff, cooks and the administrative staff.

Workforce planning, training and organisational development

Rushcliffe has an organisational structure that was set out in their Statement of Purpose. It was positive to note that at the time of our inspection the hospital had no registered nurse vacancies and a large establishment of

healthcare support workers. As a result Rushcliffe had not used any agency staff since July 2016; only permanently employed staff (or employed bank staff) provided care for patients at Rushcliffe which assisted in providing continuity of care.

During our inspection, staff were easily located in all areas occupied by patients and there appeared to be sufficient numbers present to meet individuals' needs.

Staff told us that they were able to attend their monthly supervision and multi-disciplinary team sessions. Staff spoke positively about the training provided by Rushcliffe and the staff mandatory training records which showed high completion compliance.

Workforce recruitment and employment practices

We looked at a sample of five staff recruitment records which reflected that staff recruitment was open and fair. In each case there was a record of application, interview, and references being received. The registered provider validated individuals' professional qualification on appointment and continued registration with professional bodies.

Rushcliffe also undertook Disclosure and Barring Service (DBS) checks on appointment and then every three years. This assisted in providing assurance about the integrity of character of those employed by the registered provider.

Discussions about the management of staff sickness/absence highlighted that there were suitable arrangements in place to use bank staff as and when required. Bank staff were deemed to be part of the team and completed all training provided by the registered provider, to ensure continuity of expected care standards.

At the time of our inspection Rushcliffe had a vacancy as set out in their Statement of Purpose for an Activity Co-ordinator. Whilst staff at Rushcliffe were facilitating activities in the hospital and the community, an Activity Co-ordinator would be an additional benefit to the patient group and the provision of rehabilitation activities.

Requirement

The registered provider must recruit to the vacant Activity Co-ordinator position as identified in their Statement of Purpose.

4. Next steps

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Rushcliffe will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

5. Methodology

HIW inspections of mental health services seek to ensure services meet the requirements of the Independent Health Care (Wales) Regulations 2011 and National Minimum Standards (NMS) for Independent Health Care Services in Wales². Where appropriate, HIW also consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Mental health service inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person
- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate

² The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services.

<http://www.hiw.org.uk/regulate-healthcare-1>

- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. For independent services, the registered provider of the service will be notified of urgent concerns and serious regulatory breaches via a non-compliance notice³. These findings (where they apply) are detailed within Appendix A of the inspection report.

³ As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

Appendix A

Mental Health Service: Improvement Plan

Service: Rushcliffe Independent Hospital

Date of Inspection: 23 - 25 January 2017

Page Number	Requirement / Recommendation	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
7	HIW recommend that signage is also available in Welsh for those patients whose preferred language is Welsh.	Patient information and consent	Signage is on order.	Care Taker & Registered Manager (RT)	May 17
Delivery of safe and effective care					
10	HIW recommend that along with the long term goals, the registered provider identifies short term goals within the care and treatment plan.	Application of the Mental Health Act	The multi-disciplinary team (MDT) are in the process of reviewing and implementing short-term goals within all the care and treatment plans.	Registered Manager (DK)	30 May 17

Page Number	Requirement / Recommendation	Standard	Service Action	Responsible Officer	Timescale
10	HIW recommend that staff are provided with training on the revised Code to ensure that they practice in line with the statutory guidance.	Care planning and provision	A training matrix in regards to the Code of Practice has been put in place by the registered manager	Registered Manager (DK)	30 April 17
12	The registered provider must confirm that the replacement of the quiet room door has been completed.	Environment	Replacement door has been delivered and to be fitted by maintenance officer	Maintenance	31 Mar 17
12	The registered provider must confirm that the repair and protection of the wall behind the corridor has been completed.	Environment	Door Stop has been replaced and no further damage to wall.	Maintenance	28 Feb 17
12	The registered provider must confirm that the extractor fan in the identified patient's en-suite shower is operating to the required standard.	Environment	Extractor fan has been replaced and is now operating to the required standard.	Maintenance	28 Feb 17
Quality of management and leadership					
17	The registered provider must recruit to the vacant Activity Co-ordinator position as identified in their Statement of Purpose.	Workforce recruitment and employment practices	An advert for the post has been advertised via the job centre and internally.	Occupational Therapist	May 17

Service representative:

Name (print): Robert Tamirepi
David Kwei

Date: 09.03.2017

Title: Registered Manager
Registered Manager