Independent Mental Health Service Inspection (Unannounced)

Hafan Wen, Wrexham

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice**
Influence policy and standards:	**Use what we find to influence policy, standards and practice**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of Hafan Wen on 14,15 and 16 January 2019.

Our team, for the inspection comprised of one HIW inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer. The inspection was led by a HIW inspection manager.

At the time of the inspection there were no patients detained under the Mental Health Act 1983 accommodated at Hafan Wen.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found evidence that the service provided safe and effective care. There was a focus on least restrictive care to aid rehabilitation and recovery, supporting patients to maintain and develop skills.

Staff were positive about the support that they received and the training opportunities made available.

We found that there was good management overview of the service and comprehensive policies and procedures in place to support safe delivery of care.

We found that improvements were required in respect of some aspects of the service and in particular the accommodation was in need of refurbishment.

This is what we found the service did well:

- Good staff interaction
- Therapy and recovery support
- Person centred care plans
- Documentation and record keeping
- Staff training
- Multidisciplinary team working
- Management overview
- Auditing and reporting..

This is what we recommend the service could improve:

- Refurbishment
- Cleaning
- Advocacy information

- Ligature risk assessment

We identified regulatory breaches during this inspection regarding the upkeep and cleanliness of the building, ligature risk assessment and infection control. Further details can be found in Appendix B. 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.

3. What we found

Background of the service

CAIS Ltd is registered to provide independent hospital services at Hafan Wen, Watery Road, Wrexham.

Hafan Wen was first registered in January 1997, and provides a range of drug and alcohol detoxification programmes to both NHS and private patients. The service offers a comprehensive therapeutic programme, examining lifestyle and coping mechanisms.

The unit is organised over two floors and consisted of individual bedrooms, each with en-suite toilet and washing facilities, communal space (including areas designated for male or female use), an art/computer room, a relaxation/quiet room, a kitchen, a laundry room and administration offices. There was also a separate building located near the main unit which is used for patients' therapeutic activities and group meetings.

The treatment is led by a consultant psychiatrist and service manager, with round-the-clock support from qualified nursing staff.

The service employs a staff team which includes a manager, deputy manager, lead nurse, nurse prescriber, health care support workers, therapeutic and recovery staff, psychiatrists, and catering staff. The cleaning staff were employed by the health board and provide services at Hafan Wen under contract.

At the time of the inspection there were 14 patients accommodated, four of whom were admitted to Hafan Wen during the course of the inspection.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Throughout our inspection, we observed staff treating patients with respect and dignity.

We received positive feedback about the care and treatment patients were receiving.

We identified that the whole of the accommodation was in need of refurbishment and the standard of cleanliness in some parts of the unit required improving.

Health promotion, protection and improvement

We found that arrangements were in place to support patients to adopt and improve their health, wellbeing and independence.

Through speaking with staff and patients and looking at patients' care records, we found that care was planned to include the input of doctors, nurses and therapeutic staff. The care provided aimed to support patients safely through detoxification and to improve their health and wellbeing.

Patients we spoke to told us that the staff team were kind and provided encouragement and motivation to help them through their detoxification. Patients also told us that they had developed friendship groups and these were also a source of help and motivation during their stay at the unit.

A number of health promotion leaflets and details of support organisations were available within the reception area of the unit. However, we recommended that these be regularly reviewed to ensure that they are up to date and contain information that is relevant both in terms of the service provided at Hafan Wen and in relation to support services available in the community. We also recommended that information on how to access advocacy services be made available.

Smoking was not allowed within the units. However, smoking was permitted in the enclosed garden area to the rear of the building.

Patients had use of an activity room and a small gym containing a variety of exercise equipment. However, we found that the gym equipment required servicing and was not in use at the time of the inspection. We were told by staff that patients were assessed before using gym equipment to ensure that it was safe for them to do so.

The unit employed a team of therapists and recovery staff. The therapy and recovery staff who spoke with us were very enthusiastic about their roles and were keen to tell us about the activities they provided for the patients. We saw patients taking part in various activities such as painting and going for short walks in the grounds of the unit in the company of staff members. Patients were seen to interact well with the staff on duty during the course of the inspection.

Patients had access to separate male and female lounges as well as a mixed gender lounge. Each lounge had a small kitchenette area with tea/coffee making facilities, a fridge and a microwave for patients to use. Books, radios, and televisions were available. Patients also had access to a quiet lounge.

The unit was secured from unauthorised access by locked doors and an intercom system.

Improvement needed

Patient information leaflets and posters should be regularly reviewed to ensure that they are up to date and contain information that is relevant both in terms of the service provided at Hafan Wen and in relation to support services available in the community.

Information on how to access advocacy services should be made available.

The gym equipment should be serviced or replaced.

Dignity and respect

We observed staff interacting and engaging with patients appropriately and treating patients with dignity and respect.

We heard staff speaking with patients in calm tones throughout our inspection. There was evidence that staff addressed patients by their preferred name.

Patients told us that they were treated with dignity and respect by staff and that staff listed to them and took time to explain aspects of their care. We observed this during the inspection with staff seen taking time to reassure patients when they became upset or distressed.

All patients had their own bedrooms with en-suite facilities. The bedrooms offered adequate storage and patients were able to personalise their room with pictures and posters. Patients could also lock their bedrooms and patients told us that staff respected their privacy and dignity.

A payphone was available in a quiet area off the first floor corridor. The payphone was in working order. Patients were also able to use their own mobile phones to maintain contact with family and friends.

The unit operates a no visitors policy which is made clear to patients before admission.

Patient information and consent

We found that patients were provided with information and had opportunities to discuss their treatment options and care with the staff team.

The unit had a written statement of purpose and service user's guide which was made available to patients. A Client Information Guide had also been produced with copies made available in each bedroom

Through looking at patients' care records and speaking to staff and patients, we found that arrangements were in place for patients to discuss any aspect of their care during their stay. Patients we spoke with confirmed that they had opportunities to speak to staff about their care.

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.

Patients attended multidisciplinary team meetings (MDT) and where appropriate, worked with their key nurses to review and develop their care and treatment plans.

Staff told us that, where applicable, patient care and treatment plans were made available to patients and/or their carers to help them understand their care.

Care planning and provision

We found that the unit had an established care pathway in place that included arrangements for the referral, admission, assessment, care provision and discharge of patients.

We reviewed a sample of five care files and found that they were well maintained and easy to navigate. Entries were comprehensive, with evidence of the use of recognised assessment tools to monitor mental and physical health. We saw evidence that multidisciplinary reviews were being undertaken with patients fully involved in the process. We also saw that care plans were person centred with support provided in a structured way to enable patients to achieve individual goals.

The care pathway was outlined within the unit's statement of purpose and patients' guide. The unit accepted patients living within the local health board locality and from neighbouring 'out of county' areas in England. An established care pathway was described from the point of a patients' referral to the unit through to discharge.

Equality, diversity and human rights

The unit recognised its responsibilities around equality, diversity and human rights.

The unit provided care and treatment to adult patients. This was in accordance with the conditions of its registration with HIW. The statement of purpose clearly described the circumstances where the unit would not be able to provide services to patients. Whilst restrictions were placed on patients receiving visitors and smoking within the premises, these were clearly stated within the statement of purpose.

We found that patients were afforded choice in their day to day routines according to their assessed needs and wishes.

There was good access to and within the unit for patients who use wheelchairs and those with mobility difficulties. There was level access to the main building and a passenger lift serviced both floors. Designated rooms were available which made access easier for those patients who use wheelchairs.

Citizen engagement and feedback

The unit had arrangements in place for patients to provided feedback on their experiences of using the service.

A suggestion box was located in the reception/foyer. This could be used by patients to post suggestions and comments about their experience of using the service. We also saw that the service had sought the views of patients following discharge with the aim of identifying and making improvements as appropriate.

We found that a quality monitoring visit had been undertaken to the service within the last six months as required by the regulations. We saw that the views of staff and patients had been sought and a written report produced, which included an action plan to make improvements.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all patients' complaints.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that systems were in place to keep patients safe and to provide care that was effective.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care. However, some improvements were required in relation to ligature risk assessments.

We saw that the unit required refurbishment. We were informed that a refurbishment plan had been drawn up. We also identified that the cleaning arrangements needed improvement.

Meals were prepared on site and patients told us that they enjoyed the food provided.

Clinical treatment was led by a psychiatric consultant and we found effective multi-disciplinary team working.

Managing risk and health and safety

During a tour of the unit, we did not identify any general hazards to patient or staff safety. However, we highlighted a number of ligature risks both inside and outside of the unit. As a consequence we strongly advise that a formal ligature risk assessment be undertaken and measures set in place to address any issues highlighted. We also suggested that additional ligature cutters be provided and located in a more accessible location.

Security systems were in place to prevent unauthorised access into and within the unit.

There were processes in place to manage and review risks and maintain the health and safety of patients, staff and visiting professionals. We recommended that, during future refurbishment of the unit, consideration be given to the provision of viewing panes on bedroom doors to limit patients being disturbed

during routine checks conducted by staff. We also recommended that consideration be given to installing double hinged doors that open both inwards and outwards to bedroom and bathroom areas so as to improve access in the event of an emergency.

As described earlier, the unit could be accessed and used by patients who use wheelchairs and those with mobility difficulties.

There were garden areas that patients could use, supported by staff. There was also a designated, outdoor smoking area adjacent to the unit, which patients could use.

We were told that cleaning services were provided via contract with Betsi Cadwaladr University Health Board. Whilst we saw that the unit was generally tidy, we did identify that improvements were needed around the cleanliness. The registered persons must, therefore, review the arrangements for cleaning to ensure that the unit is kept suitably clean at all times. This was also highlighted as an area for improvement during the last inspection of the unit.

We were informed that a detailed action plan had been drawn up in relation to the refurbishment of the unit and that the process had been delayed due to renewing the lease of the building with the health board. This process was due to be completed in the very near future and it was anticipated that a comprehensive refurbishment programme would then be initiated.

Improvement needed

Ligature risk assessment should be undertaken and measures taken to address any issues highlighted.

Additional ligature cutters should be provided and located in a more accessible location within the unit.

During future refurbishment of the unit, consideration should be given to the provision of viewing panes on bedroom doors to limit patients being disturbed during routine checks conducted by staff.

Consideration should be given to installing double hinged doors that open both inwards and outwards to bedroom and bathroom areas so as to improve access in the event of an emergency.

The arrangements for cleaning the unit should be reviewed.

The provider must proceed with the plans to refurbish the building as soon as

the lease has been agreed.

Infection prevention and control (IPC) and decontamination

There were comprehensive policies and procedures in place to manage the risk of infection.

The lead nurse was responsible for undertaking infection control audits and had developed a number of tools to assist her in this task. The most recent infection control audit was completed in October 2018. We were provided with a copy of the audit which showed that some areas for improvement had been identified and an action plan drawn up.

We found that patients stored food and drinks in the fridges located in the kitchenette areas within the lounges. However, there were no records available to show that the fridge temperatures were being recorded on a regular basis.

Improvement needed

The temperature of the fridges within the lounge/kitchenette should be recorded and monitored on a regular basis.

Nutrition

An evidence based screening tool was used to assess patients' dietary needs on admission. Patients were weighed on admission and body mass index (BMI) and malnutrition universal screening tools (MUST), were used to confirm whether their weight was appropriate in relation to their height.

Meals were prepared in the main kitchen located within the unit with patients offered two choices at mealtimes. In addition, patients could request alternatives and were encouraged and supported to prepare snacks and drinks using the kettles and microwaves located within the kitchenettes. Patients were very positive about the meals provided.

Patients were given some advice on healthy eating and meal preparation. However, we recommended that additional support and guidance be provided in relation to developing life skills, in particular around self care, nutrition and menu planning.

Improvement needed

Additional support and guidance should be provided in relation to developing life skills, in particular around self care, nutrition and menu planning.

Medicines management

The unit had arrangements in place for the safe management of medicines with a written policy available to guide staff on the safe storage, prescription and administration of medicines. Staff working at the unit had access to help and advice on medication related matters via the local health board's pharmacist.

Medication was securely stored and arrangements were in place for the checking and recording of controlled drugs.

We looked at a sample of medication administration records (MARs) and found that they had been completed correctly.

There was a separate room that could be used by patients to have their observations (pulse, blood pressure and respiration rate) checked and to discuss with healthcare staff any concerns they may have around withdrawal[1]. We considered this arrangement as noteworthy practice.

Patients were provided with training on administering Naloxone prior to being discharged. Naloxone is a drug which can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive and treatment to be given. We identified providing this training to patients as noteworthy practice.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the unit safeguarded vulnerable adults and children, with referrals being made to external agencies

[1] Withdrawal refers to symptoms that patients may experience when they are dependent on a substance (such as alcohol and drugs) and then drastically reduce or suddenly stop taking the substance.

as and when required. The lead nurse was responsible for overseeing safeguarding processes at Hafan Wen, and staff had received suitable training on the subject.

Medical devices, equipment and diagnostic systems

Resuscitation equipment was available for use in the event of a patient emergency (collapse). We saw records demonstrating that staff were checking this equipment on a weekly basis to ensure it was safe to use. Staff also had access to equipment and medication, stored separately from the resuscitation equipment, that may be used should a patient experience a seizure. We saw records demonstrating that staff were also checking this equipment on a weekly basis to ensure it was safe to use.

Safe and clinically effective care

We found that care and treatment at the unit was based upon evidence based practice.

Clinical treatment at the unit was led by a consultant psychiatrist and we were told that the detoxification protocol that was being used had been developed together with the local health board. Supportive links with community teams and the local health board were described and demonstrated. We saw that the staff team used the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) tool, to assess and safely manage those patients withdrawing from alcohol.

The therapeutic programme that aimed to support patients through detoxification was led by therapeutic workers. A range of evidence based psychosocial approaches were described such as cognitive behavioural therapy, mindfulness and acceptance and commitment therapy.

Senior staff explained that the staff team included registered nurses with experience of physical health conditions. They explained that this approach was beneficial in improving and broadening the skillset of the team and the level of service offered to patients.

Participating in quality improvement activities

A finger print drug testing system was being piloted at the unit at the time of the inspection.

Information management and communications technology

There were good information management and communications processes in place for incident recording, clinical and governance audits, human resources and other systems, which assisted the management and running of the service.

Records management

The patient record systems were well developed and provided high quality information on individual patient care.

The system was comprehensive, accessible and patient orientated with the information inputted and maintained goal focused.

Mental Health Act Monitoring

The unit does not accept patients who are detained or subjected to restrictions or supervision under the Mental Health Act. This is made clear in the Statement of Purpose and Patient's Guide.

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

We reviewed the care plans of a total of five patients. Although none of the patients accommodated at Hafan Wen at the time of the inspection were subject to care or detention under the Mental Health Act, we found that the care plans in use were reflective of the individual domains outlined within the Mental Health (Wales) Measure 2010, with measurable objectives and were regularly reviewed.

There was evidence that, where appropriate, care co-ordinators had been identified for the patients and family members were involved in care planning arrangements.

Individual Care and Treatment Plans drew on patient's strengths and abilities and focused on their recovery, rehabilitation and independence. Care and Treatment Plans included good physical health monitoring and health promotion.

To support patient Care and Treatment Plans, there was 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.

Mental Capacity Act and Deprivation of Liberty Safeguards

All patients admitted into the unit are expected to have full capacity. Patients are not detained or restricted in any way and are free to leave the unit at any time.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Through discussions with staff and observations, we concluded that there was good leadership and management within the unit. We saw good team working taking place and staff spoke positively of the support offered by senior managers, unit managers and colleagues.

We found that staff were committed to providing patient care to high standards and throughout the inspection were receptive to our views, findings and recommendations.

There were processes in place for staff to receive an annual appraisal and complete mandatory training.

The multi disciplinary team were having a positive effect upon patient care and treatment on the unit.

Governance and accountability framework

The unit was operated by CAIS Limited, a registered charity and company limited by guarantee. In accordance with the regulations, a responsible individual and registered manager were in post. The registered manager had responsibility for the day to day management of the unit. The responsible individual, together with other management staff, had a wider management role within CAIS. Clear lines of delegation, accountability and reporting within the unit and the wider organisation were described and demonstrated.

A system of quality improvement activity was described and we saw examples of clinical audits that had been conducted and actions taken in response to findings. These included audits of patients' medication administration records and care records.

We saw that quality monitoring visits were conducted as required by the regulations. Systems were in place for patients to provide feedback on their experiences of using the service and to raise concerns (complaints) about their care and treatment. These could identify where changes could be made, with a view to making improvements as appropriate, together with areas of patient satisfaction and appreciation that could be shared with staff teams.

As previously mentioned, the service had a statement of purpose and patients' guide as required by the regulations. Together, these set out the services provided, the arrangements for providing these services and other information for patients about the unit's facilities.

Dealing with concerns and managing incidents

The unit had a complaints (concerns) procedure as required by the regulations.

Information on how patients could make a complaint was displayed within the reception area. The procedure to follow, including the contact details of HIW, was also included within the statement of purpose as required by the regulations. A summary of the complaints procedure was also included in the patients' guide and Client Information booklet.

Senior staff told us that the unit aimed to respond to complaints (concerns) in a timely way. They also confirmed that records of complaints were maintained and described a process for acknowledging, investigating and responding to complaints. For complex complaints, which make take longer to investigate, senior staff described a process for keeping complainants informed of the progress on responding to their complaints.

Senior staff described a system for reporting, recording and investigating incidents. We were told that learning from incidents would be shared with staff at weekly meetings.

Workforce planning, training and organisational development

We observed good team working in the unit. At the time of our visit, there were only a small number of vacancies and staff sickness rates were low. Regular bank staff were used to cover any staff shortages. This meant that patients were cared for by a stable staff team.

We reviewed staff training and noted that there was a mandatory programme in place for all staff. Systems were in place to monitor completion rates and regular review of the information by the management team ensured staff

remained up to date. Staff told us they could access additional and relevant training.

Inspection of a sample of six staff files showed that individuals received annual, documented appraisals. There was a formal staff supervision system in place in addition to informal day to day overview by the management team. Staff told us that the management team were approachable and visible and that an open door approach was adopted. In addition, regular staff meetings were taking place where staff could discuss any issues of interest or concern.

Staff spoken with stated that the staffing levels were sufficient given the level of dependency at the time of the inspection. The registered manager informed us that the staff rotas were planned in such a way to ensure that any short notice staff absences were addressed without adversely affecting the level of service provided.

Workforce recruitment and employment practices

From the staff files viewed, it was evident that there were formal staff recruitment processes in place. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken and professional qualifications checked. This process was managed by the organisation's central human resources team.

Newly appointed staff undertook a period of induction under the supervision of the heads of care.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the Mental Health Act 1983, Mental Capacity Act 2005, Mental Health (Wales) Measure 2010 and implementation of Deprivation of Liberty Safeguards
- Comply with the Care Standards Act 2000
- Comply with the Independent Health Care (Wales) Regulations 2011
- Meet the National Minimum Standards for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects mental health and independent services can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Improvement plan

Service: CAIS Ltd

Ward/unit(s): Hafan Wen

Date of inspection: 14, 15, 16 January 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Patient information leaflets and posters should be regularly reviewed to ensure that they are up to date and contain information that is relevant both in terms of the service provided at Hafan Wen and in relation to support services available in the community.	Regulation 15. 3. Health promotion, protection and improvement	Monthly audit to be carried out of all leaflets and posters and replace with any updated material.	Lead nurse Recovery team	1st April; 2019
Information on how to access advocacy services should be made available.		Have liaised with North Wales Advocacy Service. Information on how to access will be made available in reception.	Deputy manager	Completed
The gym equipment should be servicing or		Awaiting dates on refurbishment where	Cais directors	1stAugust

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
replaced.		the gym equipment will be included.	Manager	2019
Delivery of safe and effective care				
Ligature risk assessment should be undertaken and measures taken to address any issues highlighted.	Regulation 19. 22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	Liaising with Cais Health and Safety to conduct a comprehensive ligature risk assessment and seek professional advice to address any issues.	Manager	1st April 2019
Additional ligature cutters should be provided and located in a more accessible location within the unit.		Ligature cutters have been purchased and been placed on both floors of building in a central location.	Manager	Completed
During future refurbishment of the unit, consideration should be given to the provision of viewing panes on bedroom doors to limit patients being disturbed during routine checks conducted by staff.		Consultation with Cais directors, staff and patients took into consideration dignity and privacy. During night checks staff need to carry out observations within proximity to monitor respiratory rate and rhythm. However, steps will be taken to reduce any noise levels by regular door maintenance.		
Consideration should be given to installing double hinged doors that open both inwards and outwards to bedroom and bathroom areas so as		During the future refurbishment it has been proposed to adapt the doors on the 2 disabled rooms and one other to		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
to improve access in the event of an emergency.		double hinged. Due to corridors being narrow and health and safety reasons it does not seem appropriate to install in all rooms.		
The arrangements for cleaning the unit should be reviewed.		Meeting held with cleaning service providers for an immediate improvement in standards, regular audits to be conducted by cleaning supervisors. Review in 6 weeks.	Manager	1st April 2019
The temperature of the fridges within the lounge/kitchenette should be recorded and monitored on a regular basis.	Regulation 15. 13. Infection prevention and control (IPC) and decontaminati on	Staff to monitor temperatures twice daily of all fridges in lounges and record.	Manager Catering Manager	Completed
Additional support and guidance should be provided in relation to developing life skills, in particular around self care, nutrition and menu planning.	14. Nutrition	A group is being planned and compiled around life skills and will be delivered as part of the psychosocial programme.	Lead nurse Recovery team	1st April 2019

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
No improvement required.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Melanie Garbutt

Job role: Registered Manager

Date: 26-02-2019