

Summary Action Plan for the Slade House site inpatient units (Short Term Assessment and Treatment Team (STATT) and John Sharich House)

The units were assessed by the CQC against 10 different standards (detailed below). It was highlighted that action was needed in each of these areas. The Trust was also referred to the safeguarding board at the Local Authority. We are pleased to report that we have met with the board and they are supportive of our action plan and no further safeguarding meetings are required.

CQC Standards and key actions

Standard	Action needed	Action taken
Respecting and involving people who use services	Moderate impact People's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care.	Staff will be given training on sharing the care plan with the patient and agreeing goals for discharge and assessment. This will be shared with family members or carers if consent is given. Care plans, signage and leaflets (including menus) will be available to patients in easy read. Staff will receive training in equality and diversity and all policies will be reviewed. Patients will be invited to business planning workshops and events to ensure they help us shape the service we provide.
Consent to care and treatment	Moderate impact During treatment the provider did not always act in accordance with people's wishes and consent.	Staff will be given training in relation to the Mental Health Act and Code of Practice. Over the next six months the Trust is looking to move towards Patient Centred Care Planning.
Care and welfare of people who use services	Major impact Care and treatment was not consistently planned and delivered in a way that was intended to ensure people's safety and welfare.	Care and treatment plans will be reviewed and training given to staff to ensure they include involvement from families/carers, respect religious and cultural needs and ensure easy read versions are available. Care plans will be given to each patient and explained in full. This will be recorded in Rio. Care plans will be reviewed at Multidisciplinary Team meetings and audited

		<p>on a regular basis.</p> <p>The LD divisional board has set up a project team to look further at the use of therapeutic nursing and activities for patients at all stages of their journey.</p> <p>We are reviewing the models of nursing care provided across the LD Division. Models of nursing are routinely used and we will continue to work with staff to ensure they are clear in relation to the ones being used.</p>
Safeguarding people who use services from abuse	<p>Moderate impact</p> <p>People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.</p>	<p>All physical changes to the environment have now been completed, including a new clinical room that is now operational.</p> <p>Staff will all receive safeguarding training regarding adults and children. The Mental Health Act (MHA) team have audited the use of the MHA and will be providing bespoke training for the staff at STATT and John Sharrich House.</p>
Cleanliness and infection control	<p>Major impact</p> <p>People were not protected from the risk of infection because appropriate guidance had not been followed. They were not cared for in a clean, hygienic environment</p>	<p>A new cleaning contractor is now in place and has received full training on the standards required.</p> <p>Senior nursing staff will inspect the wards and audit the cleaning charts on a regular basis.</p> <p>All staff will be required to complete their mandatory training with reports of compliance sent to the Divisional Director on a weekly basis.</p>
Management of medicines	<p>Moderate impact</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p>	<p>Staff will be assessed in their competency in medicines management and plans put in place where any developments are identified. Any errors are being monitored on a weekly basis.</p> <p>The Chief Pharmacist for the Trust is currently reviewing the process and policy in place and will review the actions needed before Christmas..</p> <p>An external pharmacist has been brought in to undertake a Critical Incident Review and medicine management audits.</p>

Safety and suitability of premises	Major impact People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.	The site has been inspected by Estate reps and fire office. All essential work has been completed.
Safety, availability and suitability of equipment	Major impact People were not protected from unsafe or unsuitable equipment.	Where required new equipment has been installed and a system is in place to ensure this is checked on a regular basis. Each unit has a folder with all the manuals and training requirements for each device. A training plan for staff is also now in place.
Assessing and monitoring the quality of service provision	Major impact The provider did not have an effective system in place to regularly assess and monitor the quality of service that people receive. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.	Mock CQC inspections will be rolled out further for the services by Dec 2013. A Turnaround Team is in place to share wider learning through the Division. Other unannounced visits will also be undertaken. Staff will be given clinical supervision to ensure questions can be asked and any concerns actioned. Rotas will be looked at to ensure there is adequate time to allow this to take place. Staff will be visited by senior staff on a regular basis to hear feedback from staff. They will also walk around each unit and talk with patients and families on the care they are receiving. Learning and best practice from across the Division will be shared with all LD staff. A training and leadership programme is in place for staff to ensure there is the knowledge and expertise to challenge practices and poor care.
Records	Major impact People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records	Staff are aware of the importance of safety checks, the need to keep accurate records and how to ensure concerns identified are followed up. Senior staff and managers from across the Division will undertake spot checks to ensure records are accurate.

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