

	Source	Trustwide/Local	CQC Outcome	Recommendation/Issue identified	Action	Person Responsible	Date action identified	Date for completion	Status	Progress/Comments
22	Springview CQC Visit	Trustwide	Outcome 1 - Respecting and involving people who use services	Of ten patient care records looked at five had no evidence that patients had signed to agree to or consent to treatment	Ward to ensure that all service users have signed copy of care plan or note in CareNotes to explain why care plan has not been signed if patient is unable/refuses to.	Ward Managers	1st January 2014	15th November 2013	Complete	<ul style="list-style-type: none"> <li>Brackendale - confirmed complete 15.11.13.</li> <li>Email sent from JW to all GM's CSM's on 25.11.13 re this action.</li> <li>Monitored on an on-going basis via inpatient safety metric programme.</li> </ul>
23	Springview CQC Visit	Trustwide	Outcome 4 - Care and welfare of people who use services	One patient record looked at held information about the persons planned discharge that did not take place. There was limited information recorded about how this information was shared with the patient and the impact this may have had on their emotional and mental state.	All ward managers to remind their teams to ensure that patients are involved in discharge planning, that this is clearly documented and revisited regularly with patients to ensure that they remain aware of plans for discharge including when a planned discharge does not go ahead, a full clinical note needs to be written regarding how this was discussed with the patient.	Ward Managers	1st January 2014	1st April 2014	On track	<p>The Modern Matron has emphasised the importance of ensuring that discharge planning is a joint exercise between the patient and the MDT. He has asked managers to ensure that the patient is involved in the planning, either at a pre-discharge meeting, CPA meeting or on a one to one basis. Where possible this should also involve the nearest relative, partner or relevant other. All discussion should be documented within carenotes.</p> <p>The Matron has spoken on a one to one basis with the ward managers and has evidence which shows that he has communicated this via emails. He will also ensure that it is repeated at the next Ward Manager meeting on 24th March 2014.</p>
24	Springview CQC Visit	Local	Outcome 4 - Care and welfare of people who use services	Patients receiving care and treatment on Oaktrees ward felt their therapeutic activities, including activities off the ward, had been reduced. This was due to a reduction in occupational therapy support. The lack of a full range of therapeutic activities may impact on a patient's ability to engage with their therapeutic journey.	Assurance from locality that provision in place to cover the reduced OT support due to maternity leave	Ward Manager, Oaktrees <i>in conjunction with Modern Matron and Clinical Service Manager</i>	1st January 2014	1st March 2014	Complete	This post is now backfilled and therefore there is no reduction in OT support.
25	Springview CQC Visit	Trustwide	Outcome 5 - Meeting nutritional needs	The food looked unappetising and some patients on Brackendale ward told us they did not like many of the meals provided. On Oaktrees ward some special diets were not catered for which resulted in patients not receiving the food they required.	As part of community meetings, ward managers to ensure that food and nutrition is discussed and service user feedback gained and acted upon in respect of food quality.	All ward managers	1st January 2014	15th November 2013	Complete	All service directors have confirmed that community meetings are addressing food and nutrition
26	Springview CQC Visit	Trustwide	Outcome 5 - Meeting nutritional needs		As part of the Trust's unannounced compliance inspections, nutritional needs will be monitored to ensure that wards are meeting and catering for patients individual needs.	Head of Compliance / Quality Support Manager	1st January 2014	With immediate effect	Complete	Outcome 5 will be assessed as a key line of enquiry for all inpatient unannounced visits until end of June 2014 to gain assurance that needs are being met.
27	Springview CQC Visit	Local	Outcome 5 - Meeting nutritional needs		Head of Facilities and Head of Catering to discuss the feedback from the visit with the external provider – the service is due for tender in March 2014.	Head of Facilities and Head of Catering	1st January 2014	31st March 2014	On track	Head of Facilities is currently developing a service specification and considering the food provision
28	Springview CQC Visit	Trustwide	Outcome 5 - Meeting nutritional needs	Staff members made the meal choices because patients changed their minds. The staff also told us if a patient did not like the meal offered an alternative would be provided. This meant patients were not able to retain some level of control and choice about meals they enjoyed or meals they would choose to avoid	All service users to be presented with a menu choice at the point of ordering and where patients are unable to do so, their family or friends to assist in making the choice.	All ward managers	1st January 2014	15th November 2013	Complete	E-mail sent from AS to all SD's/GM's - immediate implementation of menu choice. Following patient feedback and dissatisfaction of the new menu ordering system, the trust has agreed with CQC that we will revert to the prev system. Additional monitoring via facilities will be in place

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29	Springview CQC Visit	Local	Outcome 5 - Meeting nutritional needs	The dining area on Oaktrees ward was institutional with no tablecloths and notice boards providing information in a negative way. This environment would not support patients who experienced anxiety and stress associated with food and meal times	Dining area on Oaktrees to be reviewed, and necessary amendments made, in line with feedback from CQC to ensure that supportive environment is provided.	Ward Manager, Oaktrees	1st January 2014	31st March 2014	Complete	<ul style="list-style-type: none"> <li>The ward manager has noted the CQC comments and has reviewed the dining area. Signage has been amended to read in a softer tone. Words such as "do not" and "you will" have now been changed to sound more encouraging and less harsh.</li> <li>The dining room experience is something that the staff review regularly and is one of the most crucial parts of the day to day routine. Staff sit with the patients on all of the tables and eat with them if they so wish, in an attempt to normalise what can be a stressful daily event.</li> <li>Consideration has been given to tablecloths etc. but due to the nature of the illness, anything which could be used to remove food would be inappropriate.</li> </ul>
30	Springview CQC Visit	Trustwide	Outcome 13 - Staffing	There was no structured training programme in place on either ward to support the clinical support workers to gain knowledge and skills in the specialist areas of eating disorders and mental health	To consider the inclusion of formal training/induction for clinical support workers in relation to the specialist area in which they work (e.g. EDS, mental health, LD)	Associate Director of Nursing (MH) in conjunction with Learning and Development Manager	1st January 2014	1st June 2014	On track	Head of Compliance to link in with Maria Nelligan, Associate Director of Nursing (MH).
31	Springview CQC Visit	Trustwide	Outcome 16 - Assessing and monitoring the quality of service provision	A sample of serious untoward incident reports were reviewed and we found they were not robust in terms of root cause analysis. For example in some instances the investigating officer was a member of staff who worked within the same clinical service. This meant the investigating officer may need to interview staff they worked with or were managed by. This reduced the effectiveness of an independent and high challenge investigation into serious incidents for patients.	Weekly meetings to be coordinated between Director of Nursing and Medical Director for Quality, Assurance and Compliance to assign investigating managers to RCA and enable effective and high challenge investigations.	Head of Compliance	1st January 2014	28th February 2014	Complete	Head of Clinical Governance meets weekly with Director of Nursing and Medical Director for Quality, Assurance and Compliance; commencing from February 2014.
32	Springview CQC Visit	Trustwide	Outcome 16 - Assessing and monitoring the quality of service provision	On the first day of the inspection visit a significant number of open actions were evident on the provider's monitoring system	Regular monitoring of open actions from RCAs to take place via Trustwide Compliance, Assurance and Learning Sub Committee to ensure closure in a timely manner.	Head of Compliance in conjunction with PALS, Complaints and Incidents Manager	1st January 2014	16th January 2014 onwards	Complete	<a href="#">Links to action 13</a> QSM and PALS, Complaints and Incidents Manager to review open and outstanding actions to provide update report to CAL meeting in March 2014.
33	Springview CQC Visit	Trustwide	Outcome 17 - Complaints	The complaints audit had limited information about lessons learned or actions taken to reduce complaints.	Lessons learned in relation to complaints, PALS and incidents will be communicated to staff via the trust wide "Lessons Learned" publication.	Head of Clinical Governance in conjunction with PALS, Complaints and Incidents Manager	1st January 2014	31st March 2014	On track	The next Lessons Learned publication has been developed and is on schedule for publication by end of March 2014.
34	Springview CQC Visit	Trustwide	Outcome 17 - Complaints	The complaints system does not currently evaluate the complainants' experience of the complaints process itself	Consideration to be given to a way of gaining feedback from people who complain about their experience of the process.	Head of Clinical Governance in conjunction with PALS, Complaints and Incidents Manager	1st January 2014	1st June 2014	On track	A proposal is currently under review to audit the experience of those people who have made complaints. This is to establish what their experience was, what could have been better as well as what worked well. This will then inform changes which will be made to the complaints process and policy.

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35	Springview CQC Visit	Trustwide	Outcome 21 - Records	Patients care records particularly risk assessments and daily records did not use the same methods for recording information. This meant patients were at risk of significant information not being reviewed and acted upon in a meaningful manner.	The dual record keeping action plan will receive operational oversight by the Trust's Records and Clinical Systems Group and will be monitored, to ensure that improvements are being made, by the Trust's Patient Safety & Effectiveness Sub Committee. Once improvement actions are completed, the resulting plan will form an assurance framework, which will be routinely reviewed six monthly, initially, as part of the business cycle of the Trust's Patient Safety & Effectiveness Sub Committee.	See action plan	1st January 2014	See action plan	See action plan	
36	Springview CQC Visit	Trustwide	Outcome 21 - Records		<a href="#">Quality of record keeping action plan</a>		1st January 2014			
37	Springview CQC Visit	Trustwide	Outcome 21 - Records	A number of care plans and risk assessments had not been signed by the patients. Discussions with member of the staff teams identified reasons why patients may not have signed these documents. However no reasons were documented and therefore there was no evidence that staff had engaged with patients.	<a href="#">See action 22</a>	Head of Compliance / Quality Support Manager	1st January 2014	15th November 2013	Complete	The Trust's unannounced compliance visits will assess the specific actions identified as part of the review of outcome 21 where aggregated analysis indicates potential gaps in controls and assurances. This will include a review of individual care records.
38	Springview CQC Visit	Local	Outcome 21 - Records	Structured and at times restrictive routines were in place on Oaktrees; information about these restrictive practices had been included in information provided to patients on admission to the ward. However this information had not been linked to individual risk assessments and care and treatment plans. This meant patients had not been supported to discuss different staff approaches to support and input into their daily routines since their admission. For example some staff monitored patients in the bathroom areas in an intrusive manner whilst other did not	Oaktrees ward manager to review the information provided to patients at the point of admission to ensure that 'blanket' restrictive practices are not included. Ward manager to remind ward staff that any restrictive practices must be related to individual risk assessments and care treatment plans.	Ward Manager, Oaktrees	1st January 2014	31st March 2014	On track	All Oaktrees patients have individualised care plans. The Matron reviewed a sample of 5 care plans to assure himself that this is the case. On admission to the ward the staff will carry out specific tasks related to the patients current health condition, such as measuring height, weight, BMI etc. The refeeding programme has different stages and patients work through the stages to reach the goal which is set on admission. This forms part of the individualised care plan. The ward manager acknowledges that blanket restrictions should not be applied but there are also things that should always be done. This forms part of the care plan, negotiated with the patient.