

Action Plan in Response to CQC Inspection of Antelope House – August 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
OUTCOME 4 – Care & welfare of people who use services							
1. Care plans did not always reflect the specific needs of people that staff told us about.	Care planning	To review every current inpatient's care plan and risk assessment immediately, at Antelope House and across every inpatient unit in AMH (acute, PICU, rehabilitation).	AMH	The care plan & risk assessment for every inpatient is available on RiO.	All care plans & risk assessments up to date.	Divisional Director	Completed 12 August 2011 (Antelope) & 17 August 2011 (all other units)
		To develop and implement a flowchart which describes the process for the review of every care plan and risk assessment – daily at every shift handover, and weekly at the multi-disciplinary team meeting. The extent of the review will depend on changes in the individual's presentation. The flowchart will include key questions for clinical staff to consider in assessing the individual's needs and changes in their presentation.	AH, then roll-out to AMH	Flowchart and associated process in operation. The care plan & risk assessment for every inpatient is available on RiO.	Care plans & risk assessments reviewed daily and weekly.	Acute Care Lead	30 Sept 2011
		To undertake a weekly spot check of the use of the flowchart on every ward.	AH, then roll out to AMH	Record of weekly spot check maintained.	Thorough monitoring mechanism is in place.	Modern Matron	From 1 October 2011
		To accelerate the Productive Ward module about handovers on Trinity ward, monitored through AMH project plan.	Ward, then roll-out to AH	Module completed and signed off by PW lead. Handover practice observed and evaluated by Modern Matron.	Effective and focused use of handover to exchange timely information which is relevant to care planning and delivery.	Productive Ward Lead Modern Matron	31 October 2011
		To set up and deliver specific, multi-disciplinary training for registered ward staff at Antelope House on the writing of care plans, and the associated assessment skills. Impact will be measured through the use of supervision and audit (see below).	AH	Training delivered and attendance recorded. Audit evidence re quality of care plans.	Improved quality of care planning and care plans.	Divisional Lead Nurse Acute Care Lead Consultant	30 November 2011
		To incorporate a review of the Trust CPA training, including the development of effective care plans, as part of the wider review of care co-ordination already underway, and to make recommendations for improvement accordingly.	MH/LD	Review report complete.	Inclusion of care planning skills in the CPA training sessions.	Contact Consulting Managing Director, MH/LD	30 November 2011 31 December 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
		<p>To review clinical supervision arrangements at Antelope House, in accordance with the recently-revised Trust policy, and ensure care planning skills are specifically covered.</p> <p>To enhance the visibility and role-modelling of senior clinical staff at Antelope House (medical, nursing, psychology). This includes daily 'walking the floor' by MDT, designation of a Lead Consultant, exploration of a multi-disciplinary daily handover, timely response to requests for input from nursing staff, and working alongside nursing staff to role-model effective competencies and behaviours.</p> <p>To maintain programme of peer (mock) inspections as a means of auditing progress, in advance of enhanced Trust programme being implemented.</p> <p>To review the annual care planning audit tool to ensure it captures the quality of care plans. To consider an increase in the audit cycle to quarterly.</p>	<p>AH</p> <p>AH</p> <p>Trust</p> <p>MH/LD</p>	<p>Report considered at MH/LD Operational Management Board and actions agreed. Audit of supervision in line with policy.</p> <p>Increased presence of senior clinical staff 'on the floor'.</p> <p>Nursing staff reporting timely response to requests for input.</p> <p>Establishment of multi-disciplinary leadership meeting.</p> <p>Records and reports of mock inspections.</p> <p>Revised audit tool & guidance (including audit intervals).</p>	<p>Improved quality of care planning and care plans.</p> <p>Improved support to clinicians in making decisions about care.</p> <p>Greater ownership of the day-to-day decision-making and challenges which face the acute inpatient service.</p> <p>Regular monitoring of compliance with CQC standards as part of the Trust's assurance process.</p> <p>Improved auditing of the quality of care plans.</p>	<p>Acute Care Lead</p> <p>Acute Care Lead Clinical Service Director</p> <p>Managing Directors & Associate Director of Governance Deputy Director of Nursing, MH/LD</p>	<p>30 September 2011</p> <p>30 September 2011</p> <p>Ongoing</p> <p>30 November 2011</p>
<p>2. Ward doors were locked. Assessment of two informal patients was inadequate, and even after medical assessment, there was no clear action plan for staff as to what should happen if the patient tried to leave.</p>	<p>Care planning; Risk assessment & management; Safeguarding</p>	<p>Actions in '1' above are relevant.</p> <p>To remind all relevant ward staff of Locked Door Policy, and ensure the individuals involved in the breach are clear about their responsibilities and accountabilities. This includes medical and nursing staff.</p> <p>To undertake spot checks and monitor the use of locked doors on a weekly basis</p> <p>To review Trust policy to ensure that requirements and expectations are clear.</p>	<p>MH/LD</p> <p>MH/LD</p> <p>MH/LD</p>	<p>Health records provide evidence that policy has been followed in all cases.</p> <p>Records of spot checks and use of locked doors maintained.</p> <p>Revised policy in place.</p>	<p>Full compliance with policy.</p> <p>Full compliance with policy.</p> <p>Active monitoring to ensure the use of locked doors is not excessive.</p> <p>Policy reflects latest best practice, including links with other policies such as Safeguarding & MHA.</p>	<p>Modern Matrons</p> <p>Head of Safeguarding</p>	<p>As above</p> <p>Completed 12 August 2011 in AMH 30 September 2011 for other MH/LD Divisions</p> <p>30 September 2011</p> <p>30 September 2011</p>

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
		To design a bespoke training package for AMH MH/LD inpatient staff in the use of locked doors, in line with the revised policy and to devise a training programme for the roll out of the training in AMH MH/LD inpatient units.	MH/LD	Bespoke training package and training programme recorded on LMS.	Availability of bespoke training programme	Head of Safeguarding Strategic Education Lead	31 October 2011
		To deliver bespoke training package to relevant staff in Antelope House.	AH	Training records	Full compliance with policy.	Head of Safeguarding Strategic Education Lead	31 October 2011
		To cascade bespoke training package to all other MH/LD inpatient units.	AMH, MH/LD	Training records	Fully compliance with policy	Head of Safeguarding Strategic Education Lead	31 December 2011 – March 2012
		To write to every registered nurse and trained mental health practitioner, reminding them of their professional accountability in relation to the use of locked doors.	MH/LD	Letter	Better awareness of professional accountability for registered nurses.	Managing Director, MH/LD	
3. Risk assessments were not updated: <ul style="list-style-type: none"> o Incidents of self harm were under-reported o Risk management actions were non-specific o Did not reflect information found in daily records 	Risk assessment & management; Documentation	To review every current inpatient's care plan and risk assessment immediately, at Antelope House and across every inpatient unit in AMH (acute, PICU, rehabilitation). Actions in '1' above are relevant.	AMH	The care plan & risk assessment for every inpatient is available on RiO.	All care plans & risk assessments up to date.	Divisional Director	Completed 12 August 2011 (Antelope) & 17 August 2011 (all other units) As above
		To ensure that all self-harm incidents are reported in accordance with policy, and that care plans and risk assessments are reviewed accordingly. This will be done by nurse-in-charge checking details at every handover.	MH/LD	Incident data. Record of spot checks at handover (by Modern Matron).	All incidents will be reported in line with policy.	Managing Director, MH/LD Deputy Director of Nursing, MH/LD	30 September 2011
		To review incident reports in the weekly MDT meeting.	AH	Meeting notes.	Increased awareness and reporting, and links made to care planning.	Acute Care Lead	30 September 2011
		To review the positive risk management practice development work undertaken over the last six months, identify gaps and define further action, which will then be included on this action plan.	AMH	Record of discussion at MH/LD Operational Management Board. Practice development reports provided by independent consultant, including numbers of participants and reported learning outcomes.	Improved clinical skills, leading to improvements in care planning and risk assessment.	Clinical Director	30 September 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
4. Observations were inadequately recorded.	Risk assessment & management	To ensure the requirement for timed observations is emphasised to all ward staff. This will be done by the nurse-in-charge checking details at every handover.	AH	Observation records.	Improved use & recording of this intervention.	Modern Matron	30 September 2011
		To facilitate practice development work to explore the use of observations, the effectiveness of the intervention and its contribution to care planning and risk assessment, with all ward staff.	AH, then roll-out to AMH & MH/LD	Record of spot checks at handover (by Modern Matron). Attendance record.	Improved use of this intervention.	Deputy Director of Nursing, MH/LD	31 October 2011
5. Care plans were not dated.	Care planning	To ensure this is addressed, by the nurse-in-charge checking at handover, and also at the weekly MDT meeting.	AH, then roll-out to AMH & MH/LD	Record of spot checks at handover (by Modern Matron).	Dated care plans.	Modern Matrons	30 September 2011
6. Information was not always transferred to RiO.	Documentation	To understand why this task is not being undertaken in a timely fashion (skills, time etc), and the extent of the problem, and plan remedial action accordingly. This action will be added to this plan.	AH	RiO records.	RiO records will be contemporaneous and complete.	Acute Care Lead	30 September 2011
7. Detention papers were contained in another file rather than RiO.	Documentation	It is Trust policy (Clinical Information Assurance (Record Keeping) Policy) to maintain a copy legal file held on the ward, in addition to the master legal file held by the MHA Administrator. This is because the MHA module on RiO is not designed to accommodate large volumes of paper documents, but simply to record data. The Trust has evidence that this system has dramatically improved MHA compliance, which has been recognised by the CQC and its predecessor organisation, the MHA Commission, on a regular basis. For this reason, the Trust does not propose to take action in response to this comment.	MH/LD	-	-	-	No further action
OUTCOME 7 – Safeguarding people who use services from abuse							
1. CQC unaware of an allegation of staff assault on a patient.	Safeguarding	To confirm notification process with CQC & implement consistent system across the Trust to ensure timely and appropriate notification.	Trust	Safeguarding notification correspondence.	Clarity with CQC about the notification process required.	Head of Safeguarding & Associate Director of Governance	1 October 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
2. Lack of staff awareness about the decision-making process which led to the door being locked, when to use MHA holding powers, or when to request a medical assessment.	Safeguarding; Care planning; Risk assessment & management	Actions in '1', '2' & '3' above are relevant. To explore the development of a multi-disciplinary handover (one per day, from early to late shift), as a means to improve engagement of multi-disciplinary team (doctors, psychologists, OTs) in daily decision-making processes about care planning and risk assessment. This will be achieved as part of the 'Productive Ward' module about handovers.	AH, then roll-out to AMH	Revised handover process. Record of spot checks undertaken by Modern Matron.	Full engagement of the multi-disciplinary team in daily care planning and risk assessment, to enhance the existing approach which can be limited to nursing staff.	Acute Care Lead Clinical Services Director	As above 31 October 2011
OUTCOME 14 – Supporting Staff							
	Training	To ensure that training updates are reviewed during supervision with each member of staff.	AH	Audit of supervision in line with policy.	Regular review of training updates, leading to full compliance with training requirements.	Acute Care Lead	31 October 2011
2. Staff reported difficulty in being released to attend training.	Training	To review safeguarding training compliance at Antelope House. To deliver bespoke safeguarding training session for all ward staff who are not up-to-date. To ensure all other staff are booked onto appropriate training. To consider continuous professional development in safeguarding, and specific needs of inpatient settings, at MH/LD Operational Management Board. To review information on cancellations and DNAs for all training in order to assess the scale of the problem, and plan remedial action accordingly. To agree reporting arrangements to review compliance.	AH AH AH MH/LD MH/LD Trust	Training records. Training records. Training records. Record of discussion & actions at MH/LD Operational Management Board. Training records. Record of discussion at Operational Management Board, MH/LD Record of discussion at Quality & Safety Committee.	Clarity as to shortfalls in training. All relevant staff trained. All relevant staff trained. Ongoing safeguarding development needs assessed and planned for. All relevant staff trained. Regular monitoring of safeguarding training compliance.	Strategic Education Lead Head of Safeguarding Acute Care Lead Head of Safeguarding Managing Director MH/LD Associate Director, LeAD Managing Director, MH/LD Medical Director	Completed 30 September 2011 30 September 2011 31 October 2011 31 October 2011 31 October 2011

Issue Raised	Theme	Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
3. Some staff were unhappy about e-learning.	Training	To explore this issue further with staff, and provide support with the use of new technology through facilitated sessions with the Site Support Services Manager. Additional actions will be included in this plan accordingly.	AH	Record of discussions with staff.	Better engagement in and understanding of e-learning with staff.	Support Services Manager.	31 October 2011
		To share findings across Trust to influence development of e-learning.	Trust	Record of discussion at Operational Management Boards.		Associate Director, LeAD	30 November 2011
4. Staff were not up-to-date in substance misuse training.	Training; Care planning; Risk assessment & management	To design a substance misuse training package for use within the acute care pathway, based on a 'skills escalator' approach, ranging from basic awareness to expert practitioner.	AMH	Training package/curriculum.	Availability of bespoke training package.	Associate Director, LeAD Divisional Lead Nurse	31 October 2011
		To resource and deliver training package to relevant staff, ensuring that every ward team has a critical mass of skill to manage this need.	AH	Training records.	Improved care planning and risk assessment for people with substance misuse needs.	Associate Director, LeAd Area Manager Divisional Lead Nurse	31 December 2011
		To roll out training package across AMH.	AMH			As above	31 March 2012

OTHER ACTIONS TAKEN OR PLANNED FOLLOWING CQC INSPECTION AT ANTELOPE HOUSE

Action	Scope	Evidence	Outcome	Accountable Lead	Deadline
To increase leadership capacity at Antelope House by introducing an additional 1wte post of Acute Care Lead.	AH	Post established and postholder identified.	Enhanced leadership in Antelope House	Divisional Director	Completed 5 September 2011
To increase the visibility of senior nursing leaders at Antelope House.	AH	Daily presence of Divisional Lead Nurse and/or Deputy Director of Nursing for MH/LD, pending arrival of Acute Care Lead. Managing Director/Director of Nursing visits to Antelope House increased.	Enhanced visibility and access to senior nursing leaders at Antelope House.	Managing Director/Director of Nursing, MH/LD	Completed 11 August 2011 Completed but ongoing
To accelerate completion of the review of staffing practices already commissioned at Antelope House.	AH	Review report finalised. Actions agreed.	Improved understanding of the underlying causes of practice shortfalls at Antelope House, thus informing more effective action planning for improvement.	Deputy Director of Nursing Divisional Director	30 September 2011
To undertake a safety and security review at Antelope House, incorporating earlier work on AWOL incidents and the management of violence and aggression.	AH	Review report produced. Actions agreed.	Improved management of the physical environment as well as relational security.	Deputy Director of Nursing	30 September 2011
To assess and plan for the cultural development needs of the service at Antelope House, using input from <i>TalentWorks</i> .	AH	Development programme, with specific reference to leadership, designed and delivered.	Enhanced leadership and effectiveness in Antelope House.	Divisional Director	30 November 2011
To share learning from the inspection across the Division and Trust.	Trust	Record of discussion through key governance meetings such as Trust Board, Quality & Safety Committee, Divisional Integrated Governance Groups, AMH Acute Care Forum.	Trustwide improvement in standards, and management of monitoring processes, as a result of the learning gained.	Managing Directors Medical Director Divisional Directors Clinical Directors	Initial learning shared by 7 September 2011 Ongoing process to take place over the next two months.

Notes**Scope**

AH	Antelope House
AMH	Adult Mental Health
MH/LD	Specialist Mental Health & Learning Disabilities
Trust	Trustwide

Accountable Leads

Managing Director, ICS	Sue Harriman
Managing Director, MH/LD	Jane Elderfield
Medical Director	Dr Huw Stone
Divisional Director, AMH	Anna Lewis
Clinical Director, AMH	Dr Lesley Stevens
Divisional Lead Nurse, AMH	Fiona Hartfree
Area Manager, Southampton AMH	Trevor Abbotts
Clinical Service Director, Southampton AMH	Dr Tom Schlich
Acute Care Lead, Southampton AMH	Louise Orr
Acute Care Pathway Manager, Southampton AMH	Julie Cooper
Modern Matron, Southampton AMH	Brendan O'Reilly
Support Services Manager, Southampton AMH	Sally-Ann Wilson
Productive Ward Lead, AMH	Steve Denton
Associate Director of Governance	Julie Jones
Deputy Director of Nursing, MH/LD	Sarah Baines
Head of Safeguarding	Jo Lappin
Associate Director, LeAD	Bobby Scott
Strategic Education Lead	Louise Hartland