<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Overall Trust Rating</th>
<th>Local Hillingdon Provision</th>
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<tr>
<td>Mental health services</td>
<td>Acute wards for adults of working age and Psychiatric Intensive Care Units</td>
<td>Inadequate</td>
<td>Amazon Ward, Danube Ward, Ganges Ward, Thames Ward, Nile Ward, Shannon Ward</td>
</tr>
<tr>
<td>Mental health services</td>
<td>Community based mental health service for adults of working age</td>
<td>Requires Improvement</td>
<td>Chelsea &amp; Westminster Hospital, Woodfield Road, South Kensington and Chelsea Mental Health Centre, Pall Mall Centre, St Charles Hospital, Parkside Clinic</td>
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<tr>
<td>Mental health services</td>
<td>Crisis services and health based places of safety</td>
<td>Good</td>
<td>St Charles Hospital</td>
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<tr>
<td>Mental health services</td>
<td>Wards for older people with mental health problems</td>
<td>Requires Improvement</td>
<td>Kershaw Ward, Redwood Ward, Beatrice Place</td>
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<tr>
<td>Mental health services</td>
<td>Community based mental health services for older people including memory services</td>
<td>Good</td>
<td>St Charles Hospital, Chelsea &amp; Westminster Hospital, Westbourne Park Road</td>
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<td>Mental health services</td>
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<td>Good</td>
<td>Collingham Child and Family Centre</td>
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<td>Mental health services</td>
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<td>Good</td>
<td>Isaac Newton Centre for Professional Development, Cheyne Child Development Centre, Chelsea &amp; Westminster Hospital, Violet Melchett Clinic</td>
</tr>
</tbody>
</table>

Trust wide areas of good practice:

- The CQC noted that the positive attitude of staff was very evident throughout the inspection. This was reflected in their pride in working for the trust and their service and in their wish to provide the highest standards of care to people using the service.
- The pharmacy team not only ensured that the arrangements for the supply of medicines were good, but also provided considerable guidance and support to staff and patients throughout the services.
- Patients, carers and staff all valued the courses provided by the recovery college and the opportunities for personal development. The recovery college was very well organised and responsive to local need.
- Please note that ‘must do’s’ identified by the CQC are made for core services areas, and therefore not all will be applicable to the borough’s services.

Acute wards for adults of working age

Areas of good practice:

- In 2014 the acute care services introduced daily whiteboard meetings on each ward. These were attended by a range of disciplines including the Consultant psychiatrist, matron, staff nurse, psychologist, pharmacist, occupational therapist and medical trainees. The meeting provided a daily update on each patient and opportunity for professions to have daily oversight of what was happening with each patient.
- Peer support workers have been recruited to work in all acute wards at St. Charles. These are people who have had experience of using mental health services and they work within the ward based multi-disciplinary teams in a health care support worker role and provide direct support to patients because of their lived experience and provide additional insight to the teams about what it is like to be a patient on an acute ward.
- Generally the CQC found that patients spoke very positively about the support they received from the staff. They said staff were helpful, caring, listened to them and gave them encouragement and support with their needs. Most of the patients spoke of being involved in their care and support planning.
- CQC observed positive, kind and caring interactions between staff and the patients, including under challenging circumstances.
- Acute services were effective. Clinical staff made assessment of patients’ needs including physical care on admission to wards. Where needs were identified, the
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care plans reflected those needs.

- Multidisciplinary teams worked effectively together in caring for and supporting patients.
- The staff in acute services were kind and respectful to patients and had a good understanding of individual needs. During MDT meetings, CQC observed that patients and their relatives were encouraged to express their views.

Areas for improvement:

11 ‘must do’s’

1. The Trust must address the blind spots in the ward environment of St Charles MHC, Park Royal MHC and the Gordon Hospital to enable clearer lines of sight and reduced risks to patients and staff.
2. Staff working on the wards must be able to articulate how they are assessing and managing the potential risks from ligature points for the patients using this service. The use of blanket restrictions must be reviewed and risks from ligatures managed to reflect the needs of the patients on the ward.
3. The provider must ensure that staffing levels are adjusted to reflect the actual numbers of patients on the wards. This number must include those patients spending the day on the ward even if they are sleeping on another ward or at another hospital overnight.
4. The Trust must implement the training of all staff in new restraint techniques to ensure that staff working together on wards are all trained in the same techniques and in line with current best practice on the use of prone restraint, to prevent injury to staff and patients.
5. Staff must always monitor and record physical vital signs in the event of the use of rapid tranquillisation until the patient is alert. They must improve medical reviews of patients receiving rapid tranquillisation to ensure patients are not at risk.
6. The Trust must ensure that records relating to the seclusion of patients provide a clear record of medical and nursing reviews, to ensure that these are carried out in accordance with the code of practice.
7. The Trust must take further steps at the Gordon Hospital and other sites where acute inpatient services are provided to ensure that risks to detained patients from being absent without authorised leave are minimised.
8. The Trust must ensure that, on admission to a ward, patients have a designated bed that is within the ward occupancy levels.
9. Patients returning from leave must have a bed available on their return to the ward.
10. The Trust must take steps to reduce the number of times that patients are moved to other wards to sleep for non-clinical reasons. Where it is unavoidable, staff must ensure that a thorough handover takes place to promote continuity of care. Patients must only be moved at reasonable times so that they are not adversely affected.
11. The Trust must promote the privacy and dignity of patients. Patients must be able to make calls in private. The trust must ensure the acute wards for adults of working age are well led by having contingency plans in place for when the numbers of patients needing a bed increases above the beds available.

CAMHS

Areas of good practice:

- Incident reporting and learning from incidents was apparent across teams. Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.
- Young people referred to teams were seen by a service that enabled the delivery of effective, accessible and holistic evidence-based care.
- Staff demonstrated their commitment to ensuring young people received robust care by being proactive and committed to people using the service, despite the challenges with limited resources.
- There was strong leadership at a local level and service level across most of CAMHS that promoted a positive culture within teams.
- There was a commitment to continual improvement across the services.
- Young people were used on interview panels and had been involved in developing interview questions.

Areas for improvement:

0 ‘must do’s’ and 4 ‘should do’s’

Should do’s

- The Trust should ensure that the lone working policy and use of panic alarms are embedded across the service. There was a difference in how the panic alarm system and lone working system was operating across the teams.
- The Trust should ensure that all staff know how to report incidents and understand the duty of candour regulation.
- The Trust should ensure that staff are appropriately supported about changes that affect them during the ongoing reconfiguration of the CAMHS community services.
- The Trust should ensure young people and their families are clear on who to contact in a crisis out of hours.
CAMHS inpatient

Areas of good practice:

- The service was well-staffed and staff felt well supported in the service.
- The team worked together to formulate individual care plans and CQC noticed good detail was provided within these.
- NICE guidance was followed.
- Children’s feedback was sought and used to inform service development.
- Cultural and diversity needs were supported.
- There was a culture of openness and transparency and staff felt listened to.
- There was evidence of clear leadership at a local and service level.

Areas for improvement:

0 ‘must do and 2 ‘should do’s’

Should do’s

- The service should consider the broader implications of the personal search policy in the service. There was a risk that children could bring in dangerous items that could go undetected.
- The service should ensure that all families understand when restraint may be used on their child and why.

Community based mental health services for adults of working age

Areas of good practice:

- A consultant pharmacist attended the North Kensington and Chelsea community recovery team every week. Patients could book appointments with them to discuss their medicines.
- Almost all services had employed peer support workers, people who had used or were using mental health services, who were a positive addition to the teams.
- Several community services involved patients in interviewing prospective new staff members as part of the recruitment process.
- Most teams held regular forums for patients.

Areas for improvement:

3 ‘must do’s’

1. The provider must ensure that where automated external defibrillators (AEDs) are provided because there is a clinical need for this equipment, for example at Hillingdon community recovery team (Pembroke Centre) that they are maintained on a regular basis, accessible and available for use. The provider must ensure that other teams also have resuscitation equipment if needed.
2. The Trust must ensure there are sufficient staff available to work as care coordinators so that duty workers in some services are not holding large numbers of patients which could potentially create a risk for the safety and welfare of patients
3. The provider must ensure that patients using community services are referred for regular physical health checks.

Mental health crisis services and health based places of safety

Areas for improvement:

3 ‘must do and 4 ‘should do’s’

Must do’s

- The Trust must ensure that when a person is assessed as requiring an inpatient bed that they are able to access a bed promptly.
- The Trust must ensure that the access to the trusts places of safety promotes the patients dignity and privacy by the provision of a separate entrance.
- The Trust must ensure people’s private conversations cannot be overheard in adjoining interview rooms at St Charles Hospital.

Should do’s

- Risk Assessments should be updated on the Trusts electronic record system to reflect changing risk.
- Lone Working should be reviewed to ensure all teams have a robust system.
- A patient’s capacity to make a decision should be recorded in the written records.
- Team to consider ways of collecting regular feedback from service users.
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Mental health psychiatric intensive care units

Areas for improvement:

1 ‘must do’

- The Trust must ensure information is available to inform patients how to make a complaint. They must ensure verbal complaints are addressed and, if needed, patients and carers have access to the formal complaints process.

Wards for older people with mental health problems

Areas of good practice:

- The wards all had access to information to monitor and audit quality through data extracted from the electronic record system. The CQC noted this being put to good effect on Kershaw Ward.
- At Beatrice Place the team was pioneering a new sensory programme designed for adults in the advanced stages of dementia called Namaste. This evidence based programme focused on meeting the physical and emotional needs of patients through meaningful activity which in turn decreases distress and resulting behavioural problems. The activity used music, fragrance, plants, sensory stimulation, massage and food treats to improve the comfort and pleasure of patient’s experience. It had been started running but Beatrice Place was the first NHS service to pilot the programme. Staff reported that a couple of their higher risk patients had improved communication and demonstrated less agitation and distress since they started attending the programme.

Areas for improvement:

7 ‘must do’s’

1. On Redwood Ward at St Charles medication must not be left unsupervised in reach of patients.
2. On Redwood ward at St Charles medication used for emergency resuscitation must be kept in one place so it is easily accessible in an emergency.
3. On Redwood ward peoples physical healthcare checks must take place as regularly as each person needs to ensure their health is monitored.
4. On Redwood ward primarily but also on other wards for older people, patients must be supported to be dressed in a manner that preserves their dignity, have access to a lockable space to protect their possessions preferably their bedroom, have night time checks that are the least intrusive as possible, be able to close their observation panels in their door from inside their room and participate in the preparation of their care plan and have a copy where appropriate.
5. Redwood ward must not provide beds for working age adults who are not clinically appropriate for a service for older people.
6. A bed must be available for patients who are on leave in case they need to return to the ward.
7. The Trust should ensure staff working on wards for older people can clearly articulate how they are supporting patients to keep safe in terms of the ligature risks on the ward. Where actions are needed following environmental risk assessments, these should be followed through.

This section contains actions that are being taken, or are already in progress, in response to the findings presented in the CQC reports. Our conversations with you will help shape these actions and deliver a robust action plan back to the CQC.

The following actions have already been completed to address the ‘Must do’s’:

Safe environment and safe care:

- Where blind spots/lines of sight is an issue, works to place mirrors and address blind spots has been completed.
- Ligature risks have been identified in each ward and documented in risk registers held in each of these clinical areas. Each ward has specific ligature risks identified and documented.
- There is a Trust wide ligature removal programme led by one of the corporate Estates Officers, who oversees the programme. The programme is then reviewed at regular estates meetings.
- The ligature risk audit is completed on an annual basis and this is led by the Trust Health and Safety Department and the Estates Team. The above programme is monitored by the service manager.
- Datix incident reports are monitored by the St Charles unit Matrons and service
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manager and all episodes of self-harm are responded to with the individual team (including Consultant Psychiatrist) providing assurance on care and treatment plans.

- The Trust Risk Assessment policy includes a review of suicide and self-harm risk and individual patients presenting with ligature tying risks, or general risk of suicide or self-harm are identified and these issues are managed across the Multi-Disciplinary Teams on an ongoing basis.
- The observation and engagement policy provides the practice framework for managing self-harm risk via therapeutic engagement and enhanced one to one observation for patients identified as presenting significant self-harm risks.
- Statistics on the use of close observation are monitored via the daily Trust wide bed capacity reports.
- All Estates and Facilities issues raised in the report will be overseen by the Trust Estates Team. This programme includes line of sight.
- Since May 2015, fortnightly audits are being carried out by the Divisional Governance Team to monitor the completion of vital signs monitoring following rapid tranquilisation, and the reason is specified. The results, by clinical team, are fed back to ward managers and the lead clinician for immediate follow up action, and are discussed at team meetings, handovers, and during staff supervision. Results are monitored by the Divisional Director of Nursing.
- The remote door release has been removed from all the doors, this means that only staff with a swipe card reader can enter or exit the ward. All other individuals will need to be let on or off the ward.
- The Trust has undertaken a Security Review of all acute in-patient wards: the report from this was agreed by the Operations Board, chaired by the Chief Operating Officer on 23rd April 2015.
- As a result, the actions we are implementing have been designed to support a reduction in the number of people absconding from the wards and has set a target to reduce this by 50% by 1 April 2016.
- The Trust has designed an e-learning package that will be essential to role for all staff, to be completed prior to working with the inpatient environment. This training package will now be delivered and fully implemented by 19 October 2015. The delay in delivery is due to technical issues with the training platform. The training will be delivered to all existing staff over a 8 weeks and new staff will complete this as part of their local induction. Where agency staff are employed, hardcopy versions will be delivered by ward managers. The Trust has put in place interim Security and Safety Guidance; this has been distributed to all staff working at acute inpatient sites until the e-learning package is fully implemented.
- A Security Review has been completed; this identified that ‘tailgating’ (i.e. closely following a visitor or staff member through an exit) is a primary cause of abscondion.
- Work has been completed to remove all door release buttons located in nursing offices, to assist in the prevention of tailgating and guidance on relational security is included in the Interim Security and Safety Guidance, to ensure that a member of staff is by the ward entrance door to greet visitors or authorise egress.
- A review of physical security infrastructure has been conducted and works at those sites identified by the CQC have been prioritised. Each adult acute ward has the ability to temporarily lock the door to reception in order to stop a particular patient after they have absconded from the ward. This work is completed.
- Work is ongoing with inpatient staff (multi-disciplinary teams) to ensure that where risk of absconson for a patient is identified as a result of a risk assessment that the risk management plan is reflected in the patient’s care plan. This is being addressed through local Quality Governance Groups and Team Meetings. Care plans are regularly audited by Ward Managers and Clinical Team Leaders.
- The Search policy for the CAMHS service has been reviewed. All parents have been written to ask them to help children in packing for the service each weekend, so that they can check what is being brought in. The team will them help children with their unpacking so that we can check what they bring in. Any children where there are specific concerns will have a care plan and risk assessment to minimise risk accordingly.
- Defibrillator now in place in community teams and staff required to treat regular mandatory CPR training which is monitored by the Trust Learning and Development Team and local managers, with action taken where shortfalls in attendance are identified.
- On Redwood Ward emergency resuscitation medication have been moved back into the clinic room (so all medicines are stored together). However, with no air-con in this room, medicines have been given short expiry dates as mitigation.
- Weekly spot checks that the medication trolley is not left unsupervised are being carried out by the Ward Manager, Matron and Clinical Practice Improvement Lead to ensure compliance.
- A notice (reminder) is on the medicines trolley stating that the trolley should be locked at all times when not in use and not left unattended during medication rounds.
- A medication management competency programme for nursing staff on the ward is underway, and all staff will have completed this by September 2015.
- A Trust-wide reminder has been sent out via the Trust’s weekly news to remind staff of the requirement to continually supervise the medicines trolley when open/during administration and that it is locked and safety stored in the clinic room at all other times.
On Redwood Ward the medicines trolley is chained to the clinic room wall when not in use, and clinic room locked.

**Dignity and privacy:**

- Private patient telephone calls: Access to private phone calls is available for all patients. This is via cordless telephones, telephone booths or the ability to make mobile phone calls from patient bedrooms.
- Separate 136 suite entry is in place.
- Acoustic flooring has been laid in the assessment rooms and the 136 suite.
- Availability of appropriate attire is checked by matron and ward manager on a daily basis, Staff continue to encourage and support appropriate dressing for meal times.

**Staffing:**

- Staffing levels are adjusted reflecting the changing clinical risks and patient number of a ward to ensure patient safety and comfort. This is monitored and reviewed on a daily basis.
- Staffing numbers have been increased to reflect the level of clinical activity on the ward.

**Safeguarding service users from abuse and patients not being protected against the risk of unsuitable control of restraint:**

- The Trust is now training all relevant staff who may be required to use physical intervention in the delivery of an alternative technique to the prone restraint position.
- As of December 2015, 99.5% of staff have been trained in the alternative supine position
- Where wards have seclusion rooms a seclusion log is in place, which is completed on every episode of seclusion. The log will document that medical and nursing reviews have taken place and is monitored by the ward manager and Matron. Issues will be highlighted at team meetings as required, and any specific practice issues followed up in clinical supervision.
- The CAMHS service has updated the information pack given to families on admission. The website information has also been updated. All staff have been reminded to talk about restraint and when it is used and not used in the service. A copy of the behaviour management guidelines has been put in the reception area.

**Care and welfare of people who use services:**

- Service users attending the clozapine clinic have routine regular physical health checks and all clients receive yearly physical health checks as part of the CPA process. Regular audits in the team to take place to ensure this takes place.
- Mental Capacity assessments are routinely taking place within the community team with regular feedback to staff; this is starting to pay dividends in the improved recording of capacity assessments and best interest decisions relating to care planning.
- The Community Team will continue to provide and book appointments with the Consultant Pharmacist to discuss their medicines. The team will continue to implement local training on capacity assessment and best interest decisions that is tailored to case examples.
- All patients on Redwood ward now have their physical observations completed once daily as a minimum and refusal to consent are documented within the progress notes. The staff are reminded to continue to offer to those patients who have refused where appropriate. The Nurse and ward Doctor are reviewing physical observations together on a daily basis and acting accordingly on results.
- As part of a larger Redwood Ward Improvement Plan training will be offered to all staff on a broader range of physical health issues via the HEI's and staff will undertake competencies in desired areas of physical health. Continued local teaching programme is now in place on Redwood ward to increase staff awareness of physical health issues. This is being supported by senior and specialist nurses from CNWL.
  - Availability of appropriate attire is checked by matron and ward manager on a daily basis, Staff continue to encourage and support appropriate dressing for meal times.
  - Reminder signs for patients in large print are in bedrooms advising patients of facilities available for storage of valuables. Patients are asked to ask staff if they wish their rooms to be locked. A local procedure is followed to ensure the safety of valuables stored on the ward
  - The CNWL Engagement and Therapeutic Observations Policy has been updated to state that the default position is closed for these panels, and where observation is required, that the panel is opened and then returned to closed followed by a brief engagement with the patient where appropriate i.e. a knock on the door and a brief check all is well. Staff have been made aware of this new requirement in the wards affected, and this is monitored via weekly ward manager and Matron spot checks.
  - Redwood ward have a set standard that each patient will have a multi-disciplinary meeting involving the patient in the first 7 days of admission
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and a care plan developed in conjunction with the patient. Patients are seen at each ward review to discuss their care plans and progress. Care plans are now copied to patients so that they can refer to it as a reminder. Nurses have been informed as part of their daily engagement with patients to discuss and remind patients about their care plans.

**Bed management:**

- Bed availability is reviewed weekly through bed management meetings and also through scrutiny of daily out of hours senior manager on call reports.
- **Local ownership:** bed occupancy is discussed at least twice daily with Borough and Clinical Directors.
- The number of patients who have slept out or been moved has reduced to a minimal level.
- The overall aim of the Trust’s bed management process is to reduce the bed occupancy rate to 95% by 1 June 2016.
  - **Immediate Actions we have taken:**
    - **Stopped admission** of adults to older adult wards
    - **Greater central oversight:** set up centrally-led 3 x weekly bed management meetings, chaired by the Chief Operating Officer, at which we discuss/review:
      - all 4, 8, 12, 24 and >24 hour breaches;
      - monitor the number and reasons for patients staying over 60 and 100 days;
      - community and home treatment team engagement in preventing unnecessary admissions, and
      - community team provision of support in progressing delayed discharges and work together to resolve unnecessary delays.
    - **Escalation process** both in and out of hours to manage patient flow put in place.
    - **Improved information flow:** twice daily (morning and evening) bed state disseminated across the Trust.
    - **Use of ECR beds:** we are using ECR beds as and when necessary with the support of funding from commissioners - these conversations are ongoing.
    - **Engagement of stakeholders:** Borough Directors are currently working closely with our local authority and commissioner colleagues in managing delayed discharges. This is on-going.
- Redwood Ward only accepts Adult patients who are admitted as part of a specialist assessment. This is agreed via the Consultant for Redwood Ward to ensure any adult patients referred are appropriate for Redwood Ward.
- Redwood Ward now keeps beds open and unused to allow patients on leave to return to the ward.

**Quality of service provision:**

- The team will continue to ensure that the team Recovery caseloads are reviewed on a regular basis with a view to step down to primary care when applicable in line with the Recovery Model and to also ensure that service users are able to access the service when required. There is a local agenda under Shifting Settings of Care, for clients, where clinically appropriate have their care transferred to the Primary Care Mental Health service in the Borough. This will contribute to an overall reduction in numbers of people under the care of the Community Teams.

**Complaints:**

- New complaints posters and leaflets have been designed and displayed in patient/public areas.
- Spot checks by service managers/matron to ensure these posters are up and leaflets available to patients, special confirmation to be received from the Ward managers for PICU’s.
- Our new DatixWeb system is used to capture all patient feedback, including concerns and complaints, verbal and written. DatixWeb allows regular reports to check verbal concerns and complaints are being logged and acted on. Staff have been briefed of this requirement via the Trust’s weekly news, and a series of communication and this is supported by the new Patient Feedback Policy.
- The revised Patient Feedback Policy and procedure has been launched and includes the requirement to record verbal feedback.

**Respecting and involving service users:**

- The local team managers and Deputies are working to ensure that all service users continue to be involved in the development and goals in their individual care plans. This includes close working with Willow Day Service staff.
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Discussions from the Quality Summit to be taken forward in partnership with commissioners and other stakeholders:

- Involving partners in redesign: Local models have to be taken into account re SPA; 8 CCGs working together can be local but have consistent overarching principles and standards.
- Voluntary sector and housing have not been able to feed into reshaping so it has become medical model dominated and social impact and care keeps people well in their communities.
- Components partners like us to address in a new model of care: parity of esteem, no sleep outs, short waiting times, least restrictive and privacy. Admission avoidance as a first principle.
- Whole system risk appetite rather than viewing it as ‘my agency has done my bit’.
- Senior decision makers being available 24/7 so things don’t drift.
- Providing services that don’t become a magnet for service users from further afield. Recognise that inner London attracts people from outside
- Support from stakeholders: System accountability and responsiveness, Collaborative working

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Continued Internal Quality Assurance:
As part of the Trust’s internal initiatives to monitor and drive continuous improvement across CNWL a quality inspection was undertaken between 23-25 November 2015. This involved volunteer staff from CNWL, commissioners and individuals from patient user/carer groups.

The inspections were carried out across a number of services. Overall the exercise confirmed that the Trust’s other internal assurance processes were working well and no serious safety issues were identified during the course of the inspections. The visits reinforced the positive attributes raised by the CQC visit in February and particularly the caring approach of staff.

As well as many positive comments the main continuing issues that arose from the visits were:

- Staffing: Issues regarding skill mix on inpatient wards mainly due to high vacancy rates and having to rely on bank and agency staff. This matter continues to be addressed and different recruiting strategies have been implemented to encourage high levels of recruitment and retention. One such method is in a ‘Rotational Programme’ for Band 5 and 6 nurses which will allow newly appointed staff to work in different environments on a 6-monthly basis for 2 years. Staff will be supported by a mentor and training package. St Charles Hospital continues to have recruiting events and job adverts placed monthly. In addition the borough is undergoing an extensive redesign of its community services. This, in part, aims to simplify the patient’s access and journey through services and has considered the skill mix and staffing requirements to manage demand. The implementation of the new services is due imminently.
- Care planning: It was found that in most areas risk assessments were evidenced in care plans. The standard of the care plans were noted to have shown improvement although not perfect everywhere. Services continue these with spot checks as well as formal audits being carried out each quarter. Additionally, services are looking at other ways to increase feedback from users regarding the involvement they have in their care planning.

The borough continues to review and update the CQC action plan against all the ‘must’ and ‘should-do’s’. As of December 2015 the borough has stated it is compliant against all of it ‘must-do’s’. These will be continued to be monitored along with further work against the remaining ‘should-do’s’.