Ref	Regulation/Issue	Action	Lead (s)	Deliverables	Due Date	Progress
Ref 1.	The Trust is failing to comply with Regulation 9(1)(a)(b)(i)(ii)(iii) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010. Two inspectors and a Mental Health Act Commissioner visited Haringey Ward and the s136 suite which is a designated 'place of safety' where people who are detained under s136 or s135(1) of the Mental Health Act are brought while awaiting a formal assessment	ActionThe registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of:-a) The carrying out of an assessment of the needs of the service userb) The planning and delivery of care and, where appropriate, treatment in such a way as toi) Meet the service users' individual needs	Haringey: Oliver Treacy Leon Rozewicz Bessie Laryea George Brew Ben Ejeka Dr Edelman Dr Cranitch Dr Ndukwe Dr Dutton Enfield: Oliver Treacy Leon Rozewicz Paula McKevitt Sean Edwards Rey Bermudez	 Evidence of assessment of need in place. Evidence of care plan denoting treatment on a continuum in place. Care plan assessment evidence observed in place / RiO notes. Valid risk assessment in place. Evidenced in RiO notes and in care plan. 	31.01.14 31.01.14 31.01.14 31.01.14 31.01.14	Progress
	at St Ann's Hospital to see if improvements following the inspection of 19 June where we found that people were not experiencing care, treatment and support that met their needs and protected their rights.	 ii) Ensure welfare and safety of the service user iii) Reflect, where appropriate, published research evidence and guidance issued by the approrpiate professional and expert bodies, as to good practice in relation to such care and treatment. 	Bibi Paraouty Dr Greensides Dr Fenton Dr Liveras Barnet: Oliver Treacy Leon Rozewicz Jonathan Apeawini Ana Basheer Ade Adebare Dr Foster Dr Aziz Dr Naguib Clare Weissenger	 Audit that demonstrates compliance with regulatory standards 	Monthly until March 2014	

Ref	Regulation/Issue	Action	Lead (s)	Deliverables	Due Date	Progress
2.	We found that the two seclusion rooms on Haringey ward and the s136 suite had been used to admit patients when there were not enough bedrooms in the Trust. This meant that the provider had not made the changes which were indicated in the action plan which was sent to us following the inspection in June 2013 and continued to be non- compliant.	Met with service line management, ward managers and all service line consultants to discuss the CQC Notice and required staff actions. An action Plan will result from this meeting, co-ordinated by Oliver Treacy, Service Director.	Oliver Treacy Lee Bojtor Jackie liveras	The use of seclusion and 136 suites for anything other than their designated clinical purpose is prohibited with immediate effect.	Immediate	Completed 12th December 2013
3.	We found that some care was provided in an environment that did not meet the needs of individual patients.	Work with service line wards by site to determine how this is to be achieved. Service Managers to assure the SD that patients admitted to the wards are able to access designated bedrooms.	Paul McKevitt Bob Ryan Scott Kerr	There will be a 4 week period in which to review and cease the use of other rooms such as actvity and side rooms as patients bedrooms.	13.01.14	
4.	We found that people were cared for by staff who knew and understood their responsibilities. We found that most patients had care plans which were recorded and had up to date risk assessments although some patients told us they were not aware that they had care plans.	Individual care plans to be discussed with and understood by the patient and a cotemporaneous record maintained.	Haringey: Bessie Laryea George Brew Ben Ejeka Dr Edelman Dr Cranitch Dr Ndukwe Dr Dutton Enfield: Paula McKevitt Sean Edwards	Evidenced within the care plan and RiO that discussion with the patient had taken place and the the patient has received a copy of the care plan. An audit conducted by clinical audit to demonstrate compliance with the above will be the assuring evidence.	31.01.14 Ongoing Jan –Mar 2014	

Ref	Regulation/Issue	Action	Lead (s)	Deliverables	Due Date	Progress
			Rey Bermudez Bibi Paraouty Dr Greensides Dr Fenton Dr Liveras Barnet: Jonathan Apeawini Ana Basheer Ade Adebare Dr Foster Dr Aziz Dr Naguib			
5.	People told us that they did not have enough activities on the ward and staff told us that the activities which were timetabled to take place did not always take place. People also told us that they did not always know their rights and whether they were detained under the Mental Health Act (1983) or whether	Ward programmes need to be organised, planned and delivered on a regular basis with visible evidence displayed. Evidence that all service users are aware of their rights under the MHA and where appropriate their informal status to be regularly monitored and audited by the ward clinician i.e. Drs/Nurses. Advice to be sought from the MHA	Haringey: Scott Kerr Bessie Laryea George Brew Ben Ejeka Enfield: Paul McKevitt Paula McKevitt Sean Edwards Rey Bermudez Bibi Paraouty	A dynamic programme visibly in place organised by the ward managers. Programme fully implemented and evidence by February. Service user's representation to be consulted in agreeing the activity programme.	31.01.14 28.02.14 28.02.14	
	they had been admitted to the ward informally.	office when necessary. Evidence to be provided.	Barnet: Bob Ryan Jonathan Apeawini Ana Basheer Ade Adebare	Evidence of patient participation on RiO provided by Clinical Audit.	28.02.14	

Ref	Regulation/Issue	Action	Lead (s)	Deliverables	Due Date	Progress
6.	Capacity Meeting Demand	BEH working with CCGs to review capacity and demand across the health economy.				
		The BEH/CCG tranformation board will be the preferred the vehicle for high level discussion.				
		Commissioner to ensure LA's are delivering intervention that supports early discharge and social support for user of Mental Health Services.				