

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

IMPROVEMENT NOTICE

Name of Trust: South Eastern Health and Social Care Trust (RQIA ID: 12002)	Name of Trust's Responsible Individual: Mr Seamus McGoran, Chief Executive
Address of Trust: South Eastern Health and Social Care Trust, Trust Headquarters, Ulster Hospital, Dundonald, BT16 1RH	
Issue Date: 25 May 2021	IN Ref: IN000009
Minimum standards requiring improvement: <i>The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DoH, 2006)</i> <i>Safe and Effective Care:</i> <i>5.1 Standard Statement: Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.</i> <i>Criteria 5.3</i> <i>5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk</i> <i>The organisation:</i> <i>a) has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;</i> <i>f) has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:</i> <i>- address recommendations contained in RQIA reports (when available), service and case management reviews.</i>	

5.3.3 Promoting Effective Care

The organisation:

- e) uses recognised clinical and social care standards and outcomes as a means of measuring health and social care quality;*
- f) promotes the implementation of evidence based practice through the use of recognised standards and guidelines including guidance from the Department, NICE, SCIE and the National Patient Safety Agency (NPSA);*

Accessible, Flexible and Responsive Services:

6.1 Standard Statement: Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability of resources.

Each organisation strives to continuously improve the services it provides and/or commissions.

Criteria 6.3

6.3.1 Service Planning Processes

The Organisation:

- a) has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives;*

6.3.2 Service Delivery for Individuals, Carers and Relatives

The organisation:

- a) ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators*

Specific failings to comply with the statement of minimum standard:

The South Eastern Health and Social Care Trust (the Trust) has failed to comply with the considered criteria (as above) by not ensuring that the individual and human rights of patients are safeguarded in Ward 27, Downshire Hospital. The mixed model of care and the ward environment do not provide a therapeutic environment appropriate to the needs of the two distinct categories of patients being managed in this ward.

During unannounced inspections of Ward 27, Downshire Hospital, undertaken in September 2015, July 2017 and November 2018, concerns were identified regarding the mixed model of care and the environment.

These concerns were raised and discussed with the Trust following the inspections in September 2015 and July 2017. They were subsequently monitored through the identification of areas for improvement and highlighted in our inspection reports and Quality Improvement Plans. During an inspection in November 2018 we identified that the issues highlighted during two previous inspections had not been addressed.

In May 2019 we invited Trust Representatives to a Serious Concerns Meeting. During this meeting (14 May 2019) the Trust confirmed that following an options appraisal process, a decision had been taken to build a new six bedded Psychiatric Intensive Care Unit (PICU) adjacent to Ward 27. Subsequent correspondence from the Trust in September 2019 confirmed funding for the project was approved by the Trust's Finance Committee in July 2019, a design team had been appointed and a site visit had been undertaken. During a follow up meeting on 25 October 2019 the Trust shared detailed plans of the new PICU and provided details regarding the planned refurbishment of Ward 27. October 2020 was proposed as the target date for completion of the new building.

Unfortunately the Covid-19 pandemic intervened and although the Trust had well advanced plans for an extension to provide a dedicated PICU, which were at the planning application stage, these could not be progressed. We recognise this was outside of the Trust's control.

We undertook a further unannounced Inspection of Ward 27, Downshire Hospital from 20 to 30 April 2021. During this inspection we identified the same concerns in relation to the mixed model of care and the ward environment. There was not an established new PICU and the condition of the existing ward environment had further deteriorated.

The ward environment does not provide the therapeutic environment required to meet the needs of the complex and vulnerable group of patients being supported within it. The ward is in need of significant repair and does not meet the Royal College of Psychiatrists Standards for Inpatient Mental Health Services or the National Association of Psychiatric Intensive Care and low secure Units, National Minimum Standards for Psychiatric Intensive Care (NAPICU) environment.

There are inadequate and poorly maintained bathroom facilities for all patients and few appropriate private spaces where patients can avail of quiet time. Patients have limited space for their personal belongings and only single use bed rail curtains are used to support patient's privacy and dignity.

Ward 27 is a mixed gender environment which cares for individuals requiring care and treatment in a PICU facility and individuals who are described as requiring care in 'low secure' or 'slow stream rehabilitative facilities'. There were patients on the ward who are acutely unwell, patients who are described as treatment resistive, patients who have resided in the ward for up to 20 years and patients who are delayed in their discharge. There was not a clear delineation between the care and treatment of the patients who are described as requiring a PICU environment and those who do not.

There were no clear plans for the discharge/resettlement in the community for 10 of the patients. RQIA is aware of early discussions with an independent provider to support the discharge/resettlement of six of these patients but could not ascertain that the plans was based on a clear understanding of the individual needs of each of the patients. Staff identified a number of patients who they described as being part of a 'slow stream rehabilitation pathway' however, therapeutic interventions that would support this pathway were not being delivered. The patients were not accessing community based opportunities that would support a rehabilitation pathway and there was limited evidence of therapeutic engagement at ward level. Despite these reservations it is important to reflect that our inspection team witnessed caring staff delivering compassionate care to patients.

RQIA held an Intention to Serve an Improvement Notice Meeting with the Trust on the 21 May 2021. The Trust presented a robust plan for delivery of a distinct and separate PICU on the site by September 2022, concurrent refurbishment of the existing ward and a focused plan for discharging/resettlement of identified patients. The Trust emphasised the impact of the Pandemic as a significant contributor to the further delays. Whilst assured that the action plan was appropriately detailed, realistic and indicated a significant investment in the service, RQIA remained concerned about the current compromised environment and the unacceptable period of time over which these concerns had not been addressed. In view of this, a decision was made to serve an Improvement Notice as detailed below:

Improvements necessary to achieve compliance:

The Chief Executive, Executive Team and Director of Adult Services and Prison Healthcare must:

1. Define the models of care to be delivered on Ward 27 to support individualised care and treatment. Identify the model of care for each patient and ensure associated individual patients' 'Essential Lifestyle Plans' are up-to-date, implemented, and reviewed at regular intervals.
2. Refurbish the current environment to optimise the available facilities to better support the complex needs of the current patient population.

3. Establish a PICU facility which meets, the National Minimum Standards for Psychiatric Intensive Care (NAPICU) by September 2022. Any deviations from the proposed timescales should be clearly articulated to all relevant stakeholders in a timely manner.
4. Develop and implement personalised discharge/resettlement plans for each patient which meets their individual needs. The plans must provide details on the resources required and timeframes for implementation.
5. Establish robust arrangements for monitoring delivery of the above actions. These arrangements should include oversight by Trust Board and regular progress reporting to RQIA by end of August and November 2021.

The Registered Person/s/trust's Responsible Individual/s may make written representations to the Chief Executive of RQIA regarding the issue of an Improvement Notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 30 September 2022



Signed.....
Director of Improvement (Interim)

This notice is served under Article 38 and 39 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Department of Health, Social Services and Public Safety Quality Standards for Health and Social Care (March 2006).

It should be noted that failure to comply with the measures identified in this Improvement Notice may result in further enforcement action by RQIA.