

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

IMPROVEMENT NOTICE

<b>Name of Trust:</b>  Lakeview Hospital (RQIA ID:12034)	<b>Name of Trust's Responsible Individual:</b>  Mr Neil Guckian, Chief Executive
<b>Address of Trust:</b>  Western Health and Social Care Trust, MDEC Building, Altnagelvin Area Hospital, Glenshane Road, Londonderry, BT47 6SB	
<b>Issue Date:</b> 11 March 2022	<b>IN Ref:</b> IN000014
<b>Minimum standard requiring improvement:</b>  <b><i>The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006).</i></b>  <b><i>Corporate Leadership and Accountability of Organisations:</i></b>  <b><i>Standard 4.1:</i></b>  <b><i>The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of professional and organisational accountability.</i></b>  <b><i>Standard 5.1:</i></b>  <b><i>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></b>	
<b>Failure to Comply:</b>  <b><i>4.3 Criteria</i></b>  <b><i>The organisation:</i></b>  <b><i>a) has a coherent and integrated organisation and governance strategy appropriate to the needs, size and complexity of the organisation with clear leadership, through lines of professional and corporate accountability;</i></b>	

- g) has systems in place to ensure compliance with relevant legislative requirements;*
- h) ensures effective systems are in place to discharge, monitor and report on its responsibilities in relation to delegate statutory functions and in relation to inter-agency working;*

### **5.3 Criteria**

#### **5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk**

*The organisation:*

- c) has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general;*
- f) has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:*
  - awareness raising and staff knowledge of reporting arrangements for adverse incidents and near misses, and whistleblowing arrangements when poor performance and/or unsafe practice in examination, treatment or care comes to light.*

#### **Specific failings to comply with the statement of minimum standard:**

The Western Health and Social Care Trust (the Trust) has failed to comply with the considered criteria (as above) by failing to ensure adult safeguarding (ASG) arrangements and the management of incidents are effectively implemented and assured within Lakeview Hospital.

RQIA undertook an unannounced inspection to Lakeview Hospital commencing on 02 February 2022 and concluding with feedback to the Trust's senior management team on 10 February 2022. The purpose of this inspection was to assess the Trust's progress in relation to the thirteen areas for improvement made during the previous inspection undertaken from 16 August 2021 to 8 September 2021.

During the August/September 2021 inspection we identified a number of matters of significant concern in relation to adult safeguarding and incident management, financial governance, staffing, patient's physical health care needs and governance and leadership systems. As a result of those findings, RQIA invited the Trust to attend an Intention to Serve Improvement Notice meeting with the intention to serve five Improvement Notices in respect to failure to comply with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DoH, 2006).

During the Intention to Serve Improvement Notice meeting on 21 September 2021 the Trust presented an action plan to address the issues identified and provided RQIA with assurances that work had commenced to improve in these areas. At that point RQIA were satisfied that progress was being made and wished to support the Trust to improve by affording time to progress the required actions, therefore we determined not to issue the five Improvement Notices but to specify the required actions as Areas for Improvement as recorded on the Quality Improvement Plan and monitor progress through our inspection processes.

The findings of our most recent inspection confirmed that significant progress has been made with respect to patient's physical health care needs, fire safety and the management of anti-psychotic medications, with evidence of improved outcomes for patients. Out of the thirteen areas of improvement RQIA determined that six areas for improvement were assessed as met and one as partially met.

A further six areas for improvement were assessed as not met as there was insufficient progress having been made since the previous inspection. We remain concerned about adult safeguarding and incident management at the hospital. Additionally, the most recent inspection identified that care and treatment was not being optimised to support recovery and resettlement of the patients.

There was insufficient evidence that incidents of a safeguarding nature were consistently recognised and appropriate onward referrals were made to the ASG team in line with the regional adult safeguarding policy and procedures.

Staff at ward level demonstrated limited knowledge and understanding about adult safeguarding and what constitutes abuse. They also lacked confidence and judgement skills to independently make adult safeguarding referrals and as a result relied upon advice and guidance from their manager and social work colleagues prior to making an ASG referral.

The majority of ASG documentation (APP1) records reviewed lacked detail of the interim protection plans in place and those that did, did not contain evidence that timely and suitable protection arrangements were put in place. The quality of the information recorded on the APP1's indicated a poor auditing and oversight of the ASG processes. Relevant staff were unable to access the new ASG Database on the Trust's SharePoint site and a significant amount of staff had not attended the Trust's mandatory adult safeguarding training.

There was no evidence of audit or analysis, any cross referencing to other incidents recorded on the Datix (incident management system) and no evidence of theming or analysis of trends/patterns to identify learning and drive improvement. The absence of data and timely information would make it difficult for the Trust to determine if there is a high or low threshold for referral.

In view of these findings, we are not assured about the effectiveness of the oversight and governance of adult safeguarding in Lakeview Hospital.

Since our inspection in August 2021 RQIA and the Trust have been engaged with the families of the patients currently receiving care and treatment in Lakeview Hospital.

We also engaged with families as part of the most recent inspection. During our most recent meeting with the Trust's senior management team we sought confirmation that families of the patients currently receiving care and treatment in Lakeview Hospital will be kept apprised of the latest inspection outcomes.

**Improvements necessary to achieve compliance:**

The Western Health and Social Care Trust Board, Chief Executive and Executive Team must implement effective arrangements for adult safeguarding and incident management at Lakeview Hospital and ensure:

1. All staff receive Adult Safeguarding training at the appropriate level.
2. That staff demonstrate, to their managers, their knowledge and understanding of the Adult Safeguarding Procedures as part of ongoing supervision and demonstrate a consistent approach to its application.
3. A look back audit exercise from August 2021 – February 2022 (6 month period) is completed by 30 June 2022 in order to:
  - Ensure all relevant incidents have been forwarded to the ASG team in accordance with regional protocol
  - Establish any gaps in the process
  - Identify learning and ensure this is shared with all relevant staff
  - Develop a robust action plan and ensure it is shared with all relevant staff
  - Ensure, where necessary, robust protection plans are in place

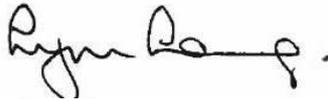
Outcomes from this look back exercises must be shared with RQIA before 30 June 2022.

4. That there is an accessible and effective system in place for adult safeguarding referrals, which is multi-disciplinary in nature and which enables staff to deliver care, improve their practice and learn collaboratively.
5. That protection plans are appropriate and that all relevant staff are aware of and understand the protection plan to be implemented for individual patients in their care.
6. That local policies and procedural guidance outlines clear expectations for the type, content, and timeliness of information to be shared with relevant stakeholders and monitor that this is provided in line with agreements.

7. That there are defined arrangements for oversight and escalation of safeguarding matters and these are implemented accordingly. These should clarify the roles of all staff including ward managers, hospital managers, Trust Senior Managers and/or the Executive Team and/or the Trust Board as appropriate.
8. Implementation of a process of regular audit (with defined timescales) to assure compliance with the Regional Adult Safeguarding Policy.
9. That local policy and procedures define the mechanisms for sharing findings with appropriate staff and managers should ensure such arrangements are implemented fully.

**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: 10 September 2022**



**Signed.....**

**Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare.**

***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.***

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<b>Issue Date:</b> 11 March 2022	<b>IN Ref:</b> IN000015
<b>Minimum standard requiring improvement:</b>  <i>The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DoH, 2006)</i>  <b>Safe and Effective Care:</b>  <i>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>	
<hr/> <b>Failure to Comply:</b>  <b>Criteria 5.3</b>  <i>5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk</i>  <i>The organisation:</i>  a) <i>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> e) <i>has a safety policy in place which takes account of the needs of service users, carers and staff, the public and the environment;</i> f) <i>has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:</i>  <i>compliance with professional and other codes of practice;</i>	

- *efficacy and comparability of outcomes in health and social care;*
- *there is choice where food and/or fluid is provided, which reflects cultural and spiritual preferences and that procedures are in place to promote the safe handling of food and a healthy diet;*
- *risk assessment and risk management in relation to the acquisition and maintenance of medical devices and equipment, and aids and appliances across the spectrum of care and support provided,*
- *promotion of general hygiene standards, and prevention, control and reduction in the incidents of healthcare acquired infection and other communicable diseases; and*
- *address recommendations contained in RQIA reports (when available), service and case management reviews.*

**Specific failings to comply with the statement of minimum standard:**

The Western Health and Social Care Trust (the Trust) has failed to comply with the considered criteria (as above) by failing to ensure the delivery of safe and effective care to patients in Lakeview Hospital.

RQIA undertook an unannounced inspection to Lakeview Hospital commencing on 02 February 2022 and concluding with feedback to the Trust's senior management team (SMT) on 10 February 2022. A number of matters of significant concern regarding the environment, multi-disciplinary team (MDT) working, therapeutic interventions for patients, meals and mealtimes and leadership were identified. These concerns were shared with the Trust during and following the inspection.

Whilst it is recognised that the Trust are currently undertaking a journey of improvement in relation to Lakeview Hospital and are progressing the recruitment for a dedicated full-time consultant psychiatrist for the hospital the patients accommodated in Lakeview Hospital require dedicated input and support from a diverse range of professionals. The MDT team for Lakeview Hospital is comprised of nursing and medical staff with some positive behaviour support (PBS) for one patient. There is insufficient pharmacy input with only three hours allocated to Lakeview Hospital each month, there is no occupational therapist based on the wards, no dedicated positive behaviour therapist and insufficient psychology and speech and language therapy input.

Involvement from the PBS team was minimal; and additional input from PBS experts had not been fully considered for its potential to improve the patients' environment, treatment and outcomes. A culture of PBS should be promoted and embedded in Lakeview Hospital with all staff undertaking training. These concerns were escalated with the Trust SMT following our feedback on the 16 February 2022 and it is welcomed that the Trust have since increased the PBS support in Lakeview Hospital to include a Band 7 therapist to support and embed PBS.

It is of particular concern that Melvin ward does not provide the type of therapeutic environment required to meet the needs of the complex and vulnerable group of patients accommodated within it. The wards were found to be stark, and bedrooms lacked individualisation and personal effects. There are insufficient quiet areas and dayrooms for patients and patients' were observed to spend long periods of time in corridor areas. This was compromising their privacy and dignity at times when they displayed challenging behaviours. Bedrooms were not personalised to enhance patient's stay and support their recovery despite some of the patients residing in Lakeview Hospital in excess of three years.

There was limited therapeutic engagement across both wards with no activity schedules or individual activity plans evident. There was not a proactive approach to care, using a PBS model to improve the patients' quality of life, and support a positive culture within Lakeview Hospital. A dedicated Occupational Therapist, would support patients with meaningful activities and provide advice and guidance to staff in relation to patients who may have sensory processing issues.

There was not an appropriate standard of cleanliness within the hospital. The system for monitoring the cleanliness of both wards was not robust and didn't include regular cleaning audits, action plans for improvement or regular communication between the ward management team and the support services manager. There was insufficient managerial oversight and leadership walk-arounds to support and improve environmental cleanliness.

The room being used for patient meals was not a designated dining room. The table and chairs were in poor condition and therefore not fit for purpose. Information to inform staff of each patient's dietary requirements including Speech and Language Therapy assessments (SLT) for those who required it was missing. Staff were unable to provide assurances that individual patient's dietary requirements were known. These risks were immediately escalated to both ward and senior management and swift action was taken to transform a larger room with appropriate furniture into a patient dining room and patient's SLT assessments and individualised placemats were made available to all staff.

Action is required to improve the patient's meal time experience. There were unnecessary delays in the serving of the patient's meal and as a result of disorganisation it wasn't clear that all of the patients had opportunity to have a meal and/or a drink.

Overall, the leadership and coordination on shifts requires to be strengthened. It is important that there is concerted development of the leadership team to enhance the care provided ensuring it is patient centred, coordinated and effective.

Since the inspection in August 2021 RQIA and the Trust have been engaged with the families of the patients currently receiving care and treatment in Lakeview Hospital. We also engaged with families as part of the most recent inspection. During our most recent meeting with the Trust's senior management team we sought confirmation that families of the patients currently receiving care and treatment in Lakeview Hospital will be kept apprised of the latest inspection outcomes.

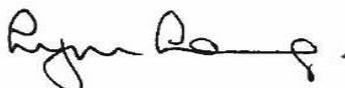
**Improvements necessary to achieve compliance:**

**The Western Health and Social Care Trust must:**

1. Make specific improvements to the environment to meet the therapeutic needs of the patients.
2. Include positive behaviour support (PBS) in a robust risk reduction framework, for the patients in Lakeview Hospital, with an emphasis on individualised proactive strategies to improve their quality of life, and support a positive culture within Lakeview Hospital. This includes ensuring all staff have attended competency based PBS awareness training.
3. Demonstrate appropriate multi-disciplinary input into all patients care and ensure that additional resources are explored/accessed where they have potential to improve patient quality of life and/or the environment in which they currently reside.
4. Establish a programme of development and training to improve leadership capability and culture, with the outcome of strengthening leadership and culture within Lakeview Hospital.

**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.**

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**Signed.....**

**Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare**

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